STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555070	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland	11701 Studebaker Road Norwalk, CA 90650

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on observation, interview, and record review, the facility failed to ensure two out of two sampled residents (Resident 70 and 75) are treated with respect and dignity by failing to feed the resident at eye level. This deficient practice has the potential to affect resident's sense of self-worth and self-esteem. a. During a review of Resident 70's Admission Record indicated Resident 70 was admitted on [DATE] with diagnoses including cerebral palsy (condition that affect movement and posture often before birth) schizoaffective disorder (a combined disorder that causes hallucinations and mood), major depressive disorder (decreased or loss of interest in pleasurable activities), anxiety disorder (feelings of worry or fear), dysphagia (difficulty swallowing),muscle weakness, and down syndrome (wide range of developmental delays and physical disabilities caused by a genetic disorder). During a review of Resident 70's Minimum Data Set ([MDS] a standardize assessment and care screening tool) dated 2/4/2024, indicated Resident 70 had severe cognitive (mental action or process of acquiring knowledge and understanding ability) impairment and dependent on all aspects of activities of daily living (ADL: personal hygiene, toileting, bathing, dressing). During a concurrent observation and interview on 3/27/2024 at 12:24 p.m. Certified Nursing Assistant 1 (CNA 1) was feeding Resident 70 while standing up while Resident 70 was sitting in his wheelchair. CNA 1 stated she usually feeds residents while standing up and at times would sit down to feed the resident, but it would depend on the resident. CNA 1 stated she just came back from break and since she was sitting during break time, she wants to stand while feeding Resident 70. b. During a review of Resident 75's Admission Record, indicated Resident 75 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (chemical imbalance in the blood causing issue in the brain), dementia (loss of cognitive functioning such as thinking, remembering), Alzheimer's (progressive disease that destroys memory and other mental functions), dysphagia (difficulty swallowing), gastrostomy (g-tube: surgical opening into the stomach to provide nutritional support or decompression), and muscle weakness. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 75's MDS dated [DATE], indicated Resident 75 had moderate cognitive impairment and does not have any functional impairments on both the right and left upper (arms, shoulders) and lower (hip, legs) extremities. The MDS indicated Resident 75 was dependent on most of the activities of daily living and required maximal assistance on eating and oral hygiene. During a review of the Physician Order Summary Report indicated Resident 75 has a regular diet puree texture, thin liquids consistency for oral gratification only. During a concurrent observation and interview on 3/28/2024 at 8:45a.m. with CNA 1, CNA 1 stated Resident 75 was being fed for oral gratification. CNA 1 stated she will stand while feeding him because she does not have a chair. CNA 1 elevated the bed and raised the head of the bed but was not meeting the resident at eye level. During an interview on 3/28/2024 at 11:21a.m. with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated when feeding a resident, you should be sitting face to face and would never feed the resident while standing. LVN 2 stated making eye to eye contact was important and the feeding angle can cause risk for aspiration if the resident was looking up. During an interview on 3/29/2024 at 10:36 a.m. LVN 3 stated when feeding a resident, you grab a chair as it was not acceptable to feed the resident while standing as not having eye contact was not respectful. LVN 3 stated whether the resident was alert or confused, it was important to make the resident feel relaxed and not alarmed. LVN 3 stated if the resident was being fed while standing up, they may feel ashamed or feel slow, and the resident can potentially choke as you cannot see them swallow properly since you will see their face and not their mouth. During an interview on 3/29/2024 at 12:58 p.m. with the Director of Nursing (DON), stated the resident should be positioned appropriately and the feeder should be sitting at the same level as the resident and talk to them at eye level. The DON stated it may be hard for the resident to know what the staff was doing to them and understand question if they are not talking to them directly. The DON stated the resident may not follow instructions and feeding the resident at eye level provides comfort and compassion while engaging with them. During a review of the facility's Policy and Procedure (P&P) titled, Feeding the Dependent Resident, revised on 5/2007, the P&P indicated sit at eye level of the resident. This allows social interaction and better observation if any swallowing difficulty arises. During a review of the facility's P&P titled, Dignity and Respect, dated 9/2019, the P&P indicated the staff shall display respect for Resident when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46036 Based on observation, interview, and record review, the facility failed to ensure resident call light was within reach for one of three sampled resident (Resident 1) meeting reasonable accommodation or resident needs by: This deficient practice resulted in Resident 1 unable to call facility staff for help when needed and may lead to feelings of low self-esteem. Findings: During a review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnose including cerebral palsy (a group of disorders that affect a person's ability to move and maintain balance and posture), chronic obstructive pulmonary disease ([COPD], diseases that cause airflow blockage and breathing-related problems), and type 2 diabetes mellitus (elevated, irregular blood glucose levels). During a review of Resident 1's History and Physical (H&P), dated 9/20/2023, the H&P indicated, Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS], a standardized assessment and care screening tool), dated 3/2/2024, the MDS indicated, Resident 1 had severe impairment with cognitive (ability to learn, remember, understand, and make decision) skills. The MDS indicated, Resident 1 required dependent (helper does all the effort) for toileting hygiene, shower/bathe self, and personal hygiene. During a concurrent observation and interview on 3/26/2024, at 11:27 a.m., with Certified Nurse Assistant (CNA) 2, in the Resident 1's room, observed the call light had fallen off the bed and was on the floor. CNA 2 stated facility staff should make rounds every hour or half-hour to ensure sure that the call light was within resident's reach. CNA 2 stated, the resident's call light should always be within reach because it was their communication tool with the nurse. During an interview on 3/29/2024, at 10:53 a.m., with the Assistant Director of Nursing Service (ADON), stated Resident 1 might require a flapped gray call light that she can easily tap to call for help because she cannot push the call light button for herself. The ADON stated, all call lights should be within reach to accommodate resident's need and in case of emergent situations. During a review of the facility's policy and procedure (P&P) titled, Routine procedures, Call light/bell, revised 05/2007 indicated it was The policy of this facility to provide the resident a means of communicating with nursing staff. Place the call device within resident's reach before leaving room.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46036 Based on interview and record review, the facility failed to accurately assess and follow through with the Preadmission Screening and Resident Review ([PASARR]- a comprehensive evaluation that ensures people who have been diagnosed with serious mental illness, intellectual, and/or developmental disabilities are able to live in the most independent settings while receiving the recommended care and interventions to improve their quality of life) Level I for three of six sampled residents (Resident 45, 21, and 40) to determine the facility's ability to provide the special need of the resident. This deficient practice placed Resident 45, 21, and 40 at risk of not receiving necessary care and services needed. Findings: a. During a review of Resident 45's Admission Record, indicated, Resident 45 was admitted to the facility on [DATE] with diagnoses including unspecified psychosis (refers to symptoms that happen when a person is disconnected from reality), acute kidney failure (when kidneys suddenly become unable to filter waste products from your blood), and hypertensive (high blood pressure) heart disease with heart failure (heart does not pump enough blood for the body's needs). During a review of Resident 45's History and Physical (H&P), dated 9/14/2023, the H&P indicate Resident 45 did not have the capacity to understand and make decisions. During a review of Resident 45's Minimum Data Set ([MDS]-a standardized assessment and care screening tool), dated 12/21/2023, the MDS indicated Resident 45 had severe impairment with cognitive (ability to learn, remember, understand, and make decision) skills. The MDS indicated Resident 45 required partial/moderate assistance (helper does more than half the effort) for eating, and oral hygiene. During a review of Resident 45's PASARR dated on 9/8/2023, the PASARR' indicated negative Level I screening, and Level II mental health evaluation was not required. During an interview on 3/29/2024, at 11:01 a.m., with the Assistant Director of Nursing Service (ADON), the ADON stated, Resident 45's PASARR I was not completed accurately. The ADON stated, if resident has any mental illness and was on medication to treat mental illnesses, it should re-evaluate PASARR screening upon the admission. The ADON stated, PASARR screening should be conducted correctly because if it was not done accurately, the resident might not get specialized treatment or resources they need. 44898 (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. During a review of Resident 21's Admission Record, indicated, Resident 21 was admitted to the facility 4/20/2012 and readmitted in 12/30/2020 with diagnoses including dementia (a group of symptoms affecting memory, thinking and social abilities), psychosis (condition of the mind that results in difficulties in determining what is real and what is not real), epilepsy (a brain condition that causes recurring seizures[uncontrolled body movements]), and hemiplegia (paralysis of one side of the body). During a review of Resident 21's Physician Progress Notes dated 12/27/2022, indicated Resident 21 did not have the capacity to understand and make decisions. During a review of Resident 21's MDS dated [DATE], the MDS indicated Resident 21 required maximal assistance from staff with oral hygiene, toileting, showering, dressing, putting on and taking off footwear, personal hygiene, rolling from left to right, sitting, lying, standing, and transferring from chair and toilet. During a concurrent interview and record review on 3/29/2024 at 8:44 am with the ADON, Resident 21's PASARR dated 12/24/2022 was reviewed. The PASARR indicated Resident 21 did not have an intellectual or developmental disability and did not have a serious mental illness. ADON stated she should have completed a new PASARR for Resident 21 because Resident 21 was diagnosed with psychosis and behavioral disturbances. ADON stated if a new PASARR was not completed it could delay the needed psychiatric services for Resident 21. c. During a review of Resident 40's Admission Record, indicated, Resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including bipolar (mental illness that causes unusual shifts in resident mood, energy, activity levels, and concentration.), dementia, and depression (persistent feeling of sadness and loss of interest). During a review of Resident 40's History and Physical (H&P) dated 3/1/2024. The H&P indicated Resident 40 did not have the capacity to understand and make decisions. During a review of Resident 40's MDS dated [DATE] indicated Resident 40 was dependent on staff for toileting, showering, lower body dressing, personal hygiene, sitting, lying, and transferring to a chair. The MDS indicated Resident 40 required maximal assistance with upper body dressing and rolling from left to right. During a concurrent interview and record review on 3/29/2024 at 9:03 am with ADON Resident 40's PASARR dated 3/15/2020 was reviewed. The PASARR indicated Resident 40 did not have an intellectual or developmental disability. The ADON stated Resident 40 was admitted to the facility with dementia, bipolar, and depression and a new PASARR should have been completed. The ADON stated Resident 40 should have a referral to receive the needed services for his condition. During a review of the facility's policy and procedure (P&P) titled, PASARR, dated 12/2021, the P&P indicated, It is the policy of this facility to ensure that each resident is properly screened using the PASARR specified by the state. A PASARR shall be completed on every resident upon admission. Based upon the assessment, the facility will ensure proper referral to appropriate state agencies for the provision of specialized services to residents with Intellectual Disability or Related Condition or Serious Mental Illness. Social Services shall contact the appropriate State Agency for referral of specialized care and services the resident may require.