

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Southland		STREET ADDRESS, CITY, STATE, ZIP CODE  11701 Studebaker Road Norwalk, CA 90650	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) who had a history of dementia (impaired ability to remember, think, make decisions that interferes with everyday activities) received necessary behavioral health care and services. The facility failed to</p> <p>A. Provide psychiatric (medical specialty that addresses the diagnosis and treatment of a mental illness) follow up after Resident 1 demonstrated increased aggressive behaviors and a change of behaviors was reflected in Resident 1's Minimum Data Set assessment ([MDS] a standardized assessment and care-screening tool) dated 3/4/2024 and progress notes.</p> <p>B. Conduct an interdisciplinary team (IDT- team of healthcare professionals from different disciplines, including the resident and or resident's responsible party [RP] who work together toward meeting Resident 1's healthcare goals) meeting to discuss poor safety awareness, aggressive behaviors, and noncompliance in care.</p> <p>This deficient practice violated residents' rights and resulted in a delay and care and services leading to the decline in Resident 1 mental and physical health and increased risk for injury to self and others.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including bipolar disorder (periodic, intense emotional states affecting a person's mood, energy, and ability to function), dementia and aftercare following joint replacement (procedure where a damaged part of the body is replaced with an artificial part) surgery.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Southland		STREET ADDRESS, CITY, STATE, ZIP CODE  11701 Studebaker Road Norwalk, CA 90650	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's MDS, dated [DATE], the MDS indicated Resident 1's cognitive skills for daily decision-making were severely impaired. The MDS indicated the following: Resident 1 did not demonstrate physical behavioral symptoms directed toward others ( hitting, kicking, scratching, grabbing or abusing other sexually), verbal behavioral symptoms directed toward others ( threatening others, screaming at others, cursing at others) or other behavioral symptoms not directed toward others ( physical symptoms, such as hitting, scratching, self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming or disruptive sounds). The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) for chair to bed transfer (ability to transfer to and from bed to chair), toilet transfer and tub/ shower transfer (ability to get on and off the toilet).</p> <p>During a review of Resident 1's psychiatric follow up evaluation, dated 2/19/2024, the note indicated Resident 1 had a diagnosis of psychosis (mental disorder where person loses the ability to recognize reality or relate to others), bipolar disorder, major depressive disorder (persistent feeling of sadness and loss of interest), insomnia (trouble sleeping), and generalized anxiety disorder (feelings of dread, fear, uneasiness). The note indicated Resident 1 was receiving Lexapro (medication to treat mental / mood disorders) 10milligrams (mg- unit of measurement) every day for depression, Depakote (medication used to treat bipolar disorder) 250 mg twice a day for psychosis, Quetiapine (medication used to treat bipolar disorders) 12.5mg at bedtime for bipolar disorder, and Donepezil (medication to treat memory loss and confusion) 10 mg at bedside for dementia. The note indicated Resident 1 was not currently a danger to herself and to others at the time of the visit, no need for psychiatric evaluation at this time but will reassess for any worsening behavioral symptoms, the plan for follow up was in two to four weeks and as needed.</p> <p>During a review of Resident 1's progress note, dated 2/29/2024 at 6:36 a.m. the note indicated Resident 1 was so agitated Resident 1 punched a CNA and threw a washcloth at the CNA. The note indicated Resident 1 refused medications and threw the medications on the floor.</p> <p>During a review of Resident 1's progress note, dated 3/3/2024 at 4:33 p.m. the note indicated Resident 1 removed her peripheral intravenous line (PIV- a flexible tube used to administer medications or fluids into the body) and during an attempt to insert another PIV. Resident 1 became agitated, punched, and choked LVN 1 's neck and grabbed at LVN 1's clothes.</p> <p>During a review of Resident 1's progress note, dated 3/3/2024 at 11:42 p.m., the note indicated Resident 1 had a period of aggressive behavior demonstrated by tossing food, utensils, and call light at staff.</p> <p>During a review of Resident 1's progress note, dated 3/8/2024 at 6:48 a.m., the note indicated Resident 1 was combative with staff and refused to apply the abductor pillow (device used to prevent hip from moving out of the joint) as ordered by physician.</p> <p>During a review of Resident 1's progress note, dated 3/25/2024 at 6:47 a.m., the note indicated Resident 1 was agitated and did not allow staff into her room.</p> <p>During a review of Resident 1's progress note, dated 3/29/2024 at 7:27 a.m., the note indicated Resident 1 refused care and was combative with staff as Resident 1 removed her abductor pillow), removed diaper and tried to hit staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Southland		STREET ADDRESS, CITY, STATE, ZIP CODE  11701 Studebaker Road Norwalk, CA 90650	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1's progress note, dated 5/3/2024 at 8:44 a.m., the note indicated Resident 1 refused to wear her brace due to behavior problem, Resident 1 at risk of dislocation due to noncompliance and behavior problem.