

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 10/06/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</p> <p>Based on interview and record review the facility failed to notify the physician of a significant change of condition in accordance with the plan of care and the facility's policy and procedure for one of three sampled residents (Resident 23) with severe weight loss (involuntary loss of 10% or more of usual body weight within 6 months) of 10.13% in three months.</p> <p>As a result of this deficient practice Resident 23 received delayed necessary care and intervention to maintain and prevent further weight loss that could lead to a decline in the resident's well being.</p> <p>Findings:</p> <p>A review of Resident 23's Face Sheet (front page of the chart that contains a summary of basic information about the resident), indicated the resident was readmitted to the facility on [DATE] with diagnoses including congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), acute respiratory failure with hypoxia (a condition where you don't have enough oxygen in the tissue in your body), and chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing).</p> <p>A review of Resident 23's History and Physical assessment dated [DATE], indicated Resident 23 had the capacity to understand and make decisions.</p> <p>A review of Resident 23's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 7/31/2024, indicated the resident was cognitively (mentally) intact.</p> <p>The State Operations Manual (a Federal regulations enforced for the Long Term Care Facilities); Appendix PP (policy and Procedures), revised on 8/8/2024, the suggested parameters for evaluating significance of unplanned and undesired weight loss indicated the following:</p> <p>Severe weight Loss</p> <p>Greater than 5% in 1 month</p> <p>Greater than 7.5% in 3 months</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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Greater than 10 % in six months</p> <p>A review of Resident 23 ' s Monthly Weight Report, indicated the following:</p> <ul style="list-style-type: none"> a. On July 2024 weight of 158 lbs. b. On August 2024 weight of 145.8 lbs. c. On September 2024 weight of 147 lbs. d. On October 2024 weight of 142 lbs. <p>During a review of the Monthly Weight Report indicated that Resident 23 ' s weight loss from July to October 2024 triggered a severe weight loss of 10.13% in three months. Resident 23 ' s weight loss from July to August 2024 triggered a severe weight loss of 7.72% in one month.</p> <p>During a review of the Nutritional Assessment did not indicate any weight loss from July to August 2024. Resident 23 ' s weight loss from July to August 2024 triggered a severe weight loss of 7.72% in one month.</p> <p>A review of Resident's 23 ' s Nutritional assessment dated [DATE] indicated Resident 23 had lost 1 lb since 8/1/2024. The Nutritional Assessment did not indicate any weight loss from July to August 2024. Resident 23 ' s weight loss from July to August 2024 triggered a severe weight loss of 7.72% in one month.</p> <p>A review of Resident 23 ' s Nutritional Assessment, dated 9/24/2024, indicated Resident 23 had lost 10 lbs since 9/19/2024 status post (after) hospitalization .</p> <p>A review of Resident 23 ' s care plans indicated resident was at risk for dehydration secondary to poor fluid intake, poor cognitive status and chronic medical problems. The care plan indicated to record and monitor monthly weights and inform physician if 5% weight loss in 1 month. No care plan was developed to address Resident 23 ' s 7.72% weight loss from July to August 2024.</p> <p>During a concurrent interview and record review of Resident 23 ' s Monthly Weight Report on 10/6/2024 at 8:31 PM, the Director of Nursing (DON) stated when a resident has a significant weight loss, the staff would notify the physician to see what was going on with resident ' s disease process and consult with the dietician for any new recommendations. The DON stated there would also be a Weight/wound meeting.</p> <p>During a concurrent interview and record review of Resident 23 ' s Nutritional Assessments on 10/6/2024 at 8:40 PM, the DON stated she could not find documented evidence of a Nutritional Assessment after 8/1/2024 that addressed Resident 23 ' s weight loss from July to August 2024.