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46036 During observation, interview, and record review, the facility failed to implement comprehensive plan of care for three of six sampled residents when: 1. Resident 61 who was assessed for high risk for falls had a rectangle wooden piece of wood on the floor next to the bed on the left side. This deficient practice had the potential to result in injury related to fall. 2. Residents 27 and 71 have cigarettes and smoking paraphernalia stored on the bedside table. This deficient practice had the potential to result in an accidental fire. Findings: 1.During a review of Resident 61's Admission Record, the Admission Record indicated Resident 61 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including history of falling, atrial fibrillation (irregular and very rapid heart rhythm), unilateral (one-sided) primary osteoarthritis (degenerative joint disease) right knee, and difficulty in walking. During a review of Resident 61's History and Physical (H&P), dated 2/17/2024, the H&P indicated, Resident 61 has the capacity to understand and make decisions. During a review of Resident 61's Minimum Data Set ([MDS], standardized assessment and care screening tool) dated 2/23/2024, the MDS indicated Resident 61 had moderately impaired cognitive (ability to learn, remember, understand, and make decision) skills and required dependent (helper does all the effort) to complete the activity for toileting hygiene and shower/bathe self. The MDS indicated Resident 61 had a fall in the last month prior to admission to the facility. During a review of Resident 61's Fall Risk Evaluation (tool used to assess risk of falls) dated 2/16/2024, the Fall Risk Evaluation indicated Resident 61 had a score of 14 (a score of 10 or greater indicated the resident was high risk for fall). During a review of Resident 61's Care Plan titled, At risk for falls related to post removal of hardware right foot, limited mobility, admitted with the cast on the right foot, and history of fall initiated on 2/16/2024, and revised on 2/26/2024. The Care Plan goals indicated will not sustain serious injury through the review date (5/16/2024). The Care Plan interventions included anticipate and meet needs, avoid rearranging furniture, and maintain a clear pathway, free of obstacles. During an observation on 3/26/2024, at 10:33 a.m., in Resident 61's room, observed a rectangle wooden piece on the floor next to the bed of Resident 61 on the left side. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 3/28/2024, at 10:40 a.m. with Certified Nursing Assistant (CNA) 3, CNA 3 stated the rectangle wooden piece on the floor might be placed to prevent scratches on the wall. CNA 3 stated the rectangle wooden piece on the floor can pose a high risk for injury to Resident 61 in the event of fall. During an interview on 3/29/2024, at 10:27 a.m. with Assistant Director of Nursing Services (ADON), the ADON stated Resident 61 had a history of fall two months ago and was considered a high risk for falls. ADON stated the rectangle wooden piece should never be placed on the floor to the resident's left side. The ADON stated the facility did not implement the plan of care for Resident 61's risk for falls that includes maintain a clear pathway and free of obstacles. ADON stated she would discuss with Resident 61 placing landing pads and removing the rectangle wooden piece on the floor immediately because there was a potential risk resident may fall and sustain serious injuries. During a review of the facility's policy and procedure (P&P) titled, Fall Management System, revised 12/2023, the P&P indicated, it was the policy of this facility to provide an environment that remains as free of accident hazards as possible. It is also the policy of this facility to provide each resident with appropriate assessment and intervention to prevent falls and minimize complications if a fall occurs. 2. a. During a review of Resident 27's Admission Record, indicated Resident 27 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hepatic encephalopathy (loss of brain function due to damaged liver unable to remove toxins in the blood), cirrhosis (severe scarring) of liver, type II diabetes mellitus (condition in which the body has difficulty controlling blood sugar), epilepsy (nerve cell activity in the brain is disturbed causing seizures), anxiety disorder (feelings of worry, or fear that is strong enough to interfere with daily activities), and hypertension (high blood pressure) During a review of Resident 27's MDS dated [DATE], indicated Resident 79 had a moderate cognitively (ability to learn, remember, understand, and make decision) impairment and required maximal assistance in bathing, moderate assistance in toilet hygiene and dressing the lower body, and required supervision on performing majority of activities of daily living (ADL: personal hygiene, ambulating, transferring). The MDS indicated Resident 27 had functional limitation on both right and left upper (arms, shoulders) extremities. During a review of Resident 27's untitled Care Plan initiated on 1/1/2024 indicated to maintain smoking materials at nurses' station or other designated area, monitor to assess compliance with facility smoking policy/individual plan, observe smoking while in designated area, and provide one to one (1:1) observation while smoking. During a review of Resident 27's Smoking and Safety Measure's acknowledgement signed on 3/1/2024, the policy indicated smoking materials will be secured at the nurse's station when not in use. During a review of Resident 27's Interdisciplinary Team (IDT a group of health care professionals with various areas of expertise who work together toward the goals of their residents) Conference Record on 3/11/2024 indicated Resident 27 understood and agreed with the facilities policy and procedure regarding smoking. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 3/28/2024 at 9:34 a.m. with Resident 27, Resident 27 stated he goes smoking whenever he wants, the facility normally supplies the cigarettes, and there were people around him when he smokes. Resident 27 had a cigarette pack that was open in his bedside drawer. Resident 27 stated he forgot to return his cigarettes back to the nurse's station on the first floor and proceeded to place the cigarette packet into his right pocket of his jacket. Resident 27 stated he will give the cigarette pack back to the nurses. During an interview on 3/28/2024 at 11:42 a.m. with Activities Director (AD), AD stated the smokers at the facility are independent and they will come to the nurse's station on the first floor to request for their cigarettes. AD stated it was not acceptable for residents to keep cigarettes in their room for their safety as they may fall asleep and burn themselves. During an interview on 3/28/2024 at 1:04 p.m. with Social Service Director (SSD), SSD stated resident's cigarettes are in a locked box on the first floor and if the residents were alert and oriented, they will go on the smoking area and smoke on their own. During a concurrent observation and interview on 3/28/2024 at 1:07 p.m. with Licensed Vocational Nurse 1 (LVN) 1, LVN 1 stated all cigarettes and lighters have resident's names on them. LVN 1 stated cigarettes were not allowed in the residents' room as you do not want resident to smoke in the room. During an interview on 3/28/2024 at 1:14 p.m. with Infection Preventionist Nurse (IPN), IPN stated there was a smoking blanket (prevent burns in clothing and keep hot ashes from burning the skin) for emergency outside the smoking area , and based on the smoking assessment for Resident 27, Resident can smoke on his own and does not need supervision, however Resident 27 can still injure himself if no one was supervising him during smoking. During a concurrent interview and record review 3/28/2024 at 4:46p.m. with SSD, SSD documented on the progress note that the smoking policy was explained to Resident 27 on 3/11/2024 and he had agreed and signed the document indicating compliance. SSD stated Resident 27 is self-responsible and he keeps his cigarettes and lighter in Nursing Station 1. SSD stated residents cannot keep their smoking paraphernalia in their room for safety, it was unsanitary, the smoke may bother other residents, and can potentially cause a fire. SSD stated occasionally activities will observe the residents to ensure they do not play with their cigarettes, but the staffs are not with the residents while they smoke. SSD stated on Resident 27's care plan intervention which indicated for him to be observed while smoking. SSD stated residents should be e supervised and observed as needed during smoking time as indicated as interventions on the care plans, some of the interventions were being implemented, but not all. b. During a review of Resident 72's Admission Record, indicated the Resident 72 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including polyneuropathies (multiple peripheral nerves that affect skin, muscles, and organs are damaged), orthostatic hypotension (low blood pressure that occurs when standing up from sitting or lying down), difficulty walking, abnormal posture, and generalized muscle weakness. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 72's MDS dated [DATE], indicated Resident 72 was cognitively intact and required moderate assistance to ambulate 10 feet, required supervision in transferring from toilet, chair/bed-to-chair, sit to stand, required set up for toileting, dressing, personal hygiene, and is independent eating and performing oral hygiene. The MDS indicated Resident 72 had no functional limitations on both side of the upper (arms, shoulders) and lower (legs, hip) extremities and utilizes a wheelchair. During a review of Resident 72's untitled Care Plan (CP) initiated on 9/21/2023 indicated to maintain smoking materials at nurses' station or other designated area and observe smoking while in designated area. During a concurrent interview and record review on 3/28/2024 at 4:27p.m. with SSD, SSD stated on 3/20/2024, she spoke with Resident 72 regarding the smoking policy and read to him the safety procedure. SSD stated Resident 72 wants to keep his cigarettes on his own and refused to sign the acknowledgement form for the smoking policy and will not surrender his cigarettes to the nursing station. SSD stated having a lighter in the resident's room was a safety concern. During an interview on 3/29/2024 with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated residents who smoke should be supervised. LVN 3 stated lighters and cigarettes are kept on the first floor in the medication room, and sometimes the Activity staff or Certified Nursing Assistant (CNA) will go outside with the resident during designated smoking time. LVN 3 stated the staffs do not simply give the cigarettes and lighters to the residents for them to smoke for safety precautions. LVN 3 stated residents should not have lighters and cigarettes in their rooms and if she saw them in the residents' room, she will remove it right away. LVN 3 stated if the resident refuses, their smoking privileges' may be revoked as they would have to follow the facility's smoking policy. LVN 3 stated some of the residents may leave the facility since they do not want to surrender their smoking paraphernalia, and if that was the case, it should be care planned to indicate Resident 72 refused to follow facility's smoking policy. During a concurrent interview and record review on 3/29/2024 at 12:42 p.m. with the Director of Nursing (DON), stated cigarettes were stored at Nursing Station 1, and if the resident wants to smoke, they will have to go to the first floor to get a cigarette and lighter. DON stated the resident was not allowed to have cigarettes and lighters in the room for safety as they have a designated area for smoking. DON stated on the SSD progress note indicated Resident 72 did not want to sign the smoking policy and procedure but was not aware Resident 72 wanted to keep his smoking paraphernalia to himself. DON stated cigarettes were in Nursing Station 1 and if the resident refused to comply with the facilities smoking policy, it should be care planned. DON state she would have talked Resident 72 regarding smoking policy and cannot allow him to keep his smoking paraphernalia. During a review of the facility's P&P titled, Smoking and Safety Measures, revised 12/2023, the P&P indicated smoking materials will be secured at the nurse's station when not in use.