</p> <p>During a review of Resident 1's progress note, dated 5/3/2024 at 8:00 p.m., the note indicated Resident 1 was agitated, verbally abusive and striking at staff.</p> <p>During a review of Resident 1's progress note, dated 5/6/2024 at 5:30 p.m., the note indicated Resident 1 had violent behavior during staff.</p> <p>During a review of Resident 1's progress note, dated 5/20/2024 at 2:57 p.m., the note indicated Resident 1 took off her leg brace and threw it. Resident 1 cannot be redirected.</p> <p>During a review of Resident 1's progress note, dated 5/26/2024 at 12:50 pm, the note indicated at 12 noon Resident 1 had a witnessed fall. The note indicated Resident 1 was found standing at the door holding onto a bedside table, when Certified Nurse Assistant (CNA) 3 tried to assist Resident 1, Resident 1 became verbally and physically aggressive toward CNA 3. Resident 1 lost her balance and fell to the floor.</p> <p>During an interview on 6/13/2024 at 1:04 p.m., CNA 3 stated she witnessed Resident 1's fall on 5/26/2024. CNA 3 stated Resident 1 was frequently aggressive to staff as demonstrated by hitting and swinging at staff and does not like to listen to staff or ask for help. CNA 3 stated the nursing staff was aware of Resident 1's behaviors and it was hard to take care of her because of her behavior.</p> <p>During an interview on 6/14/2024 at 11:17 p.m., the Director of Rehabilitation (DOR) stated Resident 1 was receiving physical therapy and occupational therapy which terminated on 3/15/2024. The DOR stated Resident 1's behavior was a factor in terminating Resident 1's therapy. The DOR stated Resident 1 was combative with staff and did not want to participate in therapy. The DOR stated, Resident 1 had thrown a diaper at her during a session. The DOR stated an IDT was not conducted address Resident 1's behaviors.</p> <p>During an interview on 6/14/2024 at 12:33 p.m., the Assistant Director of Nursing (ADON) stated Resident 1 was often aggressive and noncompliant with treatments. The ADON stated Resident 2 had poor safety awareness and had been more difficult to redirect and had become increasingly more aggressive with staff. The ADON stated during her review of Resident 1's electronic health records (EHR) and paper records up until 6/14/2024, the records do not indicate a follow up appointment with the psychiatrist after 2/19/2024 nor an IDT to discuss Resident 1's noncompliance and aggressive behaviors toward staff. The ADON stated, failure to follow up with the psychiatrist and conduct an IDT led to a delay in behavioral care and services for Resident 1 and was a violation of Resident 1's and Resident 1 's RP rights.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Southland		STREET ADDRESS, CITY, STATE, ZIP CODE  11701 Studebaker Road Norwalk, CA 90650	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review, on 6/14/2024, at 12:40 p.m., with the ADON, Resident 1's MDS, dated [DATE] was reviewed. The MDS indicated Resident 1 demonstrated the following : physical behavioral symptoms directed toward others ( hitting, kicking, scratching, grabbing or abusing other sexually), verbal behavioral symptoms directed toward others ( threatening others, screaming at others, cursing at others) and other behavioral symptoms not directed toward others ( physical symptoms, such as hitting, scratching, self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming or disruptive sounds). The ADON stated this was significant change from the previous MDS assessment dated [DATE]. The ADON stated the facility should have held an IDT and called the psychiatrist to ensure Resident 1 behaviors needs were being met.</p> <p>During an interview on 6/17/2024 at 11:30 a.m., the Resident 1's Responsible Party (RP) 1 stated the facility did not include him in meetings to discuss Resident 1's aggressive behaviors. RP 1 stated, the facility informed RP 1 about Resident 1's aggressive behavior with staff, but thought the facility had everything under control. RP 1 was not informed or included in any care plans meetings to discuss Resident 1's behaviors to ensure that Resident 1 was safe. RP 1 stated it appears the facility could not keep my mother safe due to her behaviors and had I known, I could have made a choice to transfer my mom to a higher level of care. RP 1 stated he was not informed and felt angry.</p> <p>During an interview on 6/17/2024 at 12:45 p.m., the Director of Nursing (DON) stated nursing staff should have ensured Resident 1 received a follow up psychiatric appointment and an IDT should have been conducted to address Resident 1's behaviors as reflected in Resident 1's progress notes and the significant change in Resident 1's MDS assessment from 12/3/2023 to 3/4/2024. The DON stated the facility did not meet Resident 1' behavioral needs due to the lack psychiatric follow up. The DON stated Resident 1 and RP 1's rights were violated due to the lack of IDT meeting to discuss Resident 1'd behaviors.</p> <p>During a review of the facility's Policy and Procedure (P/P) titled, Behavioral Health Services dated 8/9/2017, the P/P indicated the facility will provide residents with necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes the prevention and treatment of mental and substance use disorders as well as psychosocial adjustment difficulty or those with history of trauma or post-traumatic stress disorder. The P/P indicated the IDT will ensure that resident who display or are diagnosed with mental disorder receives the appropriate treatment and services to attain the highest practicable mental or psychosocial well-being and have an individual person -centered plan of care that addresses the needs of the resident based on the MDS assessment of the resident.</p>		