</p> <p>During a concurrent interview and record review of Resident 23 ' s Progress Notes on 10/6/2024 at 8:44 PM, the DON stated she could not find documented evidence in the progress notes from July to August 2024, that licensed nurses documented a change of condition or notified the physician for Resident 23 ' s weight loss. The DON stated she expected for licensed nurses to write on progress note to indicate they have notified the physician and because it was a significant weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure titled Change of Condition Notification, dated 1/1/2017 indicated the licensed nurse will notify the resident ' s Attending Physician when there is a change in weight of five pounds or more within a 30-day period unless a different stipulation has been stated in writing by the patient ' s physician. The policy indicated the Attending Physician will be notified timely with a resident ' s change in condition with notification to include a summary of the condition change and an assessment of the resident ' s vital signs and system review focusing on the condition and/or signs and symptoms for which the notification is required. The policy indicated a licensed nurse will document the following: date, time and pertinent details of the incident and the subsequent assessment in the Nursing Notes; the time the Attending Physician was contacted, the method by which he was contacted, the response time, and whether or not orders were received; the time the family/responsible person was contacted; and update the care plan to reflect the resident ' s current status.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</p> <p>Based on observation, interview, and record review the facility failed to ensure the Minimum Data Set (MDS, a federal mandated resident assessment tool) was accurate for one of two sampled residents (Resident 20):</p> <p>These deficient practices had the potential to result in Resident 20 not receiving appropriate treatment and/or services.</p> <p>Findings:</p> <p>1. A review of Resident 20 ' s Face Sheet (front page of the chart that contains a summary of basic information about the resident) indicated the resident was admitted to the facility on [DATE] with diagnoses that included Depression, chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing) with acute (sudden) exacerbation and chronic congestive heart failure (a condition where the heart has difficulty pumping blood thought out the body).</p> <p>A review of Resident 20 ' s History and Physical assessment dated [DATE], indicated Resident 20 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 20 ' s MDS section I, titled Active Diagnosis dated 7/22/2024 did not indicate Resident 20 ' s active diagnosis of depression (a serious mood disorder that can affect how a person feels, thinks, and behaves).</p> <p>During a concurrent interview and record on 10/14/24 at 8:08PM, with the Director of Nursing (DON), Resident 4 ' s MDS, dated [DATE] was reviewed. The DON stated when conducting MDS assessments, a full assessment of the resident was conducted which included direct observation of the resident, interviewing of the resident, and observing the overall status of the resident which included their medical history. The DON stated accurate completion of a resident ' s MDS was important to provide a clear picture of the overall wellbeing and care of the resident The DON stated when the MDS was inaccurately completed, Resident 20 ' s plan of care would not match the care Resident 20 required.</p> <p>A review of facility policy and procedure titled Admission Assessment-nursing manual dated August 30,2019, indicated Licensed nursing staff will complete an admission assessment for residents upon admission to the facility, using the resident assessment instrument (RAI) specified by the Centers for Medicare and Medicaid Services (CMS) as well as coordinate the assessment with the recommendations provided by the preadmission screening resident review.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</p> <p>Based on interview and record review, the facility failed to assess and evaluate and determine the cause of severe weight loss in accordance with the facility ' s policy and procedure for one of one three sampled residents (Resident 23) who had an unplanned severe weight loss of 10.13% in three months by failing to:</p> <ol style="list-style-type: none"> 1. Ensure to report the severe weigh loss to the physician from July to August 2024 to determine the cause of weight loss related to resident ' s disease process 2. Ensure the licensed staff consult with the dietician assessment and for any new dietary recommendations. 3. Develop a care plan for Resident 23 ' s severe weight loss in August 2024 (13 lbs.) <p>These deficient practices resulted in not identifying and addressing severe weight loss, the interdisciplinary team was not able to assess and address underlying causes and the need for interventions to minimize any subsequent complications.</p> <p>Findings:</p> <p>A review of Resident 23 ' s Face Sheet (front page of the chart that contains a summary of basic information about the resident), indicated the resident was readmitted to the facility on [DATE] with diagnoses including congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), acute respiratory failure with hypoxia (a condition where you don ' t have enough oxygen in the tissue in your body), and chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing).</p> <p>A review of Resident 23's History and Physical assessment dated [DATE], indicated Resident 23 had the capacity to understand and make decisions.</p> <p>The State Operations Manual (SOM- a federal regulations enforced in Long Term Care Facilities); Appendix PP (policy and Procedures), revised on 8/8/2024, the suggested parameters for evaluating significance of unplanned and undesired weight loss indicated the following:</p> <p>Severe weight Loss</p> <p>Greater than 5% in 1 month</p> <p>Greater than 7.5% in 3 months</p> <p>Greater than 10 % in six months</p> <p>A review of Resident 23's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 7/31/2024, indicated the resident was cognitively (mentally) intact.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 23's Monthly Weight Report, indicated the following:</p> <ul style="list-style-type: none"> a. On July 2024 weight of 158 lbs. b. On August 2024 weight of 145.8 lbs. c. On September 2024 weight of 147 lbs. d. On October 2024 weight of 142 lbs. <p>During a review of the Monthly Weight Report indicated that Resident 23 ' s weight loss from July to October 2024 triggered a severe weight loss of 10.13% in three months. Resident 23 ' s weight loss from July to August 2024 triggered a severe weight loss of 7.72% in one month.</p> <p>During a review of Resident 23 ' s Nutritional assessment dated [DATE] indicated Resident 23 had lost 1 lb since 8/1/2024. The Nutritional Assessment did not indicate any weight loss from July to August 2024 in which Resident 23 ' s weight loss from July to August 2024 triggered a severe weight loss of 7.72% in one month.</p> <p>A review of Resident 23 ' s Nutritional Assessment, dated 9/24/2024, indicated Resident 23 had lost 10 lbs since 9/19/2024 status post (after) hospitalization .</p> <p>During a review of Resident 23 ' s care plans indicated resident was at risk for dehydration (severe fluid loss) onday to poor fluid intake, poor cognitive status and chronic medical problems. The care plan indicated to record and monitor monthly weights and inform physician if 5% weight loss in 1 month. No care plan was developed to address Resident 23 ' s 7.72% weight loss from July to August 2024.</p> <p>During a concurrent interview and record review of Resident 23 ' s Monthly Weight Report on 10/6/2024 at 8:31 PM, the Director of Nursing (DON) stated when a resident has a significant weight loss the staff would notify the physician to see what was going on with resident ' s disease process and consult with the dietician for any new recommendations. The DON stated there would also be a Weight/wound meeting. The DON stated weight loss would trigger a Nutritional Assessment to be done by the dietician to assess what resident was eating and the amount of food intake. The DON stated Nutritional Assessments are to be done upon admission and readmission to the facility, and as needed.</p> <p>During a concurrent interview and record review of Resident 23 ' s Nutritional Assessments on 10/6/2024 at 8:40 PM, the DON stated she could not find documented evidence of a Nutritional Assessment after 8/1/2024 that addressed Resident 23 ' s weight loss from July to August 2024.</p> <p>During a concurrent interview and record review of Resident 23's Progress Notes on 10/6/2024 at 8:44 PM, the DON stated she could not find documented evidence in the progress notes from July to August 2024, that licensed nurses documented a change of condition or notified the physician for Resident 23's weight loss. The DON stated she expected for licensed nurses to write on progress note to indicate they have notified the physician and because it was a significant weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 23's Care Plans on 10/6/2024 at 8:48 PM, the DON stated she could not find documented evidence of a care plan developed for Resident 23's weight loss. The DON stated she expected the licensed nurses to initiate a care plan for Resident 23's weight loss. The DON stated the importance of developing a care plan for Resident 23's weight loss was so staff can have recommendations and interventions to mitigate the weight.</p> <p>During a review of the facility ' s policy and procedure titled Nutrition & Weight Variance Committee, dated 12/1/2015 indicated the purpose was to ensure that each resident maintains acceptable parameters of weight and nutritional status, such as body weight and protein levels.</p> <p>During a review of the facility ' s policy and procedure titled Nutritional Assessment, dated 8/1/2014 indicated the Dietitian will complete a nutritional assessment initiated by the Dietary Manager upon admission for residents. The policy indicated Nutritional Assessments will also be completed upon readmission, annually, and upon change of condition. The policy indicated the Dietitian will provide a narrative of recommendations in the Assessment section and identify any weight loss or dehydration risk factors.