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898 46415 Based on observation, interview, and record review the facility failed to ensure two of 23 sampled residents (Resident 40 and 79) received restorative nurse aide (RNA, certified nursing aide program that helps residents to maintain their function and joint mobility) (restorative nurse aide) services and treatment to prevent the further decrease in range of motion [ROM, full movement potential of a joint (where two bones meet)] and contractures (chronic joint stiffness associated with joint deformities and pain). This failure resulted in Resident 40 and 79 not receiving the needed RNA services placing Resident 40 and 79 at risk for further decline in the range of motion and at risk for developing contractures. Findings: a.During a review of Resident 40's Admission Record, indicated, Resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including dislocated (when a bone slips out of a joint) right hip, right hip prosthesis (an artificial device that replaces a body part), right artificial hip joint replacement surgery, difficulty walking, and history of falling. During a review of Resident 40's History and Physical (H&P) dated 3/1/2024. The H&P indicated Resident 40 did not have the capacity to understand and make decisions. During a review of Resident 40's MDS dated [DATE] indicated Resident 40 was dependent on staff for toileting, showering, lower body dressing, personal hygiene, sitting, lying, and transferring to a chair. The MDS indicated Resident 40 required maximal assistance with upper body dressing and rolling from left to right. During a review of Resident 40's Physician Order Summary Report, dated 3/13/2024 indicated Resident 40 was back to custodial care (a form of long-term care that provides non-medical care to individuals who cannot perform activities of daily living on their own due to illness, accident, dementia, or some other impairment) with RNA. During a review of Resident 40's Care Plan titled Risk for a decline in ROM dated 3/25/2024 indicated the goal was to maintain ROM with RNA services. During a review of Resident 40's Physician Order Summary Report, dated 3/25/2024, indicated Resident 40 was to start RNA on 3/26/2024 for Active Assistive Range of Motion ([AAROM] therapeutic exercises used to increase joint flexibility, muscular strength, and joint mobility) to the bilateral lower extremities (both legs) while adhering to right hip precautions (precautions to keep you from dislocating the hip) everyday three times a week as tolerated. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland	11701 Studebaker Road Norwalk, CA 90650

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 3/28/2024 at 9:11 a.m. with RNA 1, Resident 40's Restorative Nursing Record, dated 3/2024 was reviewed. The Restorative Nursing Record indicated, on 3/26/2024, 3/27/2024, 3/28/2024 there were no staff initials in the box for Resident 40's RNA services to demonstrate RNA services were administered. RNA 1 stated there was no documentation on the Restorative Nursing Record dated 3/2024 that indicated Resident 40 received RNA services on 3/26/2024, 3/27/2024 and 3/28/2024. RNA stated these are new RNA orders that were supposed to start on 3/26/2024. RNA stated she did not receive the orders from the physical therapist (a healthcare provider who helps you improve how your body performs physical movements) or any licensed staff. RNA 1 stated Resident 40 missed three days of RNA services. RNA stated its very important for Resident 40 to receive RNA services because we do not want the resident to get contracted or stiff. During an interview on 3/28/2024 at 12:17 pm with the Director of Rehabilitation (DOR), stated Resident 40's physical therapy was discontinued on 3/15 /2024 and a recommendation to continue RNA program was made. The DOR stated AAROM to bilateral lower extremities while adhering to right hip precautions while wearing a brace everyday three times a week was to be started on 3/26/2024. The DOR stated the physical therapist delivers the new orders to the RNA or nursing staff and explains the orders. The DOR stated the new orders are communicated to nursing staff on the same day the order was written. The DOR stated RNA program orders need to be started to prevent atrophy (decrease in size or wasting away of a body part) and contractures. DOR stated if RNA was not started the resident could have a decline in mobility. b.During a review of Resident 79's Admission Record, indicated Resident 79 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including fracture (broken bone) of lateral orbital wall (outer bone of the eye) on the left side with routine healing, fall, hemiplegia (paralysis of partial or total body function on one side of the body) and hemiparesis (one?sided weakness without complete paralysis) following cerebral infarction (result of disrupted blood flow to the brain due to problems with blood vessels) type diabetes mellitus (condition in which the body has difficulty controlling blood sugar), and hypertensive heart disease (high blood pressure). During a review of Resident 79's MDS dated [DATE], indicated Resident 79 had mild cognitive (mental action or process of acquiring knowledge and understanding ability) impairment. The MDS indicated Resident 79 was dependent on putting/taking off footwear, required maximal assistance bathing and performing toileting hygiene, and required moderate assistance on transferring from chair/bed to chair transfer, sit to lying, and personal hygiene. The MDS indicated Resident 79 had functional limitation on one side of the upper (arms, shoulders) and lower (legs, hip) extremities and utilizes a wheelchair. During a review of Resident 79's Care Plan titled risk for decline in range of motion (ROM) in left wrist/hand and left ankle/foot initiated on 1/12/2024 with intervention initiated on 3/13/2024 indicated for Restorative Nursing Assistant (RNA: provides skill practice in activities (walking/grooming) to improve or maintain functional ability) to apply left resting hand splint for six to eight hours three times a day as tolerated on Monday, Wednesday, and Friday. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the Physician Order Summary Report dated 12/20/2023 indicated Resident 79 with order for RNA to apply left ankle foot orthosis (brace) for up to four (4) hours three times a week as tolerated on Monday, Wednesday, and Friday and an order on 3/13/2024 for RNA to apply left resting hand splint for six to eight (6-8) hours three times a week as tolerated on Monday, Wednesday, and Friday. During a review of Resident 79's Restorative Nursing (RN) document for March, Resident 79 had received RNA service to apply left ankle foot orthosis three times a week as tolerated Monday, Wednesday, and Friday on 3/25/2024 Monday, 3/26/2024 Tuesday, and 3/27/2024 Wednesday with Thursday and Friday axed out. The RN document indicated Resident 79 had received RNA services to apply left resident hand splint three times a week as tolerated Monday, Wednesday, and Friday no 3/25/2024 Monday, 3/26/2024 Tuesday, and 3/27/2024 Wednesday with Thursday and Friday axed out. Additionally, the RN document for February indicated resident received RNA service for the left ankle foot orthosis on 2/5/2024 Monday, 2/6/2024 Tuesday, 2/7/2024 Wednesday, 2/12/2024 Monday, 2/13/2024 Tuesday, 2/15/2024 Thursday, 2/20/2024 Tuesday, 2/21/2024 Wednesday, 2/22/2024 Thursday, 2/26/2024 Monday, 2/27/2024 Tuesday, and 2/28/2024 Wednesday instead of Monday, Wednesday, and Friday. During a concurrent interview and record review on 3/28/2024 at 9:51a.m. with Restorative Nursing Assistant 1 (RNA 1), RNA 1 stated she does not know why Resident 79 has a splint on his arm and provides RNA services three times a week. RNA 1 stated she works from Monday to Thursday and at times is assigned to be on the floor, so she tries to provide RNA services to Resident 79 on the days she works. RNA 1 stated there are other staff that covers, but if she works with Resident 79 for three days, then the other staffs does not have to provide RNA services. RNA 1 stated the order to place the brace on Resident 79's left leg is on Monday, Wednesday, and Friday, but indicated the RNA services can be provided on Monday, Tuesday, and Wednesday. RNA 1 stated this was a normal practice to provide RNA services on Monday, Tuesday, and Wednesday and as long as the services are provided three times a week, it was acceptable. RNA 1 stated they usually document on paper weekly and these orders to provide RNA services was received after the resident has completed their physical therapy to prevent contracture or stiffness, and if these services are not provided, the resident will become contracted. RNA 1 stated she was not sure whether Resident 79 received physical therapy, but if the order for RNA indicated Monday, Wednesday, Friday, she will assume that Resident 79 has physical therapy on other days. RNA 1 stated since Resident 79 received RNA services on Monday, Tuesday, Wednesday, he will not get the splint for Thursday and Friday and indicated the four-day gap between Thursday to the following Monday was big. During a concurrent interview and record review on 3/28/2024 at 12:12 p.m. with the Director of Rehabilitation (DOR) stated the RNA order for Resident 79 indicated to wear the left ankle foot brace on Monday, Wednesday, and Friday to distinguish between physical therapy and RNA services and do not switch the days to make sure Resident 79's needs are met. During an interview on 3/29/2024 at 10:39 a.m. with Licensed Vocational Nurse 3 (LVN 3) stated physician orders should be followed exactly as ordered and was not acceptable to not follow directions based on whether or not you will be working and change the schedule as resident care was twenty-four seven. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review on 3/29/2024 at 12:58 p.m. with the Director of Nursing (DON) stated Resident 79's RNA order was to apply the brace on his left ankle three times a week as tolerated on Monday, Wednesday, and Friday. DON stated that there was a signature indicating the RNA services were provided on Monday, Tuesday, and Wednesday. The DON stated it was not acceptable to provide care on Monday, Tuesday, and Wednesday when the order indicates Monday, Wednesday, and Friday. DON stated that was not how the order was reflected, and despite Resident 79 receiving RNA services three times a week, they did not follow the doctors' orders. During a review of the facility's policy and procedures (P&P) titled, Restorative Care Program Overview, revised date 11/2007, the P&P indicated to, Develop a plan of nursing care services based upon nursing assessment, physical therapy occupational therapy, or speech recommendations of resident needs. During a review of the facility's job description for Restorative Nursing Assistant, (undated), the Restorative Nursing Assistant job description indicated to, Perform restorative and rehabilitation procedures as instructed. During a review of the facility's job description for Physical Therapist, (undated), the Physical Therapist job description indicated to, Effectively communicates with supervisor and other health team members regarding patient progress, barriers, and treatment plans. During a review of the facility's P&P titled, Job Description: Certified Nursing Assistant, dated 12/17/2021, the P&P indicated perform restorative and rehabilitative procedures as instructed.