

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  02/13/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48152</p> <p>Based on observation, interview, and record review, the facility failed to treat two of two sampled residents (Resident 35 and 43) with respect and dignity in accordance with the facility policy by failing to ensure:</p> <ol style="list-style-type: none"> <li>1. Certified Nursing Assistant 2 (CNA 2) sat and be at eye level while assisting Resident 35 during feeding.</li> <li>2. Resident 43's urinary collection bag was covered with a privacy bag (specially designed fabric pouch that conceals and protects urinary drainage bags).</li> </ol> <p>This failure had the potential to negatively affect Resident 35 and 43's self-esteem which could result in problems with emotional, psychosocial, and mental well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 35's Admission Record, the Admission Record indicated Resident 35 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease (decreased mental function and loss of ability to do daily tasks including the inability to voice needs), adult failure to thrive (FTT- a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity) and dysphagia (difficulty swallowing).</li> </ol> <p>During a review of Resident 35's Minimum Data Set (MDS - resident assessment tool), dated 1/1/2025, the MDS indicated Resident 35 had severely impaired cognitive skills (ability to understand and make decisions). The MDS also indicated Resident 35 needed supervision or touching assistance (helper provides verbal cues, touching/steadying and/or contact guard assistance during activity) with eating and dependent (helper does all effort needed to complete activity) with toileting, bathing and lower body dressing.</p> <p>During an observation on 2/10/2025 at 10:11 AM with CNA 2 at Resident 35's bedside, Resident 35 was observed sitting in bed while CNA 2 was observed feeding Resident 35 a banana while standing next the bed. CNA 2 was not at eye level while feeding Resident 35.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  555165	Facility ID:  555165  If continuation sheet Page 1 of 31

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  02/13/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/10/2025 at 10:35 AM with CNA 2, CNA 2 stated Resident 35 requires feeding assistance with meals. CNA 2 stated he was standing while feeding Resident 35 a banana but should have been sitting. CNA 2 stated per facility policy, staff are to sit in a chair and be eye level with the residents during feedings to avoid intimidating the residents.</p> <p>During an interview on 2/12/25 at 3:30 PM with the Assistant Director of Nursing (ADON), the ADON stated the facility's protocol is for staff to sit while feeding the residents during full meals and/or snacks to ensure the dignity of the residents is maintained.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Restorative Dining Program, revised 1/1/12, the P&amp;P indicated the purpose of the P&amp;P included improvement in appropriate mealtime behavior, self-image and socialization skills for residents [who are unable to feed themselves] and staff members should sit while assisting or feeding residents.</p> <p>44636</p> <p>2. During a review Resident 43's Admission Record, the Admission Record indicated Resident 43 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses of malignant neoplasm (cancer growth of cells) of prostate (small gland below the bladder), benign prostatic hyperplasia (BPH, non-cancerous prostate gland enlargement that can cause urination difficulty) with lower urinary tract symptoms (frequent urination, pain while urinating, persistent urge to urinate, low-grade fever, blood in the urine, and pain in the side or back), obstructive (a disorder of the urinary tract that occurs due to obstructed urinary flow caused by structural or functional hinderance) and reflux uropathy (urine flows backward from the bladder into the kidneys).</p> <p>During a review of Resident 43's MDS, dated [DATE], the MDS indicated the resident's cognitive skills for daily decision making was intact. The MDS indicated Resident 43 required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, and showering/bathing, sitting to standing, chair/bed-to-chair transfer, and toilet transfers. The MDS also indicated Resident 43 had an indwelling catheter (tube that drains urine from the bladder into a drainage bag).</p> <p>During a review of Resident 43's Physician Order Summary Report, dated 11/21/2024, the order indicated indwelling catheter size French unit (measurement system for the size of catheters) #16 with balloon via gravity drainage for obstructive uropathy.</p> <p>During an observation on 2/10/2025 at 8:50 AM in Resident 43's room, Resident 43 was observed sitting up in bed with the indwelling catheter bag uncovered.</p> <p>During a concurrent observation and interview on 2/10/2025 at 9:14 AM with CNA 1, CNA 1 stated Resident 43 did not have a dignity bag. CNA 1 stated Resident 43 was supposed to have a dignity bag cover the indwelling catheter bag to for Resident 43's privacy.</p> <p>During an interview on 2/13/2025 at 1:56 PM with the Director of Nursing (DON), the DON stated residents were supposed to have their catheter bags covered with a dignity bag. The DON stated dignity bags provided residents with dignity and respect.</p> <p>(continued on next page)</p>		

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  02/13/2025
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)		
F 0550  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During a review of the facility's policy and procedure titled, Resident Rights - Quality of Life, revised 3/2017, the policy indicated facility staff promote dignity and assist residents as needed by helping the resident to keep urinary catheter bags covered.		