</p> <p>A review of the facility ' s policy and procedure titled Change of Condition Notification, dated 1/1/2017 indicated the licensed nurse will notify the resident ' s Attending Physician when there is a change in weight of five pounds or more within a 30-day period unless a different stipulation has been stated in writing by the patient ' s physician. The policy indicated the Attending Physician will be notified timely with a resident ' s change in condition with notification to include a summary of the condition change and an assessment of the resident ' s vital signs and system review focusing on the condition and/or signs and symptoms for which the notification is required. The policy indicated a licensed nurse will document the following: date, time and pertinent details of the incident and the subsequent assessment in the Nursing Notes; the time the Attending Physician was contacted, the method by which he was contacted, the response time, and whether or not orders were received; the time the family/responsible person was contacted; and update the care plan to reflect the resident ' s current status.</p> <p>A review of the facility ' s policy and procedure titled Care Planning, dated 10/24/2022 indicated the facility would ensure that a comprehensive person-centered Care Plan was developed for each resident based on their individual needs. The policy indicated each resident ' s Comprehensive Care Plan will describe services that are to be furnished to attain or maintain resident ' s highest practicable physical, mental and psychosocial well-being.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</p> <p>Based on observation, interview, and record review, the facility failed to administer oxygen therapy (treatment that provides supplemental, or extra, oxygen) according to accepted standards of clinical practice and accordance with the facility's policy and procedure for two of two sampled residents (Resident 4 and 20) by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 4 oxygen nasal cannula tubing (a small plastic tube, which fits into the person ' s nostrils for providing supplemental oxygen) was not touching the floor. 2. Resident 20 oxygen nasal cannula and oxygen tubing was not touching the floor. <p>This deficient practice placed Resident 4 to develop infection and 20 at risk for shortness of breath and/or hypoxia (low levels of oxygen in the body tissues) which can lead into serious injury or death.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 4 ' s Face Sheet (front page of the chart that contains a summary of basic information about the resident) indicated the resident was admitted to the facility on [DATE] with diagnoses that included encephalopathy (brain disease that alters brain function or structure), type 2 diabetes mellitus (long-term condition in which the body has trouble controlling blood sugar and using it for energy), and chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficult in breathing). <p>A review of Resident 4 ' s History and Physical assessment dated [DATE], indicated Resident 4 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 4 ' s Order Summary Report indicated the following:</p> <p>On 9/29/2024, a physician order was made to change oxygen tubing weekly, every Sunday for oxygen use and as needed.</p> <p>On 10/5/2024, a physician order was made to administer oxygen at 2 Liters (L- unit of measurement) per minute via nasal cannula (a small plastic tube, which fits into the person ' s nostrils for providing supplemental oxygen) continuously every shift for shortness of breath.</p> <p>A review of Resident 4 ' s Minimum Data Set (a federally mandated resident assessment tool) dated 8/5/2024, indicated under Special Treatments, Procedures, and Programs that Resident 4 was receiving oxygen therapy.</p> <p>During an observation in Resident 4 ' s room on 10/4/2024 at 8:02 PM, Resident 4 was observed receiving oxygen via nasal cannula and resident ' s oxygen tubing was on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview in Resident 4 ' s room on 10/8/2024 at 8:08 PM, licensed vocational nurse (LVN) 1 confirmed Resident 4 ' s oxygen tubing was on the floor. LVN stated the oxygen tubing should not be on the floor due to infection control and she will change it.</p> <p>During an interview with the Director of Nursing (DON) on 10/6/2024 at 8:49 PM, the DON stated residents ' oxygen tubing should not be on the floor so that there will be no bacteria in the tubing that could affect the resident.</p> <p>42878</p> <p>2. A review of Resident 20's Face Sheet (front page of the chart that contains a summary of basic information about the resident) indicated the resident was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficult in breathing) with acute (sudden) exacerbation and chronic congestive heart failure (a condition where the heart has difficulty pumping blood thought out the body).