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898 Based on observation, interview, and record review, the facility failed to ensure the resident, who was riding in the facility's van while sitting in a wheelchair, had a shoulder seat belt strap on to secure upper body for one of 23 sampled residents (Resident 32). This deficient practice resulted in Resident 32 thrown forward with a wheelchair landing on top of the resident when Driver 1 abruptly stops the vehicle on a yellow light. Resident 32 was admitted to general acute care hospital (GACH) on 3/19/2024 and hospitalized for six days with multiple fractures (broken bone) including fracture to both arms, both legs and neck. On 3/27/2024 Resident 32 was sent back to GACH for anxiety (a feeling of worry, nervousness, or unease) related to the accident on 3/19/2024. Findings: During a review of Resident 32's Admission Record, the Admission Record indicated Resident 32 was admitted to the facility on [DATE] with diagnoses including right femur (thigh bone) pathological fracture (a break in a bone that happens without the force of an impact), age-related osteoporosis (causes bones to become weak and brittle) fibromyalgia (a chronic condition that causes pain in muscles and soft tissue all over the body), and dorsalgia (back pain). During a review of Resident 32's Minimum Data Set ([MDS] a standardized assessment and care-screening tool) dated 3/9/2024, the MDS indicated Resident 32 had the ability to understand others and the ability to express wants and thoughts. The MDS indicated Resident 32 was dependent on staff for toileting, showering, dressing, sitting, lying, and rolling from left to right. The MDS indicated Resident 32 required moderate assistance from staff with washing the face and combing the hair. The MDS indicated Resident 32 required setup and clean up assistance from staff with eating. The MDS indicated Resident 32 did not attempt to walk prior to current illness and did not attempt to use the wheelchair due to medical condition and safety. During a concurrent observation and interview on 3/26/2024 at 11:29 a.m. with Resident 32, the resident was observed to have splints (a removable device that temporarily immobilizes a joint after injury) on both legs wrapped with ace wrap bandages (a compression bandage, a long strip of stretchable cloth that can wrap around) and a cervical collar (used to support spinal cord [a column of nerve tissue that runs from the base of the skull down the center of the back] and head) on her neck. Resident 32 was observed receiving physical therapy (therapy used to preserve, enhance, or restore movement and physical function). During the interview Resident 32 started crying, stated when she was coming back from a doctor's appointment, in the facility's van, she was not strapped in well and when Driver 1 abruptly stopped at a yellow light she flipped forward, and the wheelchair landed on top of her. Resident 32 stated she was on the van's floor for 30 minutes. Resident 32 stated she was wearing a lap belt strap but not the shoulder strap. Resident 32 stated the Administrator (ADMN) had the seatbelts replaced with new equipment and added a seatbelt to go over the stomach and shoulder after her accident on 3/19/2024. Resident 32 stated she came to the facility to get better and get assistance and she end up getting hurt. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 3/28/2024 at 9:59 a.m. Certified Nurse Assistant (CNA 4) stated Resident 32 called her on 3/19/2024 to informed her she was admitted to GACH due to the accident happened on 3/19/2024 at 7 p.m. going back to the facility after her doctor's appointment. CNA 4 stated Driver 1 made an abrupt stop at a yellow light causing Resident 32 to thrown over from her wheelchair and was on her knees for 30 minutes. CNA 4 stated Resident 32 told her she was going to be admitted to the hospital for broken legs and broken neck. CNA 4 stated Resident 32 currently needed two-persons assistance for bathing, dressing, toileting, and transfer between surfaces, and care must be very slow because Resident 32 was in a lot of pain. During an interview on 3/28/2024 at 10:15 a.m. Licensed Vocational Nurse (LVN 1) stated on 3/19/2024 during the evening shift (3 p.m. to 11 p.m. shift) Resident 32 was riding in the facility van returning from a doctor's appointment when the driver had an abrupt stop, Resident 32 flew from her wheelchair and the wheelchair landed on top of the resident. LVN 1 stated as a result Resident 32 sustained a fracture on both hips, and neck. LVN 1 stated Resident 32 now use a cervical collar and has the splints on both legs wrapped with ace bandages. During an interview on 3/29/2024 at 10:10 a.m. the Assistant Director of Nursing (ADON), stated on 3/19/2024 Resident 32 had an accident while being transported from her doctor's appointment by a van back to the facility and was sent to GACH for further evaluation. ADON stated Resident 32 sustained a displaced fracture (when the bone breaks into two or more parts and moves out of alignment) of fifth (5th) cervical (the neck region of the spine) spine, displaced fracture of the femur non-displaced fracture of the right tibia (shin bone), fractured shaft of the right fibula (leg bone on the lateral side of the tibia), fracture to the upper and lower left fibula, non-displaced fracture (a force causes a bone to crack or break but maintains its alignment) of the left tibia tuberosity (bony part on the upper part of the shin [front part of the leg]), fracture of the right and left humerus (the long bone in the arm that runs from the shoulder to the elbow), fracture of left femur, and fracture of the right rib. ADON stated Resident 32 has a hard cervical collar brace (a medical device used to support and immobilize the neck) which she must wear while out of bed and soft cervical collar brace to wear while in bed. ADON stated Resident 32 has splints on the left and right leg and non-weight bearing activity (physical exercise or movement that do not put any pressure or load on the joints) on the lower extremities. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 3/29/2024 at 11:02 a.m. Driver 1 stated on 3/19/2023 at 5 p.m. he went to pick up Resident 32 from the doctor's appointment. Driver 1 stated he parked the van pulled down the ramp, pushed Resident 32 up the ramp, and positioned the wheelchair facing the front of the vehicle. Driver 1 stated he put the brakes on the wheelchair and connected the straps to floor of the vehicle and connected the straps to the frame, then created tension using tensioner (device used for maintaining tension) and connected both back straps and front straps to frame of vehicle and connected the seatbelt. Driver 1 stated he was driving 45 miles per hour and when the traffic light turned yellow, he abruptly stepped on the brakes resulted in Resident 32's wheelchair to tip over. Driver 1 stated when coming to a stop he heard Resident 32 yelling calling for help as her wheelchair tip over and she was on the floor. Driver 1 stated Resident 32 was on the floor of the van still connected to wheelchair on top of her yelling and crying. Driver 1 stated the wheelchair was on top of Resident 32, so he unhooked the straps and unhooked her seatbelt then disconnected the wheelchair. Driver 1 stated he sat Resident 32 up and a bystander called 911 (number used to reach emergency medical, fire, and police services). Driver 1 stated the paramedics (a person trained to give emergency medical care) arrived within 10 minutes and when Resident 32 was on the gurney (a wheeled stretcher used for transporting residents) he noticed Resident 32's left leg was dislocated. Driver 1 stated the facility has started implementing shoulder straps after the accident. Driver 1 stated he was not trained to use the shoulder straps during transport of the residents. Driver 1 stated he have not used the shoulder strap available in the van. Driver 1 stated the shoulder strap could have prevented Resident 32 from being thrown forward, especially on during sudden or abrupt stop. Driver 1 stated the shoulder strap was an extra safety precaution and would have secured Resident 32's upper body. During an interview on 3/29/2024 at 11:49 a.m.the vehicle inspection technician (Tech 1) stated he inspected the facility van on 3/21/2024 and recommended to replace the straps used to secure the wheelchairs. Tech 1 stated the straps were beginning to wear out and there were newer updated straps and updated models. Tech 1 stated the facility followed the recommendation and purchased new straps that were installed on 3/21/2024, after Resident 32's accident on 3/19/2024. During an interview on 3/29/2024 at 12:28 p.m. the Director of Nursing (DON) stated Resident 32 fell forward while sitting in the wheelchair coming back from an appointment with Resident 32's medical doctor on 3/19/2024. DON stated Resident 32 was admitted to the facility with a pathological fracture and after the accident Resident 32 sustained more fractures to the cervical spine, femur, humerus, tibia, and scapula (shoulder blade). During an interview on 3/29/2024 at 1:42 p.m. the Administrator (ADMN) stated he received a text message on 3/20/2024 from the housekeeping supervisor about Resident 32's being transported to the hospital due to the accident on 3/19/2024. The ADMN stated when Driver 1 stopped at the yellow light Resident 32's wheelchair tipped forward. The ADMN stated Resident 32 only had a lap strap on. Driver 1 was not able to get Resident 32 back in the wheelchair. ADMN stated a vehicle inspection was done on 3/21/2024 after the accident and followed Tech 1 recommendations to upgrade and replaced all the straps in the facility's transportation van. ADMN stated the shoulder strap were implemented after the accident to give additional support and more added safety. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 32's GACH records titled, History and Physical (H&P), dated 3/19/2024 indicated Resident 32 presented to emergency department with complain of pain in arm, legs, and back after a fall in a transportation van. The H&P indicated Resident 32 was in her wheelchair in a transport van when the van stopped abruptly, and she fell forward with her wheelchair. Resident 32 was found to have multiple fractures including cervical thoracic spine fracture, bilateral tibia fibula fractures (broken bones in the lower leg), bilateral humeral neck fracture (broken bone in the upper arm), displaced left femur fracture, left elbow fracture, left and right shoulder fracture. During a review of Resident 32's GACH records titled, Neurosurgery Consult dated 3/20/2024, indicated Resident 32 had a diagnosis of osteoporosis and came to the emergency room after not being strapped into a vehicle and falling, hitting her face. During a review of Resident 32's GACH records titled, Physical Therapy Screen, dated 3/22/2024, indicated Resident 32's plan of care was no surgical intervention, soft collar while in bed, hard collar when out of bed for eight weeks, pain control, physical therapy, and occupational therapy (health care provider who helps resident learn or regain skills of activities of daily living) evaluations. During a review of Resident 32's GACH records titled, Physical Therapy Consult, dated 3/23/2024, indicated Resident 32 may benefit from bilateral knee immobilizers (device that does not allow movement of the knee) to stabilize her legs .and non-weight bearing activity to both lower extremities. During a review of Resident 32's Nursing Progress Notes, dated 3/27/2024 at 8:42 a.m., the Nursing Progress Notes indicated, Resident 32 was requesting Ativan (medication used to treat anxiety) for anxiety and verbalizing being anxious. The Nursing Progress Notes indicated Resident 32 received a one-time order for Ativan 0.5 milligrams ([mg]- unit of measurement) for anxiety. During a review of Resident 32's Nursing Progress Notes, dated 3/27/2024 at 8:57 a.m., the Nursing Progress Notes indicated, Resident 32 verbalized feeling anxious and nauseated (feel sick) related to the recent car accident. The Nursing Progress Notes indicated Resident 32 had a physician's orders to receive a psychiatric evaluation (an examination to determine whether an individual has a mental health condition) and Hydroxyzine (medication used to treat anxiety and nausea) 25 mg every 12 hours for anxiety and Zofran (medication to treat nausea and vomiting) 4.0 mg every six hours as needed for nausea. During a review of the facility's vehicle Inspection Invoice (from a company that specializes in servicing wheelchair vans), dated 3/21/2024, the vehicle Inspection Invoice indicated, a recommendation for replacing the old straps with the latest version of straps. The vehicle Inspection Invoice indicated the facility purchased four retractors with four studs fitting flat brackets with the tongue for lap and shoulder belts (strap). During a review of the facility's Investigation Report titled, Final Investigation of Unusual Occurrence, undated, the Investigation Report (IR) indicated, a recommendation was made to upgrade the securing straps to the latest version. The IR indicated the new straps were purchased at that time. The IR indicated, as a measure of increased security to prevent an incident such as this from occurring in the future an additional shoulder restraint seat belt will be used when securing a patient in the van. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of facility's policy and procedure (P&P) titled, Wheelchair Securement, the P&P indicated Residents must be secured in their wheelchair and secured in the vehicle before any movements of the vehicle or transportation of any kind was to occur. Most all passenger transportation vehicles will have a securement system. According to the manufacturer recommendations for a wheelchair securements and occupant restraints for transporting individual website article, Always secure the occupant in the vehicle with a complete Occupant Restraint System, consisting of lap and shoulder belts. Secure the wheelchair in the vehicle with a Wheelchair Tie-Down System. https://sure-lok.com/products/occupant-restraints/ During a review of the facility's job description for drivers titled, Job Description: Driver, revised on 10/2017, the driver job description indicated, the primary purpose of your job position is to transport residents to and from appointments and activities in a safe and courteous manner .Secure passengers 'wheelchairs to restraining devices to stabilize wheelchairs during trip. During a review of the facility's Van Driver Skills Checklist dated 1/11 indicated Drives defensively and avoids making abrupt course change. 46036 , 46415