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  02/13/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</b></p> <p>Based on interview and record review, the facility failed to ensure an accurate assessment of the Minimum Data Set (MDS -resident assessment tool) for two (2) of two sampled residents (Residents 42 and 49) by failing to reflect the following on the MDS:</p> <ol style="list-style-type: none"> <li>1. Resident 42's diagnosis of anxiety (mental disorder that involves persistent and excessive worry that can interfere with daily activities).</li> <li>2. Resident 49's diagnoses of anxiety and depression (mood disorder that causes a persistent feeling of sadness and loss of interest in life).</li> </ol> <p>This deficient practice had the potential for the facility to not develop and implement an individualized care plan (a document that outlines the facility's plan to provide personalized care to a resident that includes measurable objectives, interventions and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs), which could negatively affect Residents 42 and 49's overall well-being.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review Resident 42's Admission Record, the Admission Record indicated Resident 42 was admitted to the facility on [DATE], with diagnoses of dementia (progressive brain disorder that slowly destroys memory and thinking skills) with agitation, dementia with mood disturbance, dementia with psychotic (mental health disorder which a person loses touch with reality) disturbance, and anxiety disorder (persistent and excessive worry that interferes with daily activities).</li> </ol> <p>During a review of Resident 42's MDS, dated [DATE], the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was moderately impaired. The MDS indicated Resident 42 required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, shower/bathing self, personal hygiene, sit to lying, sit to standing, and toilet transferring. The MDS indicated Resident 42 was taking an antianxiety medication. The MDS did not indicate Resident 42 had an anxiety disorder as a diagnosis. The MDS indicated Resident 42 did not have any behavior symptoms but had mood symptoms.</p> <p>During a review of Resident 42's Physician Order Summary Report, dated 11/18/2024, the physician order indicated Buspirone HCl (anti-anxiety medication, used for the short-term relief of excessive anxiety) oral tablet five (5) milligrams (mg, unit of measurement) - Give one (1) tablet by mouth 2 times a day for anxiety disorder manifested by restlessness evidenced by repetitive physical movements.</p> <p>During a review of Resident 42's Medication Administration Record (MAR, a medical record used by healthcare providers to document the administration of a medication or treatment), dated 11/18/2024, indicated as follows:</p> <p>- Buspirone HCl oral tablet 5 mg - Give 1 tablet by mouth 2 times a day for anxiety disorder manifested by restlessness evidenced by repetitive physical movements.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Monitor target behaviors of anxiety manifested by restlessness evidenced by repetitive physical movement for use of Buspirone due to anxiety.</p> <p>During an interview on 2/12/2025 at 12:27 PM with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated Resident 42 had anxiety. CNA 1 stated Resident 42 would scream and could not stay still and would be constantly removing and putting on his clothes.</p> <p>During an interview on 2/12/2025 at 3:25 PM with the Assistant Director of Nursing (ADON), the ADON stated Resident 42 received Buspirone twice a day for his anxiety disorder. The ADON stated Resident 42 was anxious. The ADON stated Resident 42 would scream, try to stand up to get out of bed, and do repetitive movements.</p> <p>During a concurrent interview and record review on 2/12/2025 at 3:33 PM of Resident 42's physician's orders with MDS Nurse (MDSN), MDSN stated Resident 42 should have a diagnosis for anxiety disorder since Resident 42 was taking Buspirone for his anxiety disorder. During a concurrent review of Resident 42's MDS, the MDSN stated the MDS should have and did not reflected Resident 42's anxiety disorder and did not reflect Resident 42 had an anxiety disorder. MDSN stated the MDS should indicate Resident 42's anxiety disorder so the nurses could know the classification, what the medication was being used for, and for monitoring for the behavior.</p> <p>48152</p> <p>2. During a review of Resident 49's Admission Record, the Admission Record indicated Resident 49 was originally admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD- a group of lung diseases that block airflow and make it difficult to breathe), anxiety, and depression.</p> <p>During a review of Resident 49's MDS, dated [DATE], the MDS indicated Resident 49 had moderately impaired cognitive skills. The MDS indicated Resident 49 needed partial/moderate assistance (helper does less than half the effort needed to complete the activity) with bathing, dressing, oral and toileting hygiene and setup or clean-up assistance (helper helps only prior to or following the activity completion) with eating. The MDS indicated Resident 49 did not have any behavioral or mood symptoms. The MDS also indicated Resident 49 was taking antianxiety (treat anxiety symptoms) and antidepressant (used to treat depression) medications.</p> <p>During a review of Resident 49's Verification of Informed Consent, dated 8/14/2024 and 10/17/2024, the Verification of Informed Consents indicated the following medical provider's orders:</p> <p>a. Buspirone 10mg twice (BID) a day for anxiety disorder</p> <p>b. Sertraline (a medication used to treat depression) 100 mg daily for depression manifested by (m/b) verbalization of hopelessness</p> <p>c. Trazadone (a medication used to treat depression) 100mg q HS for depression m/b poor sleep</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Review of Resident 49's Psychological Evaluation and Consultation, dated 9/25/2024, the evaluation indicated Resident 49 with moderately severe depressive symptoms and severe anxiety symptoms and was prescribed psychotropic medications (used to treat mental health disorders) buspirone for anxiety, sertraline, and trazadone for depression.</p> <p>During a record review of Resident 49's MARs, dated 8/1/2024 through 10/2024, the MARs indicated:</p> <ul style="list-style-type: none"> <li>a. Buspirone HCl oral tablet 10 mg, give 1 tablet by mouth 2 times a day for anxiety disorder m/b panic attack.</li> <li>b. Monitor target behaviors of panic attack for use of buspirone due to anxiety disorder.</li> <li>c. Sertraline HCl oral tablet 100 mg, give 1 tablet by mouth in the morning for antidepressant m/b verbalization of hopelessness.</li> <li>d. Monitor depression m/b verbalization of hopelessness for use of Sertraline due to major depressive disorder.</li> <li>e. Trazadone HCl oral tablet 100 mg, give 1 tablet by mouth in the evening for antidepressant m/b difficulty sleeping at night.</li> <li>f. Monitor hours of sleep during PM and night shift every evening and night shift for depression m/b poor sleep.</li> </ul> <p>During a concurrent interview and record review on 2/13/2025 at 12:49 PM with the MDSN, Resident 49's MDS assessments dated 8/15/2024, 9/9/2024, and 10/24/2024 were reviewed. The MDS assessments did not indicate the active diagnoses of anxiety and/or depression. MDSN stated Resident 49's diagnoses of depression and anxiety were not and should have been included on the MDS assessments. MDSN stated the MDS is done to gather data of the residents and submit data to Centers for Medicare &amp; Medicaid Services (CMS- is a federal agency that manages Medicare, Medicaid, and other health care programs), and should be accurate because it is part of the medical records. MDSN stated it was important for Resident 49's anxiety and depression diagnoses to be coded on the MDS so that the CMS, knows the facility is providing care to Resident 49 for those specific diagnoses.</p> <p>During a record review of the facility's policy and procedure titled, Resident Assessment Instrument (RAI) Process, revised 10/4/2016, the policy indicated the facility will utilize the RAI process as the basis for the accurate assessment of each resident's functional capacity and health status.</p>		

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  02/13/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44636</p> <p>Based on observation, interview, and record review, the facility failed to update and revise the care plan for two (2) of 21 sampled residents (Resident 42 and Resident 33) as indicated on the facility policy when:</p> <ol style="list-style-type: none"> <li>1. Resident 42's fall care plan was not updated and revised after Resident 42 had a fall with injury on 1/3/2025.</li> <li>2. Resident 33's care plan was not revised to reflect the updated fluid restriction in accordance with the physician's order on 1/15/2025.</li> </ol> <p>This failure had the potential to negatively affect the provisions of care and services for Residents 33 and 42 and had the potential to place Resident 42 at risk for further falls.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review Resident 42's Admission Record, the Admission Record indicated Resident 42 was admitted to the facility on [DATE], with diagnoses of dementia (progressive brain disorder that slowly destroys memory and thinking skills) with psychotic (mental health disorder which a person loses touch with reality) disturbance, lack of coordination, generalized muscle weakness, reduced mobility, and difficulty in walking.</li> </ol> <p>During a review of Resident 42's Minimum Data Set (MDS, a resident assessment and tool), dated 11/19/2024, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was moderately impaired. The MDS indicated Resident 42 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for walking ten feet. The MDS indicated Resident 42 required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, shower/bathing self, sit to lying, lying to sitting on side of bed, sit to standing, and toilet transferring. The MDS also indicated Resident 42 had a fall with an injury since admission to the facility on [DATE].</p> <p>During a review of Resident 42's Change of Condition/Situation, Background, Assessment, Request/Recommendation (COC/SBAR, tool used by health care professionals when communicating about critical changes in a resident's status) Evaluation, dated 1/3/2025, the COC indicated Resident 42 had a fall on 1/3/2025 at night.</p> <p>During a review of Resident 42's Fall Risk Evaluation, dated 11/15/2024, the record indicated Resident 42 was at a high risk for falls.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 42's care plan, not dated, indicated Resident 42 was at risk for falls related to confusion, gait (a manner of walking or moving on foot)/balance problems, poor communication/ comprehension, psychoactive (affecting the mind) drug use, seizure disorder (burst of uncontrolled electrical activity between brain cells that can cause the body to shake uncontrollably) of fall, and non-complaint in calling for assistance in going to bathroom. The care plan interventions for staff were to anticipate and meet the resident's needs, ensure that the resident was wearing appropriate footwear when ambulating or mobilizing in wheelchair, and physical therapy evaluation and treatment as ordered or as needed.</p> <p>During a concurrent interview and review on 2/12/2025 at 2:47 PM of Resident 42's COC and fall care plan with the Assistant Director of Nursing (ADON), the ADON stated Resident 42's fall care plan was initially created on 11/13/2024. The ADON stated Resident 42 had a second fall at the facility on 1/3/2025 which resulted with a left upper eyebrow laceration (a cut or break in the skin surface). The ADON stated the fall care plan was not and should have been revised after Resident 42's second fall to reflect the interventions appropriate to address the underlying cause of Resident 42's fall. The ADON stated the care plan needed to be updated and new interventions should have been added since the initial fall interventions being used were not working for Resident 42.</p> <p>During a concurrent interview and review on 2/12/2025 at 3:44 PM with the MDS Nurse (MDSN), MDSN stated Resident 42's care plan needed to be revised after Resident 42's second fall. MDSN stated the care plan interventions needed to be changed according to the resident needs. MDSN stated the care plan was not and should have been revised after Resident 42 fell for the second time.</p> <p>48143</p> <p>2. During a review of Resident 33's Admission Record, the Admission Record indicated Resident 33 was admitted to the facility on [DATE] and readmitted to the facility on [DATE], with diagnoses that included end stage renal disease (a permanent condition that occurs when the kidneys are no longer able to function and require dialysis or a kidney transplant to survive), type 2 diabetes mellitus with diabetic chronic kidney disease (a chronic condition that happens when you have persistently high blood sugar levels. Insulin resistance is the main cause, and it resulted in a condition where the kidneys are damaged and can't filter blood properly), and dependence on renal dialysis (a state of requiring dialysis, [a type of treatment that helps your body remove extra fluid and waste products from your blood when the kidneys are not able to function) to maintain life].</p> <p>During a review of the MDS, dated [DATE], indicated Resident 33 had modified independence (some difficulty in new situations) for cognitive skills (the mental processes that allow people to think, learn, and solve problems) for daily decision making. Resident 33 needed moderate assistance, (helper does less than half the effort) with the eating, oral, toilet, personal hygiene, change of position, and transfer.</p> <p>During a review of Resident 33's Physician Orders, dated 1/15/2025, the Physician Orders indicated Resident 33's fluid restriction to 1000 milliliter (ml, a unit of measurement for volume in the metric system) per day as follows:</p> <p>- Dietary 360 ml (for meals): 120 ml fluid intake for each meal</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Nursing 640 ml: 240 ml for 7AM -3PM (AM shift), 240 ml for 3PM to 11 PM (PM shift), and 160 ml for 11PM to 7AM. (NOC shift)</p> <p>During a review of Resident 33's undated care plan, the care plan indicated Fluid restriction 1000 ml per day as follows:</p> <p>- Dietary 360 cubic centimeters (a unit of measurement for volume in the metric system) (CC)</p> <p>- Nursing: AM shift 240 CC, PM shift 200 CC, and NOC shift: 100 CC.</p> <p>During an interview on 2/12/2024 at 3:26 PM with Licensed Vocational Nurse 1 (LVN1), LVN1 confirmed that there was no updated care plan for the 1/15/2025 fluid restriction order for Resident 33. LVN 1 stated nurses should have updated the plan of care every time there is a new physician order or change of condition. LVN 1 added the nursing interventions should be updated so staff can provide better care and to ensure the appropriate monitoring of Resident 33's fluid restriction status to prevent fluid overload (a condition where the body has too much fluid) and hospitalization .</p> <p>During a concurrent interview and record review on 2/12/2025 at 3:44 PM, with the Assistant Director of Nurses (ADON), ADON stated Resident 33's nursing care plan was not updated. ADON stated it was important to reflect Resident 33's updated fluid restriction in accordance with the physician's order in the resident's care plan interventions to monitor fluid restriction and prevent the resident from getting fluid overloaded, edema (the accumulation of excess fluid in the body's tissues, leading to swelling) , dehydration (occurs when the body loses more fluids than it takes in, resulting in a lack of water in the body) or maybe chest pain, which could harm Resident 33's health.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Comprehensive Person-Centered Care Planning, reviewed 1/2025, the P&amp;P indicated additional changes or updates to the resident's comprehensive care plan will be made based on the assessed needs of the resident. In addition, the comprehensive care plan will also be reviewed and revised following an onset of new problems, change in condition, and other times as appropriate or necessary.</p> <p>During a review of the facility's P&amp;P titled, Fluid Restriction, revised on 4/21/2022 and reviewed in January 2025, the P&amp;P indicated, for each resident on fluid restriction, initiate strict intake measurement per the Attending Physician order and</p> <p>update the resident's Care Plan.</p>		

