

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 04/28/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042</p> <p>Based on observation, interview and record review, the facility failed to:</p> <p>1. Ensure a peripheral catheter ([IV], a thin tube inserted into a vein for therapeutic purposes such as administration of medications, fluids and/or blood products) dressing was dated for one of one sampled resident (Resident 152).</p> <p>This deficient practice had the potential for the IV insertion site to develop an infection and/or hospitalization for Resident 152.</p> <p>Findings:</p> <p>A review of Resident 152's Admission Record, the Admission Record indicated Resident 152 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 152's diagnoses included urinary tract infection ([UTI], common infections that happen when bacteria, often from the skin or rectum, enter the urethra, and infect the urinary tract), chronic obstructive pulmonary disease ([COPD], lung disease that causes blocked airflow from the lungs), and heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs).</p> <p>A review of Resident 152's History and Physical (H&P), dated 4/25/2024, the H&P indicated Resident 152 had fluctuating capacity to understand and make decisions.</p> <p>A review of Resident 152's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 4/8/2024, the MDS indicated Resident 152 had clear cognition (ability to think and reason). The MDS indicated Resident 152 required maximal assistance from staff for activities of daily living (ADLs) such as showering, dressing, personal hygiene and was dependent on staff for toileting hygiene.</p> <p>A review of Resident 152's care plan 4/24/2024, the record indicated Resident 152 requires IV therapy and site to be rotated every 72 hours and PRN (as needed). May extend the dwell time to 5 days if site free signs and symptoms of complications.</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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/27/2024 at 4:34 p.m. with Registered Nurse (RN) 1 in Resident 152's room, Resident 152 had an IV on left forearm no date and time of placement on the dressing. RN 1 stated, there should be a date and time of IV insertion. RN 1 stated, there is no way to know when the IV was inserted. RN 1 stated this was an infection control issue, the resident could potentially get an infection at the IV site, sepsis (a serious condition that happens when the body's immune system has an extreme response to an infection. The body's reaction causes damage to its own tissues and organs), and even hospitalization .</p> <p>During an interview on 4/28/2024 at 3:15 p.m. with Director of Nursing (DON), the DON stated, protocol for IV placement was on the dressing place date, time, and initials of the person who inserted the IV. The DON stated, Resident 152 was readmitted with the IV from the hospital. The DON stated, she did not know the date it was placed in the hospital. The DON stated, if the IV is left in to long there was potential for infection at the IV site and in the blood stream.</p> <p>A review of the facility's policy and procedure (P&P) titled, I.V., (undated), the P&P indicated, peripheral IV's will be removed and started in another site routinely every 72 hours.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Ensure respiratory care was consistent with professional standards of practice when there was no physician order to administer oxygen for one of two sampled residents (Resident 152).</p> <p>This deficient practice had the potential to result in unsafe use of oxygen equipment, respiratory infection, unable to breathe comfortably, and/or hospitalization for Resident 152.</p> <p>Findings:</p> <p>A review of Resident 152's Admission Record, the Admission Record indicated Resident 152 was initially admitted to the facility on [DATE] and last readmitted on [DATE]. Resident 152's diagnoses included urinary tract infection ([UTI], common infections that happen when bacteria, often from the skin or rectum, enter the urethra, and infect the urinary tract), chronic obstructive pulmonary disease ([COPD], lung disease that causes blocked airflow from the lungs), and heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs)</p> <p>A review of Resident 152's History and Physical (H&P), dated 4/25/2024, the H&P indicated Resident 152 had fluctuating capacity to understand and make decisions.</p> <p>A review of Resident 152's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 4/8/2024, the MDS indicated Resident 152 had clear cognition (ability to think and reason). The MDS indicated Resident 152 required maximal assistance from staff for activities of daily living (ADLs) such as showering, dressing, personal hygiene and was dependent on staff for toileting hygiene.</p> <p>A review of Resident 152's Weights and Vitals Summary (Vitals), dated 4/1/2024-4/30/2024, the vitals indicated on 4/24/2024 and 4/25/2024 Resident 152 was on oxygen via nasal cannula (a device that give you additional oxygen -supplemental oxygen or oxygen therapy- through your nose).</p> <p>During a concurrent interview and record review on 4/27/2024 at 5:41 p.m. with Registered Nurse (RN) 1, Resident 152's physician's orders were reviewed. RN 1 stated, there was not an order for oxygen administration in the system, there had not been one since his readmission. RN 1 stated, Resident 152 does get oxygen PRN (as needed). RN 1 stated, we should not give continuous or as needed oxygen without an order from the physician. RN 1 stated, when oxygen was given without an order there was no way to know if is appropriate for the resident. RN 1 stated, there was a potential risk for the resident to have acute respiratory failure (a serious condition that makes it difficult to breathe on your own), especially when a resident had COPD.</p> <p>During an interview on 4/28/2024 at 3:15 p.m. with Director of Nursing (DON), the DON stated, oxygen should not be given to a resident without a physician's order. The DON stated, without an order the staff would not know how much oxygen to administer to the resident. The DON stated, if too much oxygen was given to a resident there was potential the resident could go into respiratory distress.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P&P) titled, Oxygen Administration, (undated), the P&P indicated, to check physician's order for the liter flow and method of administration.