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699 Based on observation, interview, and record review, the facility staff failed to label medications with open date and discard medications after 28 days for four out of 20 sampled residents (Resident 41,75,77 and 169). This deficient practice had the potential for Resident 41, 75, 77 and 169 medications to lose effectiveness and or therapeutic effect. Findings: During a review of Resident 41's Admission Record, indicated Resident 41 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including dysphagia (difficulty of swallowing), parkinsonism (a disorder of the central nervous system that affects movement, including tremors), hypertensive heart disease without heart failure (problems with the heart that can develop with high blood pressure). During a review of Resident's 41's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 2/27/2024, the MDS indicated Resident 41 had severe cognitive (ability to learn, understand, and make decisions) impairment and dependent with staff for all activities of daily living. During a review of Resident 41's Physician Order Summary report dated 3/9/2024 indicated an order for one drop of maxitrol ophthalmic suspension 0.1% (used to treat conditions involving swelling of the eyes and to treat or prevent bacterial eye infections) to both eyes every 12 hours as needed and Albuterol Sulfate HFA (medication used to treat prevent and treat difficulty breathing and shortness of breath). During a review of Resident 75's Admission Record, the Admission Record indicated Resident 75 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including chronic obstructive pulmonary disease ([COPD] refers to a group of diseases that cause airflow blockage and breathing-related problems), hypertensive heart disease with heart failure, and dysphagia (difficulty swallowing). During a review of Resident's 75's MDS dated [DATE], the MDS indicated Resident 75 had severe cognitive impairment and requires dependent assistance for all activities of daily living. During a review of Resident 75's Physician Order Summary report dated 3/9/2024 indicated an order for Albuterol Sulfate HFA aerosol solution two puff inhale orally every six hours as needed for shortness of breath and wheezing (a high-pitched whistling sound made while breathing). During a review of Resident 77's Admission Record, the Admission Record indicated Resident 77 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including unspecified asthma (a chronic disease in which the bronchial airways in the lungs become narrowed and swollen, making it difficult to breathe), hypertensive heart disease without heart failure. (continued on next page)

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	555070	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland	11701 Studebaker Road Norwalk, CA 90650

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident's 77's MDS, dated [DATE], the MDS indicated Resident 77 had no cognitive impairment and requires partial assistance for all activities of daily living. During a review of Resident 77's Physician Order Summary report indicated an order for fluticasone propionate (medication used treat allergy symptoms like sneezing, itching and a runny or stuffy nose) suspension 50 microgram ([mcg] unit of measurement) two sprays in each nostril two times a day for allergy symptoms. During a review of Resident 169's Admission Record, the Admission Record indicated Resident 169 was admitted to the facility on [DATE], with diagnoses including COPD, hypertensive heart disease without heart failure and alcohol abuse. During a review of Resident 169's Physician Order Summary report active as of 3/26/2024 indicated an order for trelegy ellipta inhalation aerosol powder (medication used to relieve sudden breathing problems) breath activated 100-62.5-25 mcg one puff inhale orally one time a day for COPD. During medication storage observation on (Medication Cart 2) with Licensed Vocational Nurse (LVN) 2 on 3/28/2024 at 8:41 a.m., observed medication Trelegy ellipta 62.5-25 diskus inhaler without open date label for Resident 169, albuterol HFA with open date label of 2/19/2024 and Maxitrol opened on 2/1/2024 remained in the medication cart and was not discarded after 28 days for Resident 41, albuterol sulfate HFA without open date label for Resident 75, Fluticasone SPR 50 mcg with open date label of 2/11/2024 for Resident 77 remained in the medication cart and was not discarded after 28 days. During an interview on 3/28/2024 at 2:38 p.m. with LVN 2, LVN 2 stated medication should have an open date label to know when it will be discarded. LVN 2 stated medications such as inhalers should be discarded within 28 days after opening. LVN 2 stated that when giving medication that beyond the used date were like giving residents medication with no therapeutic value. During an interview on 3/29/2024 at 2:24 p.m., with the Pharmacy consultant stated that inhalation medication should have an open date label must be discarded after 28 days after being opened. Pharmacy consultant stated medications used beyond recommended used date had the potential to lose effectiveness and therapeutic effects. During a review of the Policy and Procedure (P&P) titled, Medication Labels, dated 2010, the P&P indicated, Medications are labeled in accordance with care center requirements and state and federal laws to promote safe medication administration. Only the dispensing pharmacy can modify or change prescription labels. Each prescription medication label includes Resident's name, Specific directions for use, including route of administration, medication name, Prescriber's name, Date medication is dispensed, Quantity dispensed and expiration date.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898 Based on observation, interview, and record review the facility failed to ensure one of one sampled resident (Resident 40) Depakote (medication used to treat certain mental conditions) level was measured per psychiatric nurse practitioner (a nurse who has advanced clinical education and training) order. This deficient practice resulted in Resident 40 not having her Depakote levels checked, while continuing to use the medication, which could potentially lead to toxic levels. Findings: During a review of Resident 40's Admission Record indicated Resident 40 was admitted to the facility on [DATE] with diagnoses including dementia (condition characterized by progressive or persistent loss of intellectual functioning) and coronary obstructive pulmonary disorder ([COPD] a chronic inflammatory lung disease that causes obstructed airflow from the lungs.). During a review of Resident 40 Minimum Data Set (MDS a comprehensive assessment and care-screening tool) dated 3/4/2024, the MDS indicated the resident had severe cognitive (ability to learn, remember, understand, and make decision) impairment. During a review of Residents 40 Psychiatric Nurse Practitioner's orders dated 2/19/2024 indicated an order to increase Depakote 250 milligram ([mg] unit of weight), twice a day (BID) to Depakote 375 mg BID. Complete Blood Count ([CBC]- blood test that measures many different parts and features of your blood), Comprehensive Metabolic Panel ([CMP] evaluates liver and kidney functions), and Depakote level on 2/19/2024. During a review of Resident 40 History and Physical (H&P) examination dated 3/3/2024 indicated diagnosis of bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration. During an interview on 3/29/2024 at 1:52 p.m. the Director of Nursing (DON) stated Resident had a pending order from the Nurse Practitioner in March. Staff should follow pending orders if the resident was discharged from facility and came back, they should have carried over. The DON stated if the Depakote level was not checked it will be difficult to make adjustments on the medication based on the Depakote level because there were no labs. During an interview on 3/29/2024 at 2:04 p.m. with the facility's consultant pharmacist stated once a month gradual dose reduction ([GDR] tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued) was done when clinically indicated. The consultant pharmacist stated the facility staff should report low levels, or high levels of Depakote to ensure correct dosing of the medication and prevent toxic levels. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled Physician Orders dated 10/18, the P&P indicated It is the policy of this facility that drugs shall be administered only upon the written order of a person duly licensed and authorized to prescribe such drugs.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46036 Based on observation, interview, and record review, the facility failed to maintain safe proper storage of medications by: 1. Failing to ensure open date label on Tuberculin test solution (solution used to aid in the detection of with tuberculosis [lung infection]) and Influenza (respiratory illness) vaccine (medication used to stimulate the body's response against diseases) five (5) milliliter (ml-unit of measurement) multi-dose vial 9 contain more than one dose of medication). 2. Failing to ensure open date label on insulin (medication allows your body to use glucose for energy) multi-dose vial for Resident 99. 3. Failing to ensure open date label on morphine sulfate solution (medication for moderate to seven pain) for Resident 22. These deficient practices had the potential to placed Resident 22, 99, and other 108 resident at risk to received expired medication and result in altered effectiveness of the medication and worsening of the residents' symptoms. Findings: 1. During a concurrent observation and interview on [DATE], at 3:21 p.m., with Infection Prevention Nurse (IPN) in the medication storage room, observed no opened dates labeled on Tuberculin test solution and Influenza vaccine 5 millimeter (mL) multi-dose vial. The IPN stated, if the multi-dose medication had opened, nurse should label all medications with opened date. The IPN stated, it was important to label opened date to know when to discard the medication. 2. During a review of Resident 99's Admission Record indicated Resident 99 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus (irregular elevated blood glucose), and urinary tract infection (infections in part of urinary system). During a review of Resident 99's History and Physical (H&P) dated [DATE], the H&P indicated Resident 99 has decision making capacity. During a review of Resident 99's Physician Order Summary Report, indicated Resident 99 has the following physician orders: a. Administer Humulin N (insulin-medication to treat diabetes mellitus) subcutaneous injection (injection given in the fatty tissue, under the skin) suspension 100 unit/ml inject 46 unit in the morning for diabetes mellitus (DM), dated [DATE]. b. Administer Humulin R (insulin-medication to treat diabetes mellitus) Solution 100 unit/ml inject 10 unit subcutaneously in the morning for DM, dated [DATE]. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on [DATE], at 3:46 p.m., of the medication cart B, with Licensed Vocational Nurse (LVN) 5, observed there were no opened dates on Humulin N and Humulin R solution in multi-vial insulin. The LVN 5 stated, if the multi-dose insulin was opened, licensed nurses must label with opened dates on the box of the medication. The LVN 5 stated, once the insulin was opened, it was good for 28 days. 3. During a review of Resident 22's Admission Records, indicated Resident 22 was admitted to the facility on [DATE] with diagnoses including urinary tract infection (infections in part of urinary system), acute pulmonary edema (condition caused by too much fluid in the lungs), and type 2 diabetes mellitus. During a review of Resident 22's History and Physical (H&P) dated [DATE], the H&P indicated Resident 22 has the capacity to understand and make decisions. During a review of Resident 22's Physician Order Summary Report dated [DATE] indicated to give morphine sulfate (Concentrate) Oral Solution 20 mg/mL 0.25ml sublingually every 2 hours as needed for pain management. During a concurrent observation and interview on [DATE], at 11:21 a.m., of the medication cart 1 in Station 3, with Registered Nurse Supervisor (RNS) 1, there was no opened date on morphine sulfate solution 20 mg/ml. RNS 1 stated, licensed nurse who opened the medication should label it with an opened date. RNS 1 stated it was important to put an open date label because the expiration date dependent on opened date to ensure the medication effectiveness was maintained. During an interview on [DATE] at 10:55 a.m., with the Assistant Director of Nursing Service (ADON), stated, it was essential to put an opened date label for each medication because we need to know when to discard the medication. The ADON stated, if residents receive expired medication, it had the potential for residents to receive ineffective medications and possible adverse reaction. During a review of facility's policy and procedure (P&P) titled, Medication Administration, Injectable Vials and Ampules (undated) the P&P indicated The date opened and the initials of the first person to use the vial are recorded on multi-dose vials (on the vial label or an accessory label affixed for that purpose). During a review of facility's P&P titled, Medication Ordering and Receiving From Pharmacy Provider, (undated) the P&P indicated Multi-dose vials shall be labeled to assure product integrity, considering the manufacturers' specifications (Examples: modified expiration dates upon opening the multi-dose vial). 41699