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  02/13/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</b></p> <p>Based on interview and record review, the facility failed to meet professional standards of quality in accordance with the facility's policy for one of 21 sampled residents (Resident 42) by:</p> <ul style="list-style-type: none"> <li>a. Failing to ensure an Interdisciplinary Team (IDT, group of healthcare professionals from diverse fields who work in a coordinated manner toward a common goal for the resident) meeting was conducted after Resident 42 had a fall with an injury.</li> <li>b. Failing to ensure a Post Fall Evaluation was done after Resident 42 had a fall with an injury.</li> <li>c. Failing to ensure neurological exam (neuro check, an assessment of the brain, spine or nerves done to evaluate the nervous system function for potential brain injury) was done after Resident 42 had a fall with an injury to the eyebrow.</li> </ul> <p>These deficient practices had the potential to result in further falls for Resident 42.</p> <p>Findings:</p> <p>During a review Resident 42's Admission Record, the Admission Record indicated Resident 42 was admitted to the facility on [DATE], with diagnoses of dementia (progressive brain disorder that slowly destroys memory and thinking skills) with psychotic (mental health disorder which a person loses touch with reality) disturbance, lack of coordination, generalized muscle weakness, reduced mobility, and difficulty in walking.</p> <p>During a review of Resident 42's Minimum Data Set (MDS, resident assessment and tool), dated 11/19/2024, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was moderately impaired. The MDS indicated Resident 42 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for walking ten feet. The MDS indicated Resident 42 required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, shower/bathing self, sit to lying, lying to sitting on side of bed, sit to standing, and toilet transferring. The MDS also indicated Resident 42 had a fall with an injury since admission to the facility on [DATE].</p> <p>During a review of Resident 42's Change of Condition/Situation, Background, Assessment, Request/Recommendation (COC/SBAR, tool used by health care professionals when communicating about critical changes in a resident's status) Evaluation, dated 1/3/2025, the COC indicated Resident 42 had a fall, altered mental status and behavioral symptoms on 1/3/2025 at night and the physician was notified at 12:20 AM.</p> <p>During a review of Resident 42's medical record, there was no Interdisciplinary Team conducted after Resident 42's fall on 1/3/2025. A Post Fall Evaluation and Neuro check were also not completed after Resident 42's fall on 1/3/2025.</p> <p>(continued on next page)</p>

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  02/13/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/12/2025 at 2:21 PM with the Assistant Director of Nursing (ADON), the ADON stated after a resident fall the nurse in charge needed to complete a body assessment, interview the resident, and notify the physician. The ADON stated if the fall was unwitnessed or a hit on the head occurred then the licensed nurse needed to perform a neuro check. The ADON stated neuro checks were done to monitor any altered mental status which could have resulted from the fall. The ADON stated an IDT meeting would be conducted within 24 hours after the fall to get input from the team, investigate, and receive input for the interventions for the resident's plan of care. The ADON also stated the fall care plan should be revised, and a post fall assessment done after every single fall.</p> <p>During a concurrent interview and review on 2/12/2025 at 2:41 PM of Resident 42's COC/SBAR, IDT, neuro check, and care plan were reviewed with the ADON. The ADON stated the SBAR indicated on 1/3/2025 Resident 42 had an altered mental status, behavioral symptoms, and a fall with a laceration to the left upper eyebrow. The ADON stated a post fall evaluation and neuro check was not and should have been done after Resident 42 fell on [DATE], since the resident had an injury to his head. The ADON also stated an IDT meeting was not and should have been conducted after Resident 42's fall. The DON stated there should have been an IDT meeting done and the care plan should have been revised after Resident 42's fall.</p> <p>During a concurrent interview and review on 2/12/2025 at 3:10 PM of the facility's policy and procedure (P&amp;P) with the ADON, the ADON stated based on the P&amp;P the licensed nurses were supposed to but did not do the following: document a detailed description of the fall, do a neurocheck, conduct an IDT meeting, do a post fall evaluation, and revise the fall care plan.</p> <p>During a review of the facility's P&amp;P titled, Fall Management Program, reviewed 1/2025, the policy indicated the Post-Fall Response, Fall Investigation Reporting and Documentation were done as follows:</p> <p>A. Following every resident fall, the licensed nurse will perform a post-fall evaluation and update, initiate or revise the Resident's care plan as necessary</p> <p>B. For an unwitnessed fall or a witnessed fall with suspected or known head injury, the license nurse will complete neurological checks for 72 hours following the fall incident</p> <p>C. The licensed nurse will notify the Director of Nursing (DON) and/or the Administrator regarding the fall incident as soon as possible.</p> <p>D. The IDT will review the circumstances surrounding the fall then summarize their conclusions on an IDT note. In an effort to prevent more falls, the IDT will review and revise the care plan as necessary.</p>		

