

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  07/14/2025
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 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**</b> Based on observation, interview, and record review, the facility failed to ensure one of 5 sampled residents, Resident 1, who was on a pureed diet (foods modified to a soft, pudding-like consistency for residents who have difficulty chewing or swallowing solid foods), was not fed by an untrained facility staff (Receptionist). This failure placed the resident at risk for choking and aspiration (the inhalation of foreign material, like food, liquid, or stomach contents, into the airway and lungs) of food, which could lead to resident injuries and hospitalization, including death. Findings: During an observation on 7/14/2025 at 12 noon, in the front lobby, the Receptionist was observed sitting in the hallway next to Resident 1 and fed him lunch of a puree textured diet. During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including nausea and vomiting, cirrhosis of the liver (a condition where healthy liver tissue is replaced with scar tissue, causing the liver to become progressively damaged and unable to function properly), and gastrostomy status (an opening into the stomach from the abdominal wall, made surgically for the introduction of food). During a review of Resident 1's Minimum Data Set (a resident assessment tool) dated 5/14/2025, the MDS indicated Resident 1 had unclear speech, difficulty communicating some words or finishing thoughts but was able, if prompted or given time. The MDS indicated Resident 1 was dependent (helper does all of the effort to complete the activity) on staff with eating, oral hygiene and personal hygiene. During a review of Resident 1's physician order dated 9/10/2024, the physician's order indicated the following orders: 1). Oral gratification diet of pureed texture, honey-thick consistency. 2). Use teaspoon only. 3). Monitor anxiety behavior manifested by physical aggression to the staff every shift. 4). Monitor behavior of trying to get out of bed/ wheelchair unassisted, to record positive (+) if present, negative (-) if absent, every shift. 5). Monitor food intake every meal using teaspoon only, all oral (po) trials at this time, one on one feeding three times a day. 6). Monitor for any signs and symptoms of difficulty swallowing or coughing, (=) if present, (-) if absent. Notify the physician if noted three times a day. During an interview on 7/14/2025 at 12:30 p.m., with the Receptionist, the Receptionist stated she assists in feeding residents and monitors their behavior when at the lobby. The Receptionist stated the facility did not provide her with training on how to feed residents. The Receptionist stated the Director of Nursing (DON) and other nursing staff (unidentified) expected her to assist in feeding Resident 1 and in monitoring Resident 1's behavior when at the lobby. The Receptionist stated she could jeopardize Resident 1's safety by feeding him without adequate training. During a review of the facility's policy and procedures (P/P) titled, Assistance with Meals, dated 7/2017, the P/P indicated all employees who provide resident assistance with meals should be trained and should demonstrate competencies in the prevention of foodborne illness, including personal hygiene practices and safe food handling. The P/P indicated residents should receive assistance with meals in a manner that meets the individual needs of each resident. The P/P indicated residents who cannot feed themselves, should be fed with attention to safety, comfort and dignity.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555218
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to implement its infection prevention and control measures for two of five sampled residents (Residents 3 and 4) by failing to perform hand hygiene (washing hands or using an alcohol-based sanitizer) before and after assisting Resident 3 and Resident 4 with their lunch meals. This failure had the potential to spread germs and increase the risk of infections among residents and staff. Findings:During an observation and concurrent interview on 7/14/2025 at 12:20 p.m. in the activity room, Restorative Nurse Assistant (RNA) 1 was observed sitting down between Resident 3 and Resident 4 during lunch. RNA 1 was observed assisting Resident 3 with using his fork while the resident was eating and feeding Resident 4 with a spoon and failed to perform hand hygiene before and after assisting the residents. RNA 1 stated he should not be assisting two residents at the same time and failing to perform hand hygiene before and after assisting each resident would spread germs and could lead to residents becoming sick.During a review of Resident 3's admission Record, the admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including cerebral atherosclerosis (a condition where fatty deposits (plaque) build up in the arteries supplying blood to the brain, leading to narrowing and hardening of the arteries), dysphagia (difficulty swallowing), and hypertension (high blood pressure).During a review of Resident 3's Minimum Data Set (MDS-a resident assessment tool) dated 5/19/2025, the MDS indicated Resident 3 sometimes understood, and could respond adequately to simple, direct communication only. The MDS indicated Resident 3 required substantial/maximal assistance (helper does more than half the effort) for Activities of Daily Living (ADLs) such as eating, oral hygiene and personal hygiene.During a review of Resident 3's care plan titled, At Risk for ADL Functioning with Self Care Deficit related to impaired mobility, history of cerebrovascular accident (CVA-stroke, loss of blood flow to a part of the brain) and dysphagia, dated 05/12/2025, the care plan indicated nurses would assist with ADLS daily and as needed. During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE], with diagnoses including dysphagia following cerebral infarction (type of CVA), failure to thrive (a decline caused by chronic diseases and functional impairments that can cause weight loss, decreased appetite, poor nutrition and inactivity) and lack of coordination.During a review of Resident 4's care plan titled, Self-Care Deficit (Feeding) related to impaired hand coordination and motor control as evidenced by difficulty handling utensils and frequent food spillage. dated 5/30/2025, the care plan indicated nurses would demonstrate proper use of the plate and ensure Resident 4 practices using it and monitor nutritional intake and ensure Resident 4 is consuming sufficient food despite physical limitations.During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 could understand others and had the ability to express ideas and wants. The MDS indicated Resident 4 required supervision or touching assistance (helper provides verbal cues and/or touching as resident completes activity) with eating and partial/moderate assistance (helper does less than half the effort) with oral hygiene and personal hygiene. During a review of the facility's policies and procedures (P/P) titled, Handwashing/Hand Hygiene, dated 8/2019, the P/P indicated the facility considers hand hygiene the primary means to prevent the spread of infections. The P&amp;P indicated, all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. Staff should use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: before and after direct contact with residents; before and after eating or handling food; before and after assisting a resident with meals.</p>		