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. 47441 Based on observations, interviews, and record review the facility failed to ensure kitchen staff were routinely trained and evaluated for competency skills as: 1.Two (2) of 2 staff were not following the manufacturer's guidelines of the test strip when checking the concentration of the Quat Sanitizer (a chemical use for disinfection) solution used in the two (2) compartment sink and sanitation of food preparation surfaces. This failure had a potential to result to potential cross-contamination (a transfer of bacteria from one object to another), ineffective dish machine, and unsanitized dishes that could lead to food borne illness (an illness caused by contaminated food and beverages) in 107 of 108 medically compromised residents who received food and ice from the kitchen. Findings: 1.During a concurrent demonstration of the Quat sanitizer concentration testing and interview on 3/28/2024 at 10:20 a.m. with Cook 1, Cook 1 filled the red bucket with a premix sanitizer from the dispenser, got one test strip out from the vial, dipped the test strip into the red bucket with foamy sanitizer solution for five (5) seconds and immediately compared the test strip color with the color chart. Cook 1 stated the reading of the test strip was at 200 parts per million (ppm, a unit of measurement indicating the strength of the solution). During concurrent demonstration of the Quat sanitizer concentration testing and interview on 3/28/2024 at 10:24 a.m. with Dietary Supervisor (DS), DS got one test strip inside the vial then dipped the test strip to the red bucket with foamy sanitizer solution for eight (8) seconds while shaking the test strip three (3) times. DS immediately compared the test strip to the color chart. DS stated the test kit reading was at 200 ppm. During a concurrent interview and record review on 3/28/2024 at 10:32 a.m. with Cook 1 and DS and review of the manufacturer's guidelines of Quat sanitizer test strips titled Quat-10 Test Paper Lot number 215723 with expiry date of 6/2025, indicated: Dip paper in Quat solution, Not foam surface for 10 seconds. Do not shake. Compare color a once. Testing solution should be between 65-75 F. Testing solution should have a neutral pH. Follow manufacturer's instructions carefully. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Cook 1 stated, she did not follow the manufacturer's guidelines by not dipping the test strip in a non-foamy sanitizer solution for 10 seconds. Cook 1 stated she did not test the temperature of the sanitizing solution. Cook 1 stated it was important to follow manufacturer's guidelines to ensure the right sanitizer concentration levels and not following the manufacturer's guidelines would not read an accurate concentration level resulting to ineffective sanitizing of surfaces. DS stated he did not follow the test strips manufacturer's guidelines as he shook the test strip while dipping in the sanitizer and did not dip the testing paper for 10 seconds. DS stated he did not check the water temperature as it was in the right temperature however, it was always good to double check. DS stated it was important to follow the Quat sanitizer test strips manufacturer's guidelines to ensure that the sanitizer was effectively killing the bacteria from food preparation surfaces, carts, and dishes. During a review of Cook 1's job description titled Position: Cook B dated 2023 and signed by Cook 1, indicated DUTIES AND RESPONSIBILITIES: (4) Keep work area clean. During a review of Cook 1's competency checklist titled Verification of Job Competency Demonstration-Cooks dated and signed by Cook 1 and DS in 2024, indicated Cook 1 demonstrated and verbalized sanitizing solution, test concentration and record results; when to replace solution. During a review of Dietary Supervisor's job description titled POSITION: FNS Director dated and signed by DS on 2024, indicated DUTIES AND RESPONSIBILITIES (2) Schedule and supervise the Food and Nutrition Services Staff providing in-service training. Assure all Food and Nutrition services staff are oriented per policy. (6) Is responsible for maintaining cleanliness of kitchen equipment and follows all department of health regulations. During a review of DS's competency checklist titled Food and Nutrition Services Competency Assessment Tool dated and signed by DS on 8/3/2023, did not indicate any validations for sanitation, use of chemicals and test strips competencies. During a review of facility's policies and procedures (P&P), titled Quaternary Ammonium Log Policy dated 2023 indicated, Read instructions on Quaternary container and test strips for proper concentration length of time the strip need to be in contact with the solution, and if the temperature of the solution is to be considered when testing for concentration. This may differ per policy. Follow container and test strip instructions. During a review of Food Code 2017 indicated 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitation- Temperature, pH, Concentration, and Hardness. Verifying the adequacy of chlorine-based solutions can be accomplished on an on-going basis by confirming that the concentration, temperature, and pH of the sanitizing solutions comply with paragraphs 4-501.114 (A) using acceptable test methods and equipment. The manufacturer should provide methods (e.g., test strips, kits, etc.) to verify that the equipment consistently generates solution on-site at the necessary concentration to achieve sanitation.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47441 Based on observation, interview, and record review the facility failed to follow the menu for 53 out of 108 residents on Regular texture diet (diet that has no restriction in texture and consistency) by not following the portion for beef barbeque based on the facility's menu spread sheet. This deficient practice had the potential to cause unintended (not done on purpose) weight gain. Findings: During a review of the facility's menu spreadsheet dated 3/27/2024 indicated a regular consistency diet included the following foods on the tray: Oven BBQ Beef 3 ounces (oz., a unit of measurement) Mashed sweet potatoes half cup (c., household measurement) Fresh zucchini and carrots 1/2 c Parsley Garnish 1 piece (pc) Cheddar biscuit 1 piece (pc) Ice Cream 12 scoop Milk 4 ounce ([oz] unit of measurement) During an observation on 3/28/2024 at 11:25 a.m. of trayline (an area where resident's food was assembled) for lunch service, staff were using tongs to transfer the BBQ beef to resident's plate without measuring the size of the beef. During an interview on 3/27/2024 at 12 p.m.with Dietary Supervisor (DS), DS stated staff were using tongs in trayline and they knew the portion for the meat was 3 oz as they weigh the individual meats earlier before the trayline started. During a test tray observation and interview on 3/27/2024 at 12:14 p.m. with DS, DS weigh the BBQ meat using a facility weighing scale and it read 4 oz. DS stated the portion sizes of BBQ meats for regular diet texture was 3 oz. DS stated they gave bigger portion of beef compared to what was on spreadsheets. DS stated the potential outcome for serving more meat was unintentional (not done on purpose) weight gain for the residents. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of facilities' policies and procedures (P&P) titled Menu planning dated 2023 indicated Menus are planned to meet nutritional needs of residents in accordance with the established nutritional guidelines, Physician's orders and to the extent medically possible, in accordance with the most recent recommended dietary allowances of the Food and Nutrition Board of National Research Council National Academy of Sciences. During a review of the facilities' P&P titled Portion Sizes dated, 2023 indicated Various portion sizes of the food served will be available to better meet the need

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47441 Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when: 1.Refrigerator gaskets (a piece of rubber used for sealing) were torn. 2.Equipment Cleanliness A. Dirt debris in the refrigerator bottom shelves and gaskets. B. Over the counter pill was found on the floor of the walk-in-refrigerator. C. Storage rack of condiments had dust and oil buildup. D. Dusty/Sticky knife storage box. E Rusty carts and refrigerator shelves. F. Hot water dispenser had a hard water buildup. G. Cambro containers had white sticker sticky residue. H. Plate warmers had food and dirt debris. 3.Cross-contamination A. Scoop was found inside the oatmeal container. B. Scoop handle was not stored in one direction. C. Bottom portion of the preparation table was cracked and had white and black residue. 4.Cracked resident's tray. 5.Proper Storage of Food A. Yogurt was held at 44 F and cottage cheese was at 47 F. B. Expired oral supplements in Station one (1) and three (3) C. Unlabeled resident's food in Station 1, two (2) and 3. D. Refrigerator had no thermometer in Station 2. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. Staff's coffee creamer in Refrigerator 2. 6.Staff was not wearing beard guard. These failures had the potential to result in harmful bacteria growth and cross contamination (a transfer of harmful bacteria from one place to another or one object to another) that could lead to foodborne illness (illness caused by food contaminated with bacteria, viruses, and other toxins) in 107 of 108 medically compromised residents who received food and ice from the kitchen. Findings: 1.During kitchen observation on [DATE] at 8:19 a.m., refrigerator gasket was torn. During a concurrent observation of the refrigerator and interview on [DATE] at 8:35 a.m. with Dietary Supervisor (DS), DS stated he was not aware the refrigerator gasket was broken. DS stated gasket prevents air from going in the refrigerator to help control the temperature.DS stated it was important to have gaskets in good condition for temperature control to prevent food from getting spoiled resulting food such as dairy, milk to get bad and spoiled. DS stated spoiled food could get residents sick of vomiting (throwing up) and diarrhea (loose stool). During a review of the facility's policies and procedures (P&P) titled Refrigerator and Freezer, dated 2023, indicated How to keep your refrigerator and freezer working efficiently: (2) Periodically, check door gasket and replace, if damaged. 2.A. During a concurrent kitchen observation of the refrigerator and interview [DATE] at 8:24 a.m. with DS, there was dirt residue at the bottom shelves of the refrigerator. DS stated the last time staff deep cleaned the freezer was on [DATE]. DS stated it was important to maintain the refrigerator clean to prevent cross-contamination and residents could vomit, had diarrhea, and get sick. During a concurrent observation and interview on [DATE] at 8:53 a.m. with DS, DS stated the freezer's door gasket had dirt buildup. During a review of facility's P&P titled Refrigerator and Freezer, dated, 2023, indicated, Maintaining a clean refrigerator and freezer can improve the safety and quality of your foods. For the best cleaning results, always refer to the owner's manual. (5) Wipe down gaskets with soapy water. B. During a concurrent observation and interview on [DATE] at 8:42 a.m. with DS in the walk-in refrigerator there was a white pill on the floor. DS sated it was Tylenol and it came from staff as they carry it with them sometimes. DS stated the potential outcome for having a physical contaminant in the refrigerator was that it could fall in the food, and it could be dangerous to the residents.DS stated residents could get sick and die due to allergic reaction to it. DS stated walk-in refrigerator was cleaned monthly and the last time it was cleaned was on [DATE]. During a review of the facility's P&P titled Refrigerator and Freezer, dated 2023, indicated (7) Sweep freezer floor and mop with a freezer cleaner product obtained from your chemical company. (continued on next page)

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	555070	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland	11701 Studebaker Road Norwalk, CA 90650

