

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER St Andrews		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 W. Washington Blvd. Los Angeles, CA 90018	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294</p> <p>Based on interview and record review, the facility failed to develop a resident-centered care plan for the use of foley catheter (flexible tube that drains urine from the bladder into a collection bag) for one of three residents (Resident 1).</p> <p>This deficient practice had the potential to result in poor quality care on a resident with foley catheter, placing the resident at risk for urine infection and other catheter usage complications (blockage, sediments).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 ' s diagnoses included end stage renal disease (medical condition where the kidneys permanently stop functioning and require dialysis or a kidney transplant to stay alive) and muscle weakness.</p> <p>During a review of Resident 1 ' s History and Physical (H&P), the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized care screening and assessment tool) dated 5/6/2024, the MDS indicated Resident could understand and be understood by others, the MDS indicated Resident 1 required assistance with set up for eating and required verbal cues for oral hygiene. The MDS indicated Resident 1 was dependent and required two or more persons assist with toileting. The MDS indicated Resident 1 required substantial assistance with activities of daily living (ADLs) such as dressing, bathing, bed mobility, and personal hygiene.</p> <p>During a review of Resident 1 ' s Order Summary Report dated 8/20/2024, the Order Summary Report indicated to provide indwelling catheter care every shift and as needed for Resident 1.</p> <p>During an interview on 9/3/2024 at 2:21 p.m. with Registered Nurse (RN), RN stated the facility had not created a care plan for Resident 1 ' s foley catheter. The RN stated the facility was supposed to create a foley catheter care plan for Resident 1 to ensure interventions that would help prevent infections are being implemented. The RN stated some of the interventions should have included cleaning the urethra and to monitor for proper draining of urine out of the catheter.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</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 9/3/2024 at 3:12 p.m. with Director of Nursing (DON), the facility ' s undated policy and procedure (P&P) titled Catheter care, Indwelling Catheter was reviewed. The DON stated the facility did not follow their P&P for catheter care. The P&P indicated catheter care was an underlying problem. The P&P indicated, the identified underlying problem, would have assisted the nursing staff to develop an individualized care plan. The P&P indicated a care plan should have been developed with the objective of removing the catheter when the problem was resolved, whenever possible.</p>		