

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  06/03/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the staff failed to ensure the residents and/or responsible party (RP) were informed of an alleged abuse on 2/24/2025 and dentist visit on 3/10/2025 for one of three sampled residents (Resident 1).</p> <p>The deficient practice led Resident 1 ' s responsible party feeling ignored and uninformed about the care of Resident 1.</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], with diagnoses of hyperlipidemia (high cholesterol) and hypertension (high blood pressure).</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P) dated 3/11/2025, H&amp;P indicated that Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS], a resident assessment tool), dated 1/29/2024, the MDS indicated Resident 1 was sometimes able to understand and be understood by others. The MDS indicated Resident 1 required supervision for eating, and upper body dressing. The MDS indicated Resident 1 was dependent (helper does all the effort, resident does none of the effort to complete activity) with eating, oral hygiene, toileting hygiene, showering/bathing, upper/lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>During an interview on 6/3/2025 at 9:04 a.m. with Family Member (FM 1), FM 1 FM 1 stated on 5/5/2025 the Ombudsman (Patient Advocate) had called him to inform him that there had been an allegation of a staff member hitting Resident 1. FM 1 stated the facility staff should have called him to let him know about the incident. FM 1 stated he felt ignored and uninformed about the care of Resident 1. FM 1 stated he had requested the Administrator (ADM) for Resident 1 not to be seen by the dentist as Resident 1 was not eating and he did not want his benefits to be used on something Resident 1 did not need.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/3/2025 at 11:50 a.m. with ADM, ADM stated there was a mixed up with what was reported to FM 1. ADM stated Resident 1 had hit a night shift nurse and License Vocational Nurse (LVN 1) reported anonymously the resident to the Ombudsman. The ADM stated the Ombudsman had come a couple of weeks ago to investigate an allegation which was already investigated and cleared back in May. The ADM stated they did not inform FM 1 about the incident because the abuse allegation was anonymous. it was not substantiated and did not want to make it worse for the family.</p> <p>During an interview on 6/3/2025 at 3:51 p.m. with ADM, ADM stated he should have notified FM 1 regarding the incident to ensure open communication and assurance that Resident 1 was well cared for.</p> <p>During an interview on 6/11/2025 at 9:36 a.m. with Dental Office Staff, the Dental Office staff stated the mobile dental office saw all new residents and Resident 1 was seen on 3/10/2025 for initial visit and was seen again on 3/20/2025 for x-rays.</p> <p>During an interview on 6/11/2025 at 9:43 a.m. with ADM, the ADM stated Resident 1 was seen initially by dentist in March. The ADM stated he received the notice of dental visit at the facility which he forwarded to FM 1. The ADM stated FM 1 requested for Resident 1 not to be seen after the notice was given to FM 1. The ADM stated social services was supposed to notify FM 1 of initial dental visit, but she did not.</p> <p>During a review of the facility ' s Policies and Procedures (P&amp;P) titled Change of Condition, undated, the P&amp;P indicated the facility shall promptly notify the resident, his or her attending Physician, and representative (Sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident tights, etc.).</p>		