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  02/13/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44636</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of one sampled resident (Resident 43) who had an indwelling urinary catheter (Foley Catheter, tube inserted into the bladder to drain urine into a drainage bag) received appropriate care and services as indicated in the physician's orders, by failing to appropriately assess and document signs and symptoms of urinary tract infection (UTI, an infection in any part of the urinary system, the kidneys, bladder [organ that stores urine] or urethra [the tube through which urine leave the body]).</p> <p>This deficient practice resulted in delayed UTI identification and had the potential to lead to worsening infection and delayed treatment.</p> <p>Findings:</p> <p>During a review Resident 43's Admission Record, the Admission Record indicated Resident 43 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses of malignant neoplasm (cancer growth of cells) of prostate (small gland below the bladder), benign prostatic hyperplasia (BPH, non-cancerous prostate gland enlargement that can cause urination difficulty) with lower urinary tract symptoms (frequent urination, pain while urinating, persistent urge to urinate, low-grade fever, blood in the urine, and pain in the side or back), obstructive uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow caused by structural or functional hinderance) and reflux uropathy (urine flows backward from the bladder into the kidneys).</p> <p>During a review of Resident 43's Minimum Data Set (MDS, a federally mandated resident assessment and tool), dated 12/12/2024, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was intact. The MDS indicated Resident 43 required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, and showering/bathing, sitting to standing, chair/bed-to-chair transfer, and toilet transfers. The MDS also indicated Resident 43 had an indwelling catheter.</p> <p>During a review of Resident 43's Physician Order Summary Report, dated 11/21/2024, the order indicated assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment sediments (microscopic gritty particles or mucus in the urine), blood, odor and amount of urine output every shift.</p> <p>During a review of Resident 43's care plan, dated 7/19/2024, the care plan indicated Resident 43 had an indwelling catheter for obstructive uropathy and was at risk for UTI. The staff interventions were to monitor/record/report to the physician for s/sx of UTI: pain, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>During an observation on 2/10/2025 at 8:59 AM in Resident 43's room, Resident 43's foley catheter tubing was noted with small amount of white sediment and concentrated yellow urine.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 2/10/2025 at 4:18 PM in Resident 43's room, Resident 43's foley catheter tubing was noted with a moderate amount of white sediment.</p> <p>During an interview on 2/13/2025 at 9:19 AM with Treatment Nurse 1 (TX 1), TX 1 stated Resident 43's diagnosis of malignant neoplasm of the prostate, benign prostatic hyperplasia, and obstructive and reflux uropathy diagnoses placed Resident 43 at risk for UTIs. TX 1 stated licensed nurses needed to create a progress note and contact the physician when sediment or cloudiness was found in the urine. TX 1 stated documentation showing presence of cloudiness, sediment, hematuria (blood in the urine) would also be documented on the Treatment Administration Record (TAR, a medical record used by healthcare providers to document the administration of a medication or treatment).</p> <p>During a concurrent interview and record review on 2/13/2025 at 9:25 AM of Resident 43's TAR, Progress Notes, and COC/SBAR - Change of Condition/Situation, Background, Assessment, Request/Recommendation (COC/SBAR, tool used by health care professionals when communicating about critical changes in a resident's status) with TX 1, TX 1 stated there was no documentation for any signs or symptoms of infection for Resident 43's indwelling catheter.</p> <p>During a concurrent interview and observation on 2/13/2025 at 9:34 AM in Resident 43's room with TX 1, TX 1 stated Resident 43's indwelling catheter bag observed with minimal thick white cloudiness. TX 1 stated when signs and symptoms were present the physician needed to be notified to prevent UTIs and receive laboratory orders to confirm an infection.</p> <p>During an interview on 2/13/2025 at 1:56 PM with the Director of Nursing (DON), the DON stated staff need to monitor color, sediments, and any signs and symptoms of infection when residents had an indwelling catheter. The DON stated if minimal sediment/cloudiness was noted the licensed nurses needed to monitor the urine for eight hours and if there were still sediments/cloudiness, then the licensed nurses needed to contact the physician and do a COC. The DON stated for moderate to severe sediment/cloudiness the licensed nurses would need to contact the physician right away. The DON stated the physician needed to be made aware of the noted signs and symptoms to see what the physician wants to do.</p> <p>During a review of the facility's policy and procedure titled, Catheter Care, revised 6/2021, the policy indicated nursing staff will assess urinary drainage for signs and symptoms of infection, noting cloudiness, color, sediment, blood, odor, and amount of urine. The Licensed Nurse will notify the Attending Physician of any signs and symptoms of infection for clinical interventions.</p>		