</p> <p>A review of Resident 20's History and Physical assessment dated [DATE], indicated Resident 20 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 20's Order Summary Report indicated the following:</p> <p>a. On 5/06/2024, a physician order was made to change oxygen tubing weekly, every Sunday for oxygen use and as needed.</p> <p>b. On 3/26/2024, a physician order was made to administer Oxygen at 2 Liters (L- unit of measurement) per minute via nasal cannula (a small plastic tube, which fits into the person's nostrils for providing supplemental oxygen) continuously every shift for shortness of breath.</p> <p>A review of Resident 20 ' s Minimum Data Set (a federally mandated resident assessment tool) dated 7/22/2024, indicated under Special Treatments, Procedures, and Programs that Resident 20 was receiving oxygen therapy.</p> <p>During an observation in Resident 20's room on 10/4/2024 at 8:00 PM, Resident 20's oxygen tubing and nasal canula was observed on the floor by Resident 20's head of the bed.</p> <p>During a concurrent observation and interview in Resident 20's room on 10/8/2024 at 8:14 PM with licensed vocational nurse (LVN) 3, LVN 3 confirmed Resident 20's oxygen tubing and nasal canula was on the floor. LVN 3 stated the oxygen tubing should never be on the floor due to infection control problems it can make the Resident 20 sick if she was to use it again after it touched the floor.</p> <p>A review of the facility ' s policy and procedure titled Oxygen Administration, dated 8/1/2014 indicated all oxygen tubing, humidifiers, masks, and cannulas used to deliver oxygen will be changed weekly and when visibly soiled.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>42878</p> <p>Based on interview and record review, the facility failed to ensure three out five Licensed Vocation Nurses (LVN ' s 2, 4, 5) in the facility completed their annual competency assessment and evaluation(a process that assess and evaluates an employees skills, knowledge and performance) for the appropriate job category, in accordance with the facility's Facility Assessment (facility assessment to determine what resources and services are necessary to care for its residents).</p> <p>This deficient practice placed the residents at risk for not receiving appropriate services, treatments, and risk for infection from daily care.</p> <p>Findings:</p> <p>A review of LVN's 2 employee file records indicated the facility hired LVN 2 on 9/19/2023. LVN 2's employee records included a LVN/RN Orientation & Annual Evaluation Skills Check List the form was signed by the employee and the DON, the instructions on the form indicated Employee name and a line for reviewed by Directions: check the number that best describes your experience with that particular skill, Self-Evaluation list of skills.</p> <p>A review of LVN's 4 employee file records indicated the facility hired LVN 2 on 10/18/1989. LVN 4's employee records included a LVN/RN Orientation & Annual Evaluation Skills Check List the form was signed by the employee and the DON, the instructions on the form indicated Employee name and a line for reviewed by Directions: check the number that best describes your experience with that particular skill, Self-Evaluation list of skills.</p> <p>A review of LVN's 5 employee file records indicated the facility hired LVN 2 on 12/01/2018. LVN 5's employee records included a LVN/RN Orientation & Annual Evaluation Skills Check List the form was signed by the employee and the DON, the instructions on the form indicated Employee name and a line for reviewed by Directions: check the number that best describes your experience with that particular skill, Self-Evaluation list of skills.</p> <p>During an interview and concurrent record review on 10/05/2024 at 10:43 AM with Director of Nursing (DON), the DON stated all Licensed Nurses did not complete competency skills upon hire and then annually. The DON stated upon her hire to the facility in March,2024 she was provided with the LVN/RN Orientation & Annual Evaluation Skills Check List and she used this check list for the nurses ' competencies. DON stated she gives the nurses the check list at the beginning of their shift, once nurses complete the LVN/RN Orientation & Annual Evaluation Skills Check List, Self-evaluation if a nurse indicated somewhat experienced or not experienced on the check list she talks to the staff to go over the skill. DON stated she did not check or evaluated if the staff had demonstrated proficiency in the skills indicated on the list as that is not included in the form, DON stated she relies on licensed nurses to self-evaluate themselves for their annual competency assessment.</p> <p>During an interview on 10/06/2024 a with facility Administrator (ADM), ADM stated facility does not have a policy and procedure for referring to staff skills validation and evaluation of competencies.</p> <p>(continued on next page)</p>		

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 10/06/2024
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.