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C. During a concurrent observation and interview on [DATE] at 9:07 a.m. with DS, observed storage racks for condiments had dust and oil buildup. DS stated it was important to have the racks cleaned so it looked nice. DS stated dirt could go to the food and residents could get sick from contaminated food. D. During a concurrent observation and interview on [DATE] at 9:09 a.m. with DS on the kitchen preparation area, the knife storage box was dusty to touch. DS stated the knife box must be clean to prevent getting dust to knives. DS stated dust could go to the food that could make the residents sick. During a review of the facility's P&P titled Sanitation, dated 2023, indicated, All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks and chipped areas. E. During concurrent observation and interview on [DATE] at 8:56 a.m. with DS in the walk-in refrigerator three shelves were rusty, chipped and cracked. DS stated it was important to have a cracked, chipped, and rust-free shelves because it was dangerous for the residents, and they could get sick if the selves touch the food. During a concurrent observation and interview on [DATE] at 9:15 a.m. with DS, the cart parked in the preparation area had rust. DS stated he would throw the cart to prevent cross contamination to food. During a review of the facility's P&P titled Refrigerator and Freezer, dated 2023, indicated, (9) Periodically inspect shelves if coating is chipped away exposing metal shelves. F. During a concurrent observation and interview on [DATE] at 9:15 a.m. with DS, the hot water dispenser spout had hard water buildup.DS stated the last time the staff cleaned the hot water dispenser was on [DATE] however there was still hard water debris. DS stated hard water debris could fall on the resident's coffee and hot tea that could get them sick due to cross-contamination. G. During an observation of the preparation area on [DATE] at 3:13 p.m., six (6) Cambro clear container had tape residues. During a concurrent observation and interview on [DATE] at 9:39 a.m. with DS, on the drink preparation area DS stated the clear containers were used for drinks and water storage. DS stated the clear container had white sticky debris from the stickers. DS stated they tried removing them but was hard. DS stated it was not an issue because the sticky debris was in the outside part of the container, and it was not touching to food. DS stated the clear container was clean as it was run through the dish machine. H. During an observation on [DATE] at 9:31 a.m. on the trayline area observed the plate warmers where plates were stored had food and dirt debris. During a concurrent observation and interview on [DATE] at 9:50 a.m. with DS, DS stated the plate warmers were used to store clean plates and it had food debris. DS stated the food debris could contaminate the food and could attract pest. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's P&P titled Sanitation, dated 2023, indicated (11). All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair. During a review of the facility's dietary staff cleaning schedule dated ,d+[DATE] indicated, plate warmer was cleaned after use by AM/PM cooks. During a review of Food Code 2017 indicated ,d+[DATE].11 (A) Equipment Food Contact Surfaces and utensils shall be clean to sight and touch. (B) Nonfood-Contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue and other debris. During a review of Food Code 2017 indicated ,d+[DATE].11 (A) Equipment Food Contact Surfaces and utensils shall be clean to sight and touch. ,d+[DATE].10 Food Contact Surfaces and Utensils shall be sanitized. ,d+[DATE].11 Before use After cleaning. Utensils and Food-Contact Surfaces of Equipment shall be sanitized before use after cleaning. During a review of Food Code 2017 indicated ,d+[DATE].13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. 3A. During a concurrent observation and interview on [DATE] at 8:38 a.m. with DS, there was scoop inside the oatmeal container. DS stated the scoop should not be left inside the oatmeal container touching the food because it was not part of the cereal, and it could be a physical contaminant. DS stated it could get residents' sick. DS stated they wash the scoop every use. During a review of the facility's P&P titled Storage of Food and Supplies, dated 2023, indicated, Food and supplies will be stored properly and in a safe manner. Procedures for Dry Storage: (6) Dry bulk (flour, sugar, dry beans, food thickener, spices, etc.) should be stored in seamless metal or plastic containers with tight covers, or in bins which are easily sanitized. If using plastic bags for dry bulk food storage, food grade bags must be used. Scoops should not be left in the containers. During a review of the Food Code 2017, indicated, ,d+[DATE].12 In-Use, Between Use Storage. During pauses in Food Preparation or dispensing, food preparation and dispensing utensils shall be stored: (B) In food that is not time/temperature control for safety food with their handles above the top of the food within containers or equipment that can be closed, such as bins of sugar, flour, or cinnamon. B. During an observation of the scoop's storage area on [DATE] at 9:18 a.m., the scoops handle was not stored in the same direction. During a concurrent observation and interview on [DATE] at 9:45 a.m. with DS, DS stated the scoop's handle were not stored in the same direction. DS stated the scoop handle should be in the same direction as they are easier to grab by the handle and not the scoop part itself due to possible cross-contamination. DS stated residents could get sick if there was cross-contamination. During a review of Food Code 2017 indicated ,d+[DATE].11 Kitchenware and Tableware (A) Single-service and Single-use articles and cleaned and sanitized utensils shall be handled, displayed, and dispensed so that contamination of food-and lip-contact surfaces is prevented. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C. During an observation of the bottom of the stainless-steel preparation table where pans were stored on [DATE] at 9:21 a.m., the bottom of the preparation table were chipped, not smooth and white and black debris coming off. During concurrent observation and interview on [DATE] at 9:59 a.m. with DS stated the bottom portion of the stainless-steel preparation table was not smooth and had a color black and white dirt debris and build up that could fall into the clean pots and pans. DS stated it was important to have a smooth preparation table to avoid bacteria from growing in it. During a review of the facility's P&P titled, Storage of Food and Supplies, dated 2023, indicated, All shelves and storage racks or platforms should be in accordance with state and federal regulations to facilitate air circulation and promote easy and regular cleaning. During a review of Food Code 2017 indicated ,d+[DATE].11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts [DATE]-306. 4.During a concurrent observation and interview on [DATE] at 9:15 a.m. with DS, observed three (3) resident's trays were cracked. DS stated it was important not to have cracked trays as residents could injured themselves and it could serve as a contaminant in the food. During a review of the facility's P&P titled Sanitation, dated 2023, indicated, (12) Plastic ware, china, and glassware that becomes unsightly, unsanitary, or hazardous because of chips, cracks, or loss of glaze shall be discarded. During a review of Food Code 2017 indicated ,d+[DATE].11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. 5.A. During a concurrent observation and interview on [DATE] at 11:43 a.m. with DS observed yogurt was out on trayline (assembly area for resident's food) and was at 44 degrees Farenheight (F unit of temperature) and cottage cheese was at 47 F. DS stated the yogurt and cottage cheese was just scooped and it was not in the acceptable temperature. DS stated the yogurt and cottage cheese needed to be thrown away because it was not safe for resident's consumption. DS stated serving high temperature foods was not good for the residents because it could make them sick. During a review of the facility's P&P titled Sanitation, dated 2023, indicated, Correct temperatures for the storage and handling of foods are used. During a review of the facility's P&P titled Meal Service, dated 2024, indicated (3) The food will be served in trayline at a recommended temperatures as below and recorded on the daily therapeutic menu in the temperature column of the regular food and next to the food items under the therapeutic column of each food served. The temperature of the foods should be periodically monitored throughout the meal service to ensure proper hot or cold holding temperature. Food item: Milk, Puddings, Salad, and Juice: 41 F or below. (4) Cold food items will be placed on the trays as close to serving time as possible to assure the temperature is below 41 F. To accomplish this, all cold foods will be pre-poured and kept in the refrigerator or freezer and pulled out in small quantities at a time. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Food Code 2017 indicated ,d+[DATE].11 Temperature (A) Except as specified in (B) of this section, refrigerated, time temperature control for safety food shall be at a temperature of 5 C (45 F) or less. (D) Time/Temperature control for safety food that is cooked to a temperature and for a time specified under ,d+[DATE].11 -,d+[DATE].13 and received hot shall be at temperature of 57 C) (135 F) or above. During a review of Food Code 2017 indicated ,d+[DATE].11 Temperature (A) Except as specified in (B) of this section, refrigerated, time temperature control for safety food shall be at a temperature of 5 C (45 F) or less. B. During a concurrent observation and interview on [DATE] at 10:38 a.m. with Director of Staff Development (DSD) on first floor Refrigerator 1 observed a can of Resource 2.0 (a high protein, high calorie oral supplementation) had an expiration date of [DATE] and Ensure clear (a high kcal, high protein oral supplementation) had an expiration date of [DATE]. DSD stated, the possible outcome if residents consumed expired drinks was that they could get sick from stomach issues, vomiting and nausea. During a concurrent observation and interview on [DATE] at 11:19 a.m. with DSD on the third (3rd) floor Refrigerator, a resident food from outside was labeled ,d+[DATE]/ 2024. DSD stated the food was expired and needed to be thrown away because food from outside source should be stored for ,d+[DATE] hours only. The food should have been thrown on [DATE] to prevent residents from getting sick. During a review of the facility's P&P titled, Food Brought by Family or Visitor, dated, [DATE], indicated, (6) Perishable prepared food will be checked by the facility designee and discarded after three days of storage. Perishable manufactured food stored in the manufacturer packing will be discarded as per the best buy or use by date. If no date, follow facility refrigerated storage guidelines. C. During an observation of Refrigerator 1 on the first floor with DSD, there were two food items not labeled and dated. During a concurrent observation and interview on [DATE] at 11:20 a.m. with DSD on the second floor Refrigerator 2 observed popsicle, rigatoni pasta launchable and two (2) yogurts had no labels, brownie ice cream sandwich had no expiration date label. DSD stated it was important to label the resident's food to prevent giving the food to other residents who might be allergic to food or ingredients. During an observation on [DATE] at 11:11 a.m. with DSD on the third (3rd) floor Refrigerator 3, observed a ready care shake was not labeled and dated. During a review of the facility's P&P titled, Labeling and Dating Foods, dated 2023, indicated, All food items in the storeroom, refrigerator, and freezer need to be labeled and dated based on established procedures for either food safety or product rotation (FIFO-First In-First Out). During a review of the facility's P&P titled, Food Brought from Family or Visitor, dated [DATE], indicated, (5) Resident food shall be stored in the facility in the refrigerator designated for residents. All foods shall be labeled with the resident name, location, and date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Food Code 2017 indicated ,d+[DATE].17 Commercially processed food, open and hold cold, (B) except specified in (E) - (G) of this section, refrigerated, ready-to-eat time/temperature control for food safety food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacture's use-by- date if the manufacturer determined the use-by date based on food safety. D. During concurrent observation and interview on [DATE] at 10:59 a.m. with DSD on the second (2nd) floor Refrigerator, there was no thermometer inside the refrigerator. DSD stated the thermometer was missing but there should be a thermometer inside as the afternoon and night shift checked the temperature of the resident's refrigerator. DSD stated, it was important to check the temperature of food to prevent food from spoiling and residents could get sick from eating spoiled food. During a review of the facility's P&P titled, Food Brought from Family or Visitor, dated [DATE], indicated, (8) The temperature of the refrigerator and freezer will be monitored and logged by the designee in accordance with the facility professional food safety standards. During a review of Food Code 2017 indicated, ,d+[DATE].112 Temperature Measuring Devices. (A) In a mechanically refrigerated or hot Food Storage unit, the sensor of a temperature Measuring Device shall be located to measurer the air temperature or a simulated product temperature in the warmest part of the mechanical refrigerated unit and in the coolest part of a hot food storage unit. E. During a concurrent observation and interview on [DATE] at 10:59 a.m. with DSD of the Refrigerator 2 on the 2nd floor Refrigerator 2, DSD stated the coffee creamer inside the resident's refrigerator belong to the staff. DSD stated staff were not allowed to place their food on the resident's refrigerator due to cross-contamination. DSD stated staff food should be placed in the employee breakroom. 