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  02/13/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152</b></p> <p>Based on observation, interview, and record review, the facility failed to provide necessary respiratory services for three (3) of 3 sampled residents (Residents 49 and 54) as indicated on the facility policy by failing to:</p> <ol style="list-style-type: none"> <li>Administer two (2) liters (metric unit of capacity) per minute (LPM) of continuous (without interruption) oxygen therapy (administration of oxygen at concentrations greater than that in ambient air with the intent of treating or preventing the symptoms and manifestations of low oxygen) to Resident 49 as indicated in the physician's order. The facility also failed to label and date Resident 49's plastic respiratory equipment bag (a plastic bag that holds and transports respiratory equipment), which contained a nasal cannula (NC- a tube that provides oxygen through the nose) tubing.</li> <li>Store Resident 21's nebulizer (a device used to administer medication in the form of a mist inhaled into the lungs) equipment in a bag.</li> <li>Administer 2 to 3 LPM oxygen therapy to Resident 54 as indicated in the physician's order.</li> </ol> <p>This failure had the potential for Residents 49 and 54 to experience hypoxia (deficiency in the amount of oxygen reaching the body's tissues) or respiratory distress (difficulty breathing), and for Residents 21 and 49 be at risk for infection.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>During a review of Resident 49's Admission Record, the Admission Record indicated Resident 49 was admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD- a group of lung diseases that block airflow and make it difficult to breathe), anxiety (mental disorder that involves persistent and excessive worry that can interfere with daily activities), and depression (mood disorder that causes a persistent feeling of sadness and loss of interest in life).</li> </ol> <p>During a review of Resident 49's Minimum Data Set (MDS- a resident assessment tool), dated 1/19/2025, the MDS indicated Resident 49 had moderately impaired cognitive skills (ability to understand and make decisions) for daily decision making. The MDS indicated Resident 49 needed partial/moderate assistance (helper does less than half the effort needed to complete the activity) with bathing, dressing, oral and toileting hygiene and setup or clean-up assistance (helper helps only prior to or following the activity completion) with eating.</p> <p>During a review of Resident 49's Order Summary Report, the Order Summary Report indicated an order for oxygen at 2 to 3 LPM via nasal cannula to keep oxygen saturation level (O2 sat- a measurement of how much oxygen the blood is carrying as a percentage) at/above 92 percent (%) every shift for COPD, started 2/6/2025.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 49's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), dated 2/1/2025 to 2/28/2025, the MAR indicated oxygen at 2 to 3 LPM via NC to keep O2 sat at/above 92% every shift for COPD, started 2/6/2025.</p> <p>During a concurrent observation and interview on 2/10/2025 at 9:56 AM with the Assistant Director of Nursing (ADON) at Resident 49's bedside, Resident 49's plastic respiratory equipment bag, which contained Resident 49's NC tubing, was observed unlabeled and undated. The ADON stated the bag should be labeled and dated with the resident's name and date the bag was changed to maintain infection control.</p> <p>During a concurrent observation and interview on 2/10/2025 at 4:22 PM with Resident 49 and Registered Nurse 1 (RN 1), Resident 49 was observed sitting in bed with no oxygen therapy being administered via NC and the oxygen concentrator (a medical device that produces a higher concentration of oxygen from the room air) was off. Resident 49 stated she needs the oxygen because she gets shortness of breath (SOB). RN 1 stated Resident 49 was not receiving any oxygen therapy, and oxygen is only administered as Resident 49 needs it, not at all times.</p> <p>During an interview on 2/12/2025 at 3:30 PM with the Assistant Director of Nursing (ADON), the ADON stated Resident 49 receives oxygen for her COPD and Resident 49's order indicated every shift, which means she should be receiving the oxygen continuously. ADON stated it is important to give oxygen as ordered because Resident 49 uses it for SOB and wheezing (a high-pitched sound made when breathing is restricted/obstructed in the lungs).</p> <p>During an interview on 2/13/2025 at 3:04 PM with the Infection Preventionist Nurse (IPN), the IPN stated per facility policy, all respiratory equipment including nebulizer masks are to be in a labeled and dated respiratory bag while not in use. The IPN stated it is important to ensure the respiratory bags are used, labeled and dated, to prevent contamination of the masks and tubing and to prevent the residents from getting respiratory infections.</p> <p>During a review of the facility's Policy &amp; Procedure (P&amp;P) titled, Oxygen Therapy, revised 11/2017, the P&amp;P indicated licensed nursing staff will administer oxygen as prescribed and per physician orders.</p> <p>2. During a review of Resident 21's Admission Record, the Admission Record indicated Resident 21 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD- a group of lung diseases that block airflow and make it difficult to breathe), interstitial pulmonary disease (a group of conditions that cause inflammation and scarring in your lungs) and centrilobular emphysema (a chronic lung condition that damages the upper lobes).</p> <p>During a review of Resident 21's MDS, dated [DATE], the MDS indicated Resident 21 had moderately impaired cognitive skills. The MDS indicated Resident 21 needed setup or clean-up assistance (helper helps only prior to or following the activity completion) with eating and oral hygiene and substantial/maximal assistance (helper does more than half the effort needed to complete the activity) with bathing, dressing and personal hygiene.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 21's Order Summary Report, the Order Summary Report indicated an order for Albuterol Sulfate (medication used to treat wheezing and SOB) Nebulization Solution 2.5 milligram (MG- a unit of measurement) /3 milliliter (ML- a measurement of volume) 0.083% 3ML inhale orally via nebulizer every 6 hours as needed for wheezing. The Order Summary Report also indicated to change nebulizer mask and tubing every Monday morning.</p> <p>During an observation on 2/10/2024 at 10:06 AM at Resident 21's bedside, Resident 21's nebulizer equipment [nebulizer, nebulizer cup and aerosol mask] was observed unbagged, sitting on Resident 21's bedside table.</p> <p>During a review of the facility's Policy &amp; Procedure (P&amp;P) titled, Nebulizer (Small Volume), revised 10/15/20, the P&amp;P indicated after assembling equipment needed for therapy and label the set-up bag with the residents' name and date when new. The P&amp;P also indicated to place the nebulizer in the set-up bag and nebulizer cup into the resident's equipment bag after treatments.</p> <p>During a review of the facility's P&amp;P titled, Oxygen Therapy, revised 11/2017, the P&amp;P indicated oxygen is administered under safe and sanitary conditions and oxygen supplies will be changed no more than every seven (7) days and as needed and will be dated each time they are changed.</p> <p>During a review of the facility's P&amp;P titled, Nebulizer (Small Volume), revised 10/15/20, the P&amp;P indicated after assembling equipment needed for therapy and label the set-up bag with the residents' name and date when new. The P&amp;P also indicated to place the nebulizer in the set-up bag and nebulizer cup into the resident's equipment bag after treatments.</p> <p>48143</p> <p>3. During a review of Resident 54's Admission Record, the Admission Record indicated Resident 54 was admitted to the facility on [DATE], with diagnoses that included chronic obstructive pulmonary disease [a long-term lung condition that causes breathing difficulties due to damage to the airways, resulting in restricted airflow and symptoms like coughing, wheezing ( a high-pitched, whistling sound that occurs when air flows through narrowed or obstructed airways in the lungs), and shortness of breath], acute and chronic respiratory failure (a serious condition that occurs when a patient with chronic respiratory disease experiences a sudden decline in lung function), and asthma (a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing).</p> <p>During a review of Resident 54's MDS, dated [DATE], the MDS indicated Resident 54 was moderately impaired with cognitive skills for daily decision making. Resident 54 required supervision and cues for decisions. Resident 54 required partial, moderate assistance, helper does less than half the effort with the toilet, personal hygiene, change of position, and transfer.</p> <p>During a review of Physician's Order, dated 1/27/2025, the physician's order indicated oxygen at 2 to 3 LPM via nasal cannula to keep oxygen saturation at or above 92 % due to diagnosis of COPD /respiratory failure every shift.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 2/10/2025 at 10:52 AM, in Resident 54's room, Resident 54 was observed being administered with five (5) L to six (6) LPM of oxygen via a nasal cannula attached to an oxygen concentrator machine next to his bed. There was no humidifier(a device that adds moisture to the air to help with breathing and other conditions) attached to the machine.</p> <p>During a concurrent observation and interview on 2/12/2025 at 2:45 PM with licensed vocational nurse 2 (LVN 2), in Resident 54's room, LVN 2 checked the resident's oxygen concentrator and LVN 2 stated Resident 54 was getting 5 LPM of oxygen. LVN 2 stated he need to check physician's order.</p> <p>During a concurrent record review of Resident 54's medication order and interview on 2/12/2025 at 2:58 PM with LVN 2, LVN 2 confirmed that Resident 54's physician's order indicated to administer oxygen at 2 to 3 LPM to keep oxygen saturation above 92 %. LVN 2 stated Resident 54's oxygen concentrator should have been set at 2 to 3 LPM, and not at 5 LPM oxygen. LVN 2 stated he should have administered oxygen to Resident 54 per physician's order. LVN 2 stated giving too much oxygen can cause harm to Resident 54 especially if resident has a diagnosis of COPD.</p> <p>During an interview on 2/12/2025 at 3:30 PM with Assistant Director of Nurses (ADON), ADON confirmed that Resident 54's oxygen concentrator was supposed to be set at 2 to 3 LPM as indicated in the physician's order. ADON stated if oxygen was not administered according to the physician's order, it had the potential to cause complications associated with oxygen therapy to Resident 54. ADON stated this can lead to a buildup of carbon dioxide (indicate how much of waste product is present in the blood stream) in the blood, it may lead to respiratory acidosis and even death.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Oxygen Therapy, revised November 2017 and reviewed in January 2025, the P&amp;P indicated:</p> <p>Oxygen is administered under safe and sanitary conditions to meet resident needs. Licensed Nursing staff will administer oxygen as prescribed.</p> <p>A. Administer oxygen per physician orders.</p> <p>B. Obtain O2 saturation levels as ordered by the physician. If oxygen saturation falls below the level identified by the physician, the physician will be notified immediately.</p> <p>C. Oxygen titration orders will have parameters specified by the physician. (Example: Oxygen 2- 4L/min to maintain O2 saturation at or above 92%)</p> <p>D. Staff will be provided in service on appropriate administration and safe handling of oxygen equipment and supplies on hire and annually</p>		

