

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ararat Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2373 Colorado Blvd. Los Angeles, CA 90041	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47882</p> <p>Based on observation, interview and record review, the facility failed to accommodate the needs of one of three sampled residents (Resident 1) with history of fall and a high risk for fall, in accordance with the facility ' s policy and procedure by failing to ensure the call light (a device used by residents to signal his or her needs for assistance) was within reach.</p> <p>This deficient practice had the potential for Resident 1 not to receive assistance especially during a fall or not receive immediate care with Activities of Daily Living (ADL) if unable to reach the call light.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, indicated the facility originally admitted Resident 1 on 10/2/2023 and readmitted on [DATE] with diagnoses that included osteoporosis (a disease that causes bones to become weak and more likely to break), generalized muscle weakness, and history of falling.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/2/2024, indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and or contact guarding assistance as resident completes activity) with toileting, personal hygiene, sit to stand, and required partial/moderate assistance (helper does less than half the effort) with bathing and dressing.</p> <p>A review of Resident 1 ' s care plan (CP) for requiring assistance with transfer/ambulation due to poor balance potential for falls/injury, revised 1/6/2024, the CP indicated intervention included call light within easy reach and answered promptly.</p> <p>A review of Resident 1 ' s care plan (CP) dated on 8/3/2024, revised 8/6/2024 indicated Residnet 1 had an actual, unwitnessed fall. The CP intervention included call lights to be within easy reach.</p> <p>A review of Resident 1 ' s facility document titled Fall Risk Assessment, dated 4/4 2024, 7/3/2024, 10/2/2024, the document indicated Resident 1 was a high risk for fall.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 11/7/2024 at 9:06 AM with certified nurse assistant (CNA) 1 in Resident 1 ' s room, Resident 1 in bed with head of bed elevated, call light chord was wedged between Resident 1 ' s mattress and headboard above Resident 1 ' s head, the call light button was about 2 inches from the ground. CNA 1 stated, the call light should not be there, Resident 1 cannot reach it. CNA 1 stated, Resident 1 can use the call light for assistance, and she is a fall risk so it should be within reach at all times.</p> <p>During an interview on 11/7/2024 at 9:15 AM with Social Service Director (SSD), SSD stated, Resident 1 can use the call light when she needs assistance, so it needs to be within reach, otherwise she may try to get up and result in fall that could hurt herself.</p> <p>During an interview on 11/7/2024 at 9:45 AM with Registered Nurse (RN) 1, RN 1 stated, Resident 1 was able to use call light for assistance, so it needs to be within reach to accommodate her needs. RN 1 stated, Resident 1 needs assistance getting up, so her call light is important to prevent fall and injury.</p> <p>During an interview on 11/7/2024 at 9:45 AM with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, Resident 1 uses the call light if she needs assistance to the bathroom.</p> <p>During an interview on 11/7/2024 at 10:40 AM with Occupational Therapist (OT), OT stated, Resident 1 requires assistance to go to the restroom, she cannot do it by herself, she uses the call light for assistance.</p> <p>During an interview on 11/7/2024 at 11:25 AM with Director of Nurses (DON), DON stated, Resident 1 always need the call light to be within reach for assistance and to accommodate her needs with ADLS, because Resident 1 was at high risk for fall and injury.</p> <p>A review the facility ' s policy and procedure (P&P) titled, Resident Rights - Accommodation of Needs, dated 8/1/2024, the P&P indicated; a) the facility provides an environment and services that meet residents ' individual needs, b) the facility ' s environment is designed to assist the resident in achieving independent functioning and maintaining the residents ' dignity and wellbeing, and c) Residents ' individual needs and preferences are accommodated to the extent possible.</p> <p>A review the facility ' s policy and procedure (P&P) titled, Communication - Call System, dated 10/24/2022, the P&P indicated; a) facility to provide a mechanism for residents to promptly communicate with nursing staff, b) the facility will provide a call system to enable residents to alert the nursing staff from their beds, and c) call cords will be placed within the resident ' s reach in the residents room.</p>		