6.During an observation on [DATE] at 3:15 p.m. observed of Dietary Aide 2's (DA 2) long beard was not covered and sticking out of the face mask while preparing food. During a concurrent observation and interview on [DATE] at 3:22 p.m. with DS, DS stated all the dietary workers should be wearing hair nets in the kitchen to avoid hair from falling in the food. DS stated all employee who had beard must wear a beard guard since Corona Virus (COVID-19- respiratory disease) started. DS stated DA 2's beard sticking out of his face mask was not okay as it should be 100% covered. DS stated it was okay for the staff to use mask instead of the beard guard for as long as the beard was covered all the way, however, it was not part of their facility policy to do that. During a review of the facility's P&P titled Dress Code for Women or Men, dated 2023, indicated, PURPOSE: Appropriate dress in the Food and Nutrition Department personal hygiene and appropriate dress are a very important part of the total appearance of the Food and Nutrition Services Department. All clothing should be in good repair. Appearance is very important in maintaining a high standards of food service. The following recommendations are made Men: (7) Beards and mustaches (any facial hair) must wear beard restraint. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Food Code 2017 indicated -,d+[DATE].11 Effectiveness. (A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings, or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped singles service and single-use articles.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 47441 Based on observation, interview, and record review, the facility failed to dispose garbage and refuse properly by not covering the one (1) of three (3) dumpster (a large trash container designed to be emptied into a truck) for unknown amount of time. This deficient practice had a potential to attract flies, insects, cats, and other animals to the dumpster area placing 107 of 108 facility residents getting food from the kitchen cross-contamination (a transfer of harmful bacteria from one place to another). Findings: During concurrent observation and interview on 3/29/2024 at 10:09 a.m. with Dietary Supervisor (DS) of the garbage area located outside the assisted living facility there was one (1) trash bin not covered. DS stated it was not good that trash bin was not covered because it could attract flies and other insects to get in the trash and take the trash out resulting to spread of infection. DS stated all facility staff were responsible in ensuring the trash bins were always closed. During a concurrent observation and interview on 3/29/2024 at 10:10 a.m. with Laundry Director (HKLD) of the garbage area, there were two cats near the trash bins. HKLD stated the facility does not own the cats and they were stray cats. HKLD stated one of three trash bin's lid was not closed and it was supposed to be closed however, the gardener was getting some trash and throwing the trash away. HKLD stated he was not sure if it was the gardener who opened the lid and how long it was left opened. HKLD stated the garbage bin lids must be always closed to avoid flies and cats to pick up the trash and avoid the spread of diseases. During a record review of the facility's policy and procedure (P&P) titled Garbage disposal dated 5/2023, indicated This policy of this facility to dispose of garbage in a sanitary manner. PROCEDURES: (1) Garbage is taken from the facility as needed and placed in the dumpster bins. (2) Dumpster lids are to remain closed at all times. During a review of Food Code 2017, indicated, 5-501.113 Covering Receptacles and waste handling units for refuse, recyclables, and returnable shall be kept covered: (A) Inside food establishment if the receptacles and units: (1) Contain food residue and are not in continuous use; or (2) After they are filled; and 174 (B) With tight-fitting lids or doors if kept outside the food establishment.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46036 Based on observation, interview, and record review, the facility failed to remove old oxygen tubing and kept the tubing off the floor for one of one sampled resident (Resident 13). This deficient practice had the potential to spread respiratory infection or other diseases to Resident 13. Findings: During a review of Resident 13's Admission Record, indicated, Resident 13 was admitted to the facility on [DATE] with diagnoses including respiratory disorders (lung disease), type 2 diabetes mellitus (inappropriately elevated blood glucose levels), and chronic kidney disease (progressive damage and loss of function in the kidneys). During a review of Resident 13's History and Physical (H&P), the H&P dated 1/11/2023, indicated, Resident 13 was self-responsible and able to express needs. During a review of Resident 13's Minimum Data Set ([MDS]-a standardized assessment and care screening tool), dated 1/6/2023, the MDS indicated Resident 13 had intact cognitive (ability to learn, remember, understand, and make decision) skills. During a concurrent observation and interview on 3/26/2024, at 11:05 a.m. in Resident 13's room with Licensed Vocational Nurse (LVN) 4, observed Resident 13 in bed, with oxygen tubing dated 2/26/2024 and the oxygen tubing tip was dropped on the floor. LVN 4 stated, nurse maybe did not remove old oxygen tubing. LVN 4 stated, Resident 13 does not have a physician order to start oxygen therapy. LVN 4 stated, oxygen tubing should be changed every 7 days to prevent any respiratory infection. During an interview on 3/29/2024, at 10:50 a.m., with the Assistant Director of Nursing Service (ADON), the ADON stated, oxygen tubing needs to be changed every week. The ADON stated, if order for oxygen therapy was discontinue, licensed nurse should remove the oxygen tubing immediately. The ADON stated, licensed nurse should keep the oxygen tubing in a plastic bag when not used because it was infection control and may bring respiratory infection to the resident. During a review of Resident 13's order summary report from 1/1/2024 to 3/26/2024, there was no documented physician order to administer oxygen therapy. During a review of the facility's policy and procedure (P&P) titled, Resident Care, Oxygen, Use of, revised 03/2019, the P&P indicated, 1. The Oxygen (O2) cannula or mask will be changed at least every 7-10 days, as well as the disposable humidifier. Tubing, masks, humidifiers, and other disposables used for oxygen administration will be dated. The 2. The tubing should be kept off the floor. Labeled and dated bags should be provided for cannulas and masks to be placed in when not in use. 41699

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on observation, interview, and record review, the facility failed to provide a safe environment for two of three sampled residents (Resident 72 and 90) when: 1.The gate that led to the outside of the facility was opened during smoking times for Resident 72. This deficient practice had the potential elopement risks for Resident 72. 2. Oxygen concentrator (a medical device that gives you extra oxygen) was not turned off when not in use. This deficient practice had the potential to cause the oxygen concentrator cause fire, placing the residents' safety in jeopardy. Findings: 1. During a review of Resident 72's Admission Record, indicated the Resident 72 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including polyneuropathies (multiple peripheral nerves that affect skin, muscles, and organs are damaged), orthostatic hypotension (low blood pressure that occurs when standing up from sitting or lying down), difficulty walking, abnormal posture, and generalized muscle weakness. During a review of Resident 72's MDS dated [DATE], indicated Resident 72 was cognitively intact and required moderate assistance to ambulate 10 feet, required supervision in transferring from toilet, chair/bed-to-chair, sit to stand, required set up for toileting, dressing, personal hygiene, and is independent eating and performing oral hygiene. The MDS indicated Resident 72 had no functional limitations on both side of the upper (arms, shoulders) and lower (legs, hip) extremities and utilizes a wheelchair. During a review of Resident 72's Elopement/Wandering Evaluation dated 3/10/2024 indicated Resident 72 was a high-risk for elopement/wandering with a score of 11 (low risk 0-9, high risk 10-55). During a concurrent interview and record review on 3/28/2024 at 4:27p.m. with Social Service Director (SSD) stated the gate that leads to the outside of the facility has a lock and was locked at nighttime but open during the daytime. SSD stated if Resident 72 was smoking alone and the gate that leads to the outside of the facility was open, Resident 72 can go out on his own. During an interview on 3/29/2024 with Licensed Vocational Nurse 3 (LVN 3), LVN 3 stated residents who smoke should be supervised. LVN 3 stated despite a resident being alert and oriented, they should still be supervised as Resident 72 may leave the facility and a risk for elopement. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555070	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 3/29/2024 at 11:08a.m. with Assistant Director of Nursing (ADON), ADON identified the resident smoking outside was Resident 72. ADON stated no facility staff outside the smoking area with Resident 72. ADON stated Resident 72 can take his wheelchair and go outside the facility because the gate was wide open. ADON stated the street in front of the facility was a main street and Resident 72 can go outside and harm himself, and a possibility he can get hit by a car. During a review of the facility's Policy and Procedures (P&P) titled, Elopement/Unsafe Wandering, revised 12/2023, the P&P indicated residents with high risk factors will be identified as at risk and will have an individualized care plan developed that includes measurable objectives and timeframes. Interventions will address the individualized level of supervision needed to prevent elopement/unsafe wandering. 2. During a review of Resident 90's Admission Record indicated Resident 90 was admitted to the facility on [DATE], with diagnoses including dysphagia (difficulty of swallowing), hypertensive heart disease without heart failure (unmanaged high blood pressure for a long time), and acute respiratory failure with hypoxia (a condition where you don't have enough oxygen in the tissues of your body). During a review of Resident's 90's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 3/14/2024, the MDS indicated Resident 90 had no cognitive impairment (ability to learn, understand, and make decisions) and dependent for toilet hygiene, shower, lower body dressing and putting on/taking off footwear. During a review of Resident 90's Physician Order Summary report dated 3/8/2024 indicated oxygen administration via nasal cannula (device that gives oxygen therapy through the nose) at two liters per minute as needed. During an observation on 3/28/2024 at 9:47 a.m., observed Licensed Vocational Nurse (LVN 3) took the nasal cannula from Resident 90's nose and left it at Resident 90's leg and did not turn the oxygen concentrator off. During an interview on 03/29/2024 at 10:08 a.m., the LVN 3 stated when taking the nasal cannula out from the resident's nostril, oxygen concentrator must be turn off because of the potential for combustion or if someone lights a lighter that will lead to facility fire and residents' injury. LVN 3 stated the facility practice must turn off the oxygen concentrator when a licensed nurse takes the nasal cannula away from the resident nostril to apply a breathing treatment. During an interview on 03/29/2024 at 10:17 a.m., the Assistant Director of Nursing (ADON) stated not turning the oxygen concentrator off when not in use predisposes to fire and injury that can be so disastrous to the facility. The ADON stated the safest practice was oxygen concentrator must be turn off when not in use. During a review of the Policy and Procedure (P&P) titled, Use of Oxygen, revised 3/2019, the P&P indicated, it is the policy of this facility to promote resident safety in administering oxygen