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  02/13/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48143</b></p> <p>Based on observation, interview, and record review, the facility failed to accurately monitor the fluid intake for one of one sampled resident (Resident 33) with fluid restrictions and on dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) treatment in accordance with the facility's policy and procedure.</p> <p>This deficient practice had the potential to cause fluid overload (too much fluid in the body) or increase risk for dehydration (harmful reduction in the amount of water in the body).</p> <p>Findings:</p> <p>During a review of Resident 33's Admission Record, the Admission Record indicated Resident 33 was admitted to the facility on [DATE] and readmitted to the facility on [DATE], with diagnoses that included end stage renal disease (a permanent condition that occurs when the kidneys are no longer able to function and require dialysis or a kidney transplant to survive), type 2 diabetes mellitus (DM, persistently high levels of sugar in the blood) with diabetic chronic kidney disease (kidneys become damaged over time), and dependence on renal dialysis.</p> <p>During a review of the Minimum Data Set (MDS- a resident assessment tool) dated 10/7/2024, indicated Resident 33 had modified independence (some difficulty in new situations) for cognitive skills (the mental processes that allow people to think, learn, and solve problems) for daily decision making. Resident 33 needed moderate assistance, (helper does less than half the effort) with the eating, oral, toilet, personal hygiene, change of position, and transfer.</p> <p>During a review of Resident 33's Physician Orders, dated 1/15/2025, the Physician's order indicated Resident 33's fluid restriction of 1000 milliliter (1000 ml) per day following:</p> <ul style="list-style-type: none"> <li>- Dietary 360 ml (for meals): 120 ml fluid intake for each meal</li> <li>- Nursing 640 ml: 240 ml for 7AM -3PM (AM shift), 240 ml for 3PM to 11 PM (PM shift), and 160 ml for 11PM to 7AM. (NOC shift)</li> </ul> <p>During a concurrent interview and review on 2/13/2024 at 9:00 AM with Certified Nurse Assistant 4 (CNA 4), CNA4 confirmed Resident 33's morning breakfast fluid intake for 2/12/25 was 400 ml and 2/12/25 lunch fluid intake was 400 ml. CNA4 stated she was aware that Resident 33 was on dialysis but was not aware that resident was on fluid restriction. CNA 4 stated, The resident (Resident 33) has her own water bottle. She always asks for water besides the fluid from her meal trays.</p> <p>During an interview on 2/12/2024 at 3:16 PM with Licensed Vocational Nurse 1 (LVN1), LVN1 stated Resident 33 received water with her medications for fluid restriction of 640 ml per day per doctor's order, but stated there was no record of how much water Resident 33 was taking for her medications. LVN 1 stated not monitoring the fluid intake and ensuring fluid restriction can cause fluid overload, edema, dehydration or maybe chest pain to Resident 33.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0698</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 on 2/12/2025 at 3:24 PM with the Assistant Director of Nurses (ADON), ADON stated CNAs were not supposed to give Resident 33 any extra fluids since the resident was on fluid restriction. ADON stated the CNAs were supposed to record the fluid intake from the resident's meals. ADON also stated LVNs and Registered Nurses (RNs) were supposed to record the fluid intake from taking medications and recorded into the Medication Administration Record (MAR). ADON stated there was no record of fluid intake with medication administration for Resident 33. ADON stated not monitoring the fluid intake and ensuring fluid restriction can cause fluid overloaded, edema, dehydration, chest pain, or other harm to Resident 33.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Dialysis Care , revised on 10/1/2018 and reviewed in January 2025, the P&amp;P indicated,</p> <p>a. Dialysis residents are given fluid based on the fluid restriction as ordered by the physician.</p> <p>b. The Nursing and Dietary Staff will carefully organize the division and distribution of fluid.</p> <p>During a review of the facility's P&amp;P titled, Fluid Restriction, revised on 4/21/2022 and reviewed in January 2025, the P&amp;P indicated,</p> <p>a. For each resident on fluid restriction, complete the Fluid Restriction Guidelines and keep in the resident's medical record.</p> <p>b. The Licensed Nurse will:</p> <p>Educate the resident and/or responsible party regarding the fluid restriction.</p> <p>Initiate strict intake measurement per the Attending Physician order.</p> <p>Remove the water pitcher and notify care givers of the fluid restriction.</p> <p>Update the resident's Care Plan.</p> <p>Monitor for compliance with the fluid restriction and explain risks especially if resident is non-complaint.</p> <p>Record any fluids given on the Intake and Output record.</p> <p>Total the amount of fluid each 24 hours and compare it against the Fluid Restriction Guidelines.</p> <p>Notify the Attending Physician and resident and/or responsible party regarding any changes in the resident's condition.</p> <p>Review Intake and Output summary weekly and address the adequacy of fluids and accuracy of documentation.</p> <p>Document fluid restriction outcomes, Intake and Output, and compliance, in the resident's medical record.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Documentation concerning fluid restriction will be maintained in the resident's medical record.</p>

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  02/13/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48143</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services by not supervising medication administration when eight (8) medications were given and left on the nightstand for one (1) of 21 sampled residents (Resident 39).</p> <p>This deficient practice had the potential to result in medication errors and had the potential to harm Resident 39. This also had the potential for other residents to access the medications and in the event that the medications were ingested, could cause harm to the other residents.</p> <p>Findings:</p> <p>During a record review Resident 39's Admission Record, the Admission Record indicated Resident 39 was admitted to the facility on [DATE], with diagnoses of atherosclerosis (plaque buildup in the arteries) of the aorta (main artery in the body), chronic pulmonary edema (an abnormal accumulation of fluid in the lungs, making it hard to breathe), and psychosis (a mental disorder characterized by a disconnection from reality), and dementia (progressive brain disorder that slowly destroys memory and thinking skills).</p> <p>During a record review of Resident 39's Minimum Data Set (MDS, a resident assessment and tool), dated 11/19/2024, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making was intact. The MDS indicated Resident 39 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) for oral hygiene, toileting hygiene, shower/bathing self, upper and lower body dress, and sit to lying. The MDS also indicated Resident 39 had additional active diagnoses such as schizophrenia (a chronic and severe mental disorder that affects how a person thinks, feels, and behaves) and depression (severe feelings on sadness and hopelessness).</p> <p>During a record review of Resident 39's Self-Administration of Medication, dated 11/19/2024, the record indicated Resident 39 was not approved for self-administration of medications. The record also indicated Resident 39 was not allowed to keep medications at bedside.</p> <p>During a record review of Resident 39's Medication Administration Record (MAR, a medical record used by healthcare providers to document the administration of a medication or treatment), dated 2/10/2025, the MAR indicated Resident 39 was administered the following medications at 9 AM:</p> <ul style="list-style-type: none"> <li>- Fish Oil (drug used to lower fat levels in the blood) oral capsule 1000 milligrams (mg, unit of measurement): Give one (1) capsule by mouth one time a day for supplement.</li> <li>- Folic Acid (drug used for red blood cell formation and healthy cell growth and function) oral tablet 1 mg: Give 1 tablet by mouth one time a day for supplement.</li> <li>- Lexapro (drug used to treat depression and anxiety [a feeling of nervousness, panic, and fear]) oral tablet 5 mg: Give 2.5 mg by mouth one time a day for depression manifested by self-isolation staying in the room.</li> </ul> <p>(continued on next page)</p>		

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  02/13/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Olanzapine (an antipsychotic [drugs that work by altering brain chemistry to help reduce psychotic symptoms like hallucinations, delusions, and disordered thinking] drug used to treat several mental health conditions) oral tablet 2.5 mg: Give 1 tablet by mouth one time a day for Schizophrenia agitation manifested by verbally abusive.</p> <p>- Oxybutynin Chloride ER tablet Extended Release 24 Hour (drug used to relax the bladder muscles) 5 mg: Give 1 tablet by mouth one time a day for overactive bladder.</p> <p>- Senna (drug used to treat constipation) oral tablet 8.6 mg: Give 2 tablets by mouth one time a day for constipation hold for loose stool.</p> <p>- Tums oral tablet chewable (Calcium Carbonate [antacid] drug used to relieve heartburn and indigestion): Give 500 mg by mouth one time a day for acid reflux.</p> <p>- Vitamin B-1 oral tablet (Thiamine Mononitrate, drug used to treat or prevent vitamin B1 deficiency): Give 1 tablet by mouth one time a day for supplement.</p> <p>During a record review of Resident 39's care plan, undated, the care plan indicated Resident 39 was at risk for self-care performance deficit related to mood disorder and episodes of forgetfulness. The care plan interventions for staff were to provide assistance with activities of daily living care as needed, break tasks into manageable segment, and maintain a safe and hazard free environment.</p> <p>During a concurrent interview and observation on 2/10/2025 at 9:43 AM in Resident 39's room with Resident 39, there was a medication cup filled with 9 medications on top of Resident 39's nightstand. Resident 39 stated the nurse left the medication on the nightstand. Resident 39 stated he had to take his time to swallow the medications since some pills were too big.</p> <p>During an interview on 2/10/2025 at 9:45 AM with Infection Prevention Nurse (IPN), IPN stated IPN was not supposed to and had left Resident 39's medications in the medication cup on the nightstand. IPN stated he did not and should have watched Resident 39 take all the medications. IPN stated after he prepared all of Resident 39's medications he got disrupted and left the medications at Resident 39's bedside. IPN stated medications were not supposed to be left at the resident's bedside since there was a possibility another resident might come and take the medications. IPN also stated there was a possibility someone may discard the medication and Resident 39 would not have received the medication as the physician ordered.</p> <p>During a record review of the facility's policy and procedure titled, Medication - Administration, reviewed 1/2025, the policy indicated medications must be given to the resident by the Licensed Nurse preparing the medication. The Licensed Nurse will chart the drug, time administered and initial his/her name with each medication administration on the Medication Administration Record.</p>		

