

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Highland Park Skilled Nursing and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5125 Monte Vista St. Los Angeles, CA 90042	
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** 42223</p> <p>Based on interview and record review, the facility failed to notify the resident ' s physician/medical doctor when the resident was refusing more than 50% of his meal 3 consecutive times for one of two sampled residents (Resident 1) on 10/4/2024 to 10/5/2024.</p> <p>This deficient practice had the potential to delay in the necessary care and services for Resident 1 and lead to severe malnutrition.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated resident was admitted on [DATE] with the following diagnosis of protein-calorie malnutrition (lack of sufficient nutrients in the body), dementia (a progressive state of decline in mental abilities), Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities) and dysphagia (difficulty swallowing foods or liquids).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 10/4/2024, indicated resident has no mental capacity to make decisions for self.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 10/10/2024, indicated resident is severely impaired in cognitive (ability to understand and make decisions) skills for daily decision making. MDS also indicated resident is dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) in eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>During a review of Resident 1 ' s Nutrition Meal Intake, dated 9/27/2024-10/12/2024, indicated as follows:</p> <ol style="list-style-type: none"> 10/4/2024: breakfast - refused, lunch - refused, dinner - 0-25% eaten. 10/5/2024: breakfast - refused, lunch - refused, dinner - refused. 10/12/2024: breakfast - refused, lunch - refused, dinner - resident not available. <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555165
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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>During a review of Resident 1 ' s Physician Orders, dated 10/4/2024, indicated to monitor poor appetite as manifested by eating less than 50% for use of Mirtazapine (antidepressant used as appetite stimulant) due to depression indicate the number of behavior occurrences followed by non-pharmacological interventions.</p> <p>During a review of Resident 1 ' s Care Plan with focus of using mirtazapine related to Depression manifested by eating less than 50%, dated 10/7/2024, indicated to monitor/document/report when there is a change in behavior or appetite loss.</p> <p>During a review of Resident 1 ' s Chance of Condition (COC - a sudden, clinically important deviation from a resident ' s baseline in physical, cognitive, behavioral, or functional domains.), dated 10/12/2024, indicated resident had abnormal vital signs and altered mental status. COC also indicated resident is lethargic, increasing oxygen demand, a temperature of 100.3 degrees Fahrenheit and coffee colored urinary output. COC indicated resident has decline in eating, drinking, and taking medications.</p> <p>During a concurrent record review of Resident 1 ' s October 2024 physician orders and interview on 10/29/2024 at 11 AM, MDS Nurse stated Resident 1 does not have any nourishments or supplements ordered. MDS Nurse also stated there is no COC done for the resident ' s poor appetite.</p> <p>During an interview on 10/29/2024 at 12:45 PM, Director of Nursing (DON) stated a COC is when the resident eats less than 50% of 3 consecutive meals. DON also stated nourishment and supplements would be offered to resident in that situation and the physician and registered dietitian would be notified.</p> <p>During a concurrent record review of the facilities Policy and Procedure titled Food Intake - Recording Percentage & Nutritional Assessment, revised 1/1/2012, and interview on 10/29/2024 at 12:45 PM, DON stated if a resident ate less than 50% for three (3) consecutive meals, it is considered a COC, and the doctor should be notified. DON also stated according to the policy follow through is required means when there is a COC; and when there is a COC, the charge nurse should inform the doctor.</p> <p>During an interview and record review of Resident 1 ' s medical records on 10/29/2024 at 1:28 PM, DON stated Resident 1 ' s physician was not informed of the resident ' s meal intake of less than 50% for three (3) consecutive meals.</p> <p>During a review of the facilities Policy and Procedure titled Food Intake - Recording Percentage & Nutritional Assessment, revised 1/1/2012, indicated if any resident refuses a meal, or the food eaten is less than 50%, a nourishment or meal replacement will be offered. Policy also indicated if more than 50% of the entire meal is refused by the resident for three (3) consecutive meals, the charge nurse will request a dietary evaluation and notify the attending physician.</p>		