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Facility Assessment, undated indicated Staff competency -reviewed competency-based evaluations of staff knowledge and skill required to maintain and improve resident ' s physical, functional, mental, and psychosocial well-being. Evaluates competency levels among employees to meet professional standards of practice.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42878</p> <p>Based on observation, interview, and record review the facility failed to follow proper sanitation and safe food handling based on the facilities policy and procedure by failing to ensure:</p> <ol style="list-style-type: none"> 1. A plastic container containing sugar was labeled with visible dates 2. A Styrofoam cup containing Baba ghanoush in the refrigerator was dated and labeled. <p>These deficient practices had the potential to place residents at risk for foodborne illnesses (illness caused by food contaminated with bacteria, viruses, parasites, or toxins).</p> <p>Findings:</p> <p>On 10/07/2024 at 7:10 PM, during an initial observation of the kitchen, a round plastic container containing sugar inside was observed in the dry goods storage area. The container had a label on the outside with 3 different dates observed indicating 11/14/2022, 11/20/2022, and 5/18/2. There was no indication indicating the received date, opened date, or expiration date.</p> <p>During an observation on 10/07/2024 at 7:30 PM a white, Styrofoam cup in the refrigerator containing a light-yellow thick substance covered with clear plastic. There was no label indicating what the contents in the cup were, nor was there a label indicating the date the contents of the cup was prepared.</p> <p>On 10/08/2024 at 11:27 AM during a subsequent interview with Dietary Supervisor, DS stated all opened food items should have a label indicating open date and expiration date. DS stated the sugar container had an old label that was stuck on container and was not correctly label.</p> <p>On 10/08/20204 at 11:29 AM, during a subsequent interview with DS, DS stated the Styrofoam cup in the refrigerator, observed on 10/7/2024, that was unlabeled and undated, contained Baba ghanoush. DS stated all items in the refrigerator should always be labeled with the name of the items and the date the food item was prepared to prevent any food borne illness to the residents in the facility.</p> <p>A review of the facility ' s policy and procedure titled Food Storage, dated November 1, 2014, indicated Dry storage guidelines-H. Label and date storage products.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</p> <p>Based on observation, interview and record review, the facility failed to provide a minimum of 80 square feet (sq. ft., unit of measurement) per resident for four out of twelve resident rooms (Rooms 1, 3, 4, 5). The 4 resident rooms consisted of 2 (two) -six (6) bed capacity rooms and 2 -five (5) bed capacity rooms.</p> <p>This deficient practice had the potential to impact the care and services of the facility staffs to provide safe nursing care and privacy to the residents.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM) on 10/5/2024 at 12:10 PM, the ADM stated the facility would like to request for a room waiver this year. The ADM stated nothing was changed and the number of bed occupancy in rooms 1, 3, 4, and 5 remained the same.</p> <p>A review of the Client Accommodations Analysis form dated 10/5/2024, indicated the facility had 4 rooms (room [ROOM NUMBER], 3, 4, and 5) that did not meet the federal requirements with more than 4 residents and measured less than the required 80 square feet per bed.</p> <p>A review of the facility ' s request for additional room waiver dated 10/4/2024 indicated the granting of the variance will not compromise the health, welfare, and safety of the residents. The request indicated the following resident bedrooms were:</p> <p>room [ROOM NUMBER] (6 beds) 6 residents 432 sq. ft. 72 sq. ft.</p> <p>room [ROOM NUMBER] (6 beds) 4 residents 430 sq. ft. 71.6 sq. ft.</p> <p>room [ROOM NUMBER] (5 beds) 5 residents 360 sq. ft. 72 sq. ft.</p> <p>room [ROOM NUMBER] (5 beds) 3 residents 360 sq. ft. 72 sq. ft.</p> <p>During an interview with the ADM on 10/6/2024 at 3:40 PM, the ADM stated there have been no complaints from residents, resident families, and staff about the room size of Rooms 1, 3, 4 and 5.</p> <p>During an observation from 10/4/2024 to 10/6/2024, Rooms 1, 3 and 4 had adequate space, nursing care, comfort, and privacy to the residents. The residents residing in the affected rooms with an application for variance were observed to have enough space for the residents to move freely inside the rooms. Each resident inside the affected rooms had beds and bedside tables with drawers. There was an adequate room for the operation and use of the wheelchairs (a chair fitted with wheels for use as a means of transport by a person who is unable to walk as a result of illness, injury, or disability), walkers (is a device that gives additional support to maintain balance or stability while walking.), or canes. The room variance did not affect the care and services provided to the residents when nursing staff were observed providing care to the residents.</p> <p>(continued on next page)</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility ' s policy and procedure titled Resident Rooms and Environment, dated 11/1/2017 indicated resident rooms must measure at least 80 square feet per resident in multiple resident rooms.</p>