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  02/13/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48143</p> <p>Based on interview and record review, the facility failed to act upon the facility's Pharmacy Consultant's recommendations during the Medication Regimen Review (MRR, a monthly thorough evaluation by the consulting pharmacist of a resident's medication regimen, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication) to address the recommendation/ irregularities for the month of December 2024's MRR for one of five sampled residents (Resident 41) as indicated on the facility's MRR policy.</p> <p>This deficient practice had the potential to result in adverse medication outcome for potential unnecessary medications to Resident 41.</p> <p>Findings:</p> <p>During a review of Resident 41's Admission Record, the Admission record indicated Resident 41 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), depression (a low mood or loss of pleasure or interest in activities for long periods of time), and unspecified dementia (a general term for dementia that doesn't have a specific diagnosis).</p> <p>During a review of the Minimum Data Set (MDS- resident assessment tool) dated 9/5/2024, indicated Resident 41 had moderate impaired (decisions poor; cues/supervision required) cognitive skills (the mental processes that allow people to think, learn, and solve problems) for daily decision making. Resident 41 required substantial and maximum assistance, (helper does more than half the effort) with the toilet, personal hygiene, change of position, and transfer.</p> <p>During a review of Consultant Pharmacist's Medication Regimen Review (MRR), dated 12/17/2024, the MRR indicated to:</p> <p>a. Evaluate and check use of Saxagliptin (to treat high blood sugar levels in patients with type 2 diabetes) 2.5 milligrams (mg, unit of mass or weight) by mouth at bedtime, and Sitagliptin (medication to lower blood sugar levels in adults with type 2 diabetes) 25 mg by mouth one time a day.</p> <p>b. Include Do not crush as part of the order for the Ferrous Sulfate ( a medicine to treat and prevent iron deficiency anemia) order</p> <p>c. Give Repaglinide (Prandin, antihyperglycemic class of drugs used in the management and treatment of diabetes mellitus Type 2) 15-30 minutes before meals.</p> <p>During a review of Resident 41's December 2024's Medication Administration Record (MAR), indicated:</p> <p>a. Saxagliptin 2.5 mg was given from 12/12/2024 to 12/31/2024; and Sitagliptin 25mg was given from 12/13/2024 to 12/31/2024.</p> <p>(continued on next page)</p>		

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  02/13/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Ferrous Sulfate was given started from 12/13/2024 to 12/31/2024 without indication of Do not crush.</p> <p>c. Repaglinide was given from 12/12/2024 to 12/31/2024 without indication of the medication to be given 15-30 minutes before meals.</p> <p>During an interview on 2/11/2025 at 1:27 PM, with the Director of Nurses (DON), the DON stated the monthly MRR report from the pharmacist, was given to the licensed nurses to work on. The DON stated there was no designee responsible for the review and follow up the monthly MRR. The DON stated all licensed nurses were responsible for the review and follow up of the monthly MRR.</p> <p>During a concurrent interview and review on 2/12/2025 at 4:24 PM, with the licensed vocational nurse 1 (LVN 1), LVN 1 stated the Director of Nurses (DON) give assignments to all the licensed staff to review the monthly MRR. LVN 1 stated all licensed staff were supposed to check the monthly MRR and call the doctors for the irregularities and/ or recommendations by the pharmacist. LVN 1 stated Resident 41's December 2024 MRR was not reviewed and followed up. LVN 1 stated not notifying the physician to follow up on the pharmacist recommendation can cause medication overdose or medication misuse which can lead to resident harm, serious illness, and/ or worsening of condition.</p> <p>During a concurrent interview and record review on 2/13/2025 at 3:34 PM, with the Assistant Director of Nurses (ADON), ADON confirmed that there was no review of December 2024 MRR for Resident 41. The ADON stated since the MRR report was not reviewed, the irregularities or recommendation in the MRR were not relayed to the doctor and no action has been taken by the facility. ADON stated this can cause medication overdose, medication misuse or medications will not reach their full treatment effect which can lead to resident harm, serious illness, and/ or worsening of condition. ADON stated they should have a designee to take charge and keep up the progress of monthly MRR review. ADON also stated the facility should have kept the original copy of the monthly MRR to the MRR binder for review.</p> <p>During a review of the facility Policy and Procedure (P&amp;P) titled, Medication Regimen Review, revised December 2016, reviewed January 2025, the P&amp;P indicated the:</p> <ol style="list-style-type: none"> <li>1. Facility must ensure that the attending physician documents in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</li> <li>2. acility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.</li> <li>4. uring their monthly drug regimen review, pharmacist will report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports will be acted upon by the facility. Irregularities include, but are not limited to, any drug that meets the criteria set forth below for an unnecessary drug.</li> <li>5. Unecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs.</li> </ol> <p>(continued on next page)</p>		

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  02/13/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Any irregularities noted by the pharmacist during this review will be documented on a separate, written report that is sent to the attending physician, the facility's medical director and director of nursing or his/her designee in the absence of DON and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>7. The attending physician will document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician will document his or her rationale in the resident's medical record.</p>

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  02/13/2025
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 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>48152</p> <p>Based on observation, interview, and record review, the facility failed to follow proper food storage handling practices in accordance with its policy and procedure (P&amp;P) by failing to ensure:</p> <ol style="list-style-type: none"> <li>1. Food was labeled and stored in refrigerators, freezers and dry storage.</li> <li>2. Proper sanitization of dishes by ensuring all dishes in the dishwasher were washed with a temperature of at least 120 degrees Fahrenheit (F) during use.</li> </ol> <p>These deficient practices have the potential to result in food borne illness (any sickness that is caused by the consumption of foods or beverages that are contaminated with certain infectious or noninfectious agents) in a population of 50 residents consuming food by mouth.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a concurrent observation and interview on 2/10/2025 at 7:49 AM in the facility kitchen with the Dietary Services Supervisor (DSS), the following food items were observed: <ol style="list-style-type: none"> <li>a. Refrigerated container of sausage labeled with a use by date of 2/8/2025</li> <li>b. Refrigerated container of cheese frosting labeled with a use by date of 2/8/2025</li> <li>c. Refrigerated container of turkey meat labeled with a use by date of 2/9/2025</li> <li>d. Refrigerated container of tomato paste labeled with a use by date of 2/9/2025</li> <li>e. Refrigerated container of spaghetti labeled with a use by date of 2/9/2025</li> <li>f. Four (4) cups of refrigerated milk labeled with a use by date of 2/9/2025</li> <li>g. Refrigerated container of sour cream labeled with a use by date of 1/30/2025</li> <li>h. Refrigerated carton of thickened apple juice from concentrate labeled with a use by date of 2/7/2025</li> <li>i. Refrigerated carton of silk almond milk without a use by date</li> <li>j. Tray of green gelatin cocktail without a use by date</li> <li>k. Frozen box of bread rolls without a label, open or use by date</li> <li>l. Frozen bag of corn without a label, open or use by date</li> <li>m. Frozen bag of carrots without a label, open or use by date</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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  02/13/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>n. Frozen cup of juice without a label, open or use by date</p> <p>o. A container of paprika seasoning labeled with a use by date</p> <p>p. A container of ground cayenne pepper seasoning labeled with unreadable use by date</p> <p>q. Two (2) packages of sugar cookies labeled with a use by 2/7/2025</p> <p>r. Box of baking soda without a label, open or use by date</p> <p>s. Box of honey nut cereal without a use by date</p> <p>t. Buttermilk biscuit mix without a use by date</p> <p>u. Buttermilk biscuit mix with a use by date of 2/7/2025</p> <p>v. Bag of Thai jasmine rice without a use by date</p> <p>DSS stated per facility policy, all food items should be labeled with a receive date and a use by date once opened. DSS stated the use by date is the last day the item is ok to use and must be discarded after that date. DSS also stated it is important to label, store and discard food items per policy to ensure that the food items are safe to eat for the residents.</p> <p>During a review of the facility's P&amp;P titled, Food Storage and Handling, revised 2/29/2024, the P&amp;P indicated to label and date all food items and storage products.</p> <p>2. During a concurrent observation and interview with [NAME] 1 on 2/12/2025 at 11:43 AM, [NAME] 1 loaded the rack of dishes into dishwasher, ran the dishwasher with the hottest temperature reaching 100 degrees F. [NAME] 1 then removed the rack of dishes and stated cleaning cycle was complete, and dishes were clean. [NAME] 1 stated she does not know what temperature the dishwasher reached because she did not check the temperature gauge during the run cycle.</p> <p>During an interview on 2/12/2025 at 11:48 AM with DSS, DSS stated per facility policy, staff are to check the temperature during each dishwashing cycle, and if the temperature does not reach 120 degrees F, staff are to run the cycle again until the temperature reaches at least 120 degrees F. DSS stated it is important to ensure the dishwasher is at the right temperature to make sure the dishes are being cleaned and disinfected, to prevent residents from getting sick.</p> <p>During a review of the facility's P&amp;P titled, Dish Machine Temperature Recording, revised 10/1/2014, the P&amp;P indicated the dish machine will be routinely monitored during use to ensure appropriate wash and rinse temperatures of 120- 150 degrees F are maintained and staff are to allow the dishwasher to run through several cycles in order to bring the water temperature up to the proper level by sending empty racks through the machine. The P&amp;P also indicated staff are to read the temperature gauges on the machine while racks are in the machine, and any temperatures that are below the required levels must be brought to the attention of the Dietary Manager promptly.</p>		

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  02/13/2025
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48152</p> <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the temperatures of the facility's one of one Activity Room Refrigerator, which contained resident food brought by family/visitor, was checked daily per facility policy.</p> <p>This deficient practice had the potential for Resident 40 to experience food borne illness (any sickness that is caused by the consumption of foods or beverages that are contaminated with certain infectious or noninfectious agents).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 2/10/2025 at 8:40 AM with the Dietary Services Supervisor, in the facility activity room, the resident refrigerator was observed. The refrigerator contained a plastic bag with a food container, labeled with Resident 40's room number and bed. DSS stated this food was brought in by Resident 40's family.</p> <p>During a concurrent interview and record review on 2/10/2025 at 8:45 AM with DSS, the facility's Policy &amp; Procedure (P&amp;P) titled, Refrigerator/Freezer Temperature Log- Refrigerator in Activity Room, revised 11/2014, which was also the log, was reviewed. The P&amp;P indicated refrigerated and frozen storage areas are to be checked routinely throughout the day and refrigerator temperatures should be at 41 degrees or below. The log failed to indicate documented temperatures for 2/3/2025 to 2/9/2025 in the AM and PM. DSS stated per policy, staff should have checked and documented the refrigerator temperatures on the log.</p>		

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  02/13/2025
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>48152</p> <p>Based on observation, interview and record review, the facility failed to ensure two of three garbage container (dumpster) lids remained closed and were not overflowing with trash as indicated on the facility policy.</p> <p>This failure had the potential to result in the attraction and spread of vermin (animals that are believed to be harmful, or that carry diseases, e.g., rodent's parasitic worms or insects) that could potentially enter the facility and spread diseases to the residents.</p> <p>Findings:</p> <p>During an observation on 2/12/2025 at 10:27 AM in the facility's parking lot dumpster area, two dumpsters were observed with trash overflowing out of the top of both dumpsters, with lids opened due to overflowing trash.</p> <p>During an interview on 2/13/2025 at 1:32 PM with the Maintenance Supervisor (MS), MS stated per facility policy, boxes and trash should be compressed into the dumpsters to ensure the lids stay closed and trash should not be overflowing. MS stated the outside dumpster lids were supposed to be closed and clean to keep out flies and rodents.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Waste Management, revised 4/21/2022, the P&amp;P indicated to maintain appropriate regulated waste containers, they must be closable and food waste will be placed in covered garbage and trash cans.</p>

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  02/13/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48143</p> <p>Based on observation, interview, and record review, the facility failed to ensure 12 out of 22 resident rooms (Rooms 3, 4, 5, 6, 7, 8, 11, 14, 15,16, 17, and 18) met the requirements of 80 square feet (sq. ft.) for each resident in multiple resident bedrooms.</p> <p>This deficient practice had the potential to affect the residents' personal space, decrease freedom of mobility and could compromise the provision of care.</p> <p>Findings:</p> <p>During an observation of the facility and resident's rooms from 2/10/2025 to 2/13/2025, Rooms 3, 4, 5, 6, 7, 8, 11, 14, 15, 16, 17, and 18 did not meet the minimum requirement of 80 sq. ft. per resident in multiple residents' rooms.</p> <p>During an interview with Resident 11 on 2/11/2025, at 11:36 AM, Resident 11 stated was comfortable in his room and had enough space for his belongings and wheelchair.</p> <p>During an interview with Resident 28 on 2/12/2025, at 8:39 AM, Resident 28 stated was comfortable in his room and had enough space for himself and his belongings.</p> <p>During an observation on 2/11/2025 at 10:08 AM in room [ROOM NUMBER], Certified Nursing Assistant 5 (CNA 5) was observed assisting Resident 28 who was able to transfer to the wheelchair safely. CNA 5 wheeled him out of his room.</p> <p>During a review of the facility's Client Accommodation Analysis Form, dated 2/10/25, the form indicated the facility had several rooms that measured less than the required 80 square footages per resident in multiple bedrooms. The following resident bedrooms were:</p> <ol style="list-style-type: none"> <li>1) room [ROOM NUMBER] (3 beds) and measured 222 sq. ft., to equal 74 sq. ft. per resident.</li> <li>2) room [ROOM NUMBER] (3 beds) and measured 194 sq. ft., to equal 64.6 sq. ft. per resident.</li> <li>3) room [ROOM NUMBER] (3 beds) and measured 212 sq. ft., to equal 70.6 sq. ft. per resident.</li> <li>4) room [ROOM NUMBER] (2 beds) and measured 148 sq. ft., to equal 74 sq. ft. per resident.</li> <li>5) room [ROOM NUMBER] (3 beds) and measured 219 sq. ft., to equal 73 sq. ft. per resident.</li> <li>6) room [ROOM NUMBER] (3 beds) and measured 209 sq. ft., to equal 69.6 sq. ft. per resident.</li> <li>7) room [ROOM NUMBER] (3 beds) and measured 227 sq. ft., to equal 75.6 sq. ft. per resident.</li> <li>8) room [ROOM NUMBER] (3 beds) and measured 211 sq. ft., to equal 70.3 sq. ft. per resident.</li> </ol> <p>(continued on next page)</p>		

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  02/13/2025
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>9) room [ROOM NUMBER] (3 beds) and measured 221 sq. ft., to equal 73.6 sq. fl. per resident.</p> <p>10) room [ROOM NUMBER] (3 beds) and measured 221 sq. ft., to equal 73.6 sq. fl. per resident.</p> <p>11) room [ROOM NUMBER] (3 beds) and measured 230 sq. ft., to equal 76.6 sq. ft. per resident.</p> <p>12) room [ROOM NUMBER] (4 beds) and measured 293 sq. ft., to equal 73.25 sq. ft. per resident.</p> <p>During an observation of the facility and residents' room from 2/10/2025 to 2/13/2025, the residents residing in the rooms (Rooms 3, 4, 5, 6, 7, 8, 11, 14, 15, 16, 17, and 18) with an application for variance were observed to have enough space to move freely inside the rooms. Each resident inside the affected rooms had beds and side tables with drawers. There was an adequate room for the operation and use of wheelchairs, walkers, canes or hooyer lift (a mechanical device that helps move people between beds, chairs, and other places). The room variance did not affect the care and services provided to the residents when nursing staff were observed providing care to these residents.</p> <p>The Department is recommending approval of the room waiver request for 12 of 22 rooms (Rooms 3, 4, 5, 6, 7, 8, 11, 14, 15, 16, 17, and 18).</p>