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>47923</p> <p>Based on interview and record review, the facility failed to ensure a competency assessment skill (a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics in performing that an individual need to perform work roles or occupational functions successfully) checks performed upon hire and annually for two out of five randomly selected staff.</p> <p>This deficient practice had the potential for the facility not be able to assess the skills necessary to provide nursing services to assure resident safety and to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident will not be performed within the acceptable standards of practice.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 4/27/2024 at 10:55 a.m., with the Director of Staff Development (DSD), five random employees file were checked. The DSD stated Licensed Vocational Nurse 2 (LVN 2) did not have yearly competency assessment skills check on file. The DSD stated Licensed Vocational Nurse 3 (LVN 3) did not have a competency assessment skills check done upon hire on file. The DSD stated competency assessment skills check must be done upon hire, yearly, and if there is a new equipment. The DSD stated licensed nursing staff cannot work on the floor without completing and passed a competency assessment skills. The DSD stated he was not able to complete a competency assessment skills check for LVN 2 and LVN 3. The DSD stated the importance of doing competency assessment skills were to validate licensed nursing staff the skills they need to give to the residents for their health and safety.</p> <p>During an interview on 4/27/2024 at 2:04 p.m., with the Director of Nursing (DON), the DON stated it was important to perform competency assessment skills check to make sure all licensed nursing staff can provide the standard of care and practice to all residents within the regulations and to prevent malpractice (failure to act correctly or legally when doing your job, often causing injury or loss).</p> <p>A review of the facility's undated Policy and Procedure (P&P) titled, Competency of Nursing Staff, indicated facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary based on the facility assessment.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on observation, interview, and record review the facility failed to follow its policy and procedure to replace the non- antibiotic Emergency Kit (E-Kit) within 72 hours.</p> <p>This deficient practice had the potential for not providing medication to residents during emergency situations.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/27/2024 at 10:10 a.m., of the medication storage room [ROOM NUMBER] with Licensed Vocational Nurse 2 (LVN 2), found one portable container non-antibiotic medication E-Kit with prescription #3187400, with red seal tag. LVN 2 stated the portable container non-antibiotic medication E-Kit indicates a fill date of 2/13/2024. LVN 2 stated red seal tag means the E-Kit had been opened. LVN 2 stated yellow seal tag means the E-Kit had not been opened.</p> <p>During a concurrent interview and record review on 4/27/2024 at 10:15 a.m., with LVN 2, Emergency Drug Supply Log Sheet was reviewed. LVN 2 stated the non-antibiotic medication E-Kit was opened on 4/16/2024. LVN 2 stated the non-antibiotic medication E-Kit should had been replaced in 72 hours after it was opened. LVN 2 stated the importance of the availability of the E-Kit was to provide medication to residents during emergency situations. LVN 2 stated the non-antibiotic medication E-Kit was not replaced since it was delivered and filled by the pharmacy on 2/13/2024.</p> <p>During an interview on 4/27/2024 at 10:46 a.m., with the Director of Nursing (DON), the DON stated it was the responsibility of the licensed nursing staff to check and document if all the medication E-Kits portable containers were sealed and intact. The DON acknowledged that there were no documentation or monitoring log by the licensed nursing staff that medication E-Kits were being checked on a daily basis. The DON stated medication E-Kits contains limited quantity of medications that can be dispensed when pharmacy services are not available.</p> <p>A review of the facility's undated Policy and Procedure (P&P) titled, Emergency Equipment, Supplies and Medications (E-Kits), indicated the pharmacy shall provide to facility emergency equipment, supplies and medications to provide an immediate service to facility's residents. The P&P also indicated The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper-proof seal must be broken to gain access to the drugs, yellow seal. The director of nursing service or charge nurse shall reseal the E-Kit with red seal and notify the pharmacist when drugs have been used from the emergency kit or when the yellow seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>47042</p> <p>Based on interview and record review, the facility failed to:</p> <p>1. Ensure the order for a psychotropic medication (drug that affects behavior, mood, thoughts, or perception) as needed (PRN), was not limited to 14 days per regulation for one out of three sampled residents (Resident 43).</p> <p>This deficient practice had the potential to result in the use of unnecessary medication, or non-therapeutic use of psychotropic medication.</p> <p>Findings:</p> <p>A review of Resident 43's Admission Record, the Admission Record indicated the facility admitted Resident 43 on 1/21/2024. Resident 43's diagnoses included end stage heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs. End stage is a high risk of dying in the next 6 to 12 months), Acute kidney failure (sudden loss of the ability of the kidneys to function), and anxiety disorder (persistent and excessive worry that interferes with daily activities).</p> <p>A review of Resident 43's History and Physical (H&P), dated 1/26/2024, the H&P indicated, Resident 43 could make needs known but could not make medical decisions.</p> <p>A review of Resident 43's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 1/29/2024, the MDS indicated Resident 43 had a BIMS - (brief interview for mental status) score of 3 which suggested severe cognitive (ability to think and reason) impairment. The MDS indicated Resident 43 required maximal assistance from staff for activities of daily living (ADLs) such as personal I hygiene, rolling and was dependent on staff for dressing, oral hygiene, eating, showering, and transferring.</p> <p>A review of Resident 43's Order Summary Report, dated 4/28/2024, the Order Summary Report indicated Resident 43 as an order to give lorazepam (medication used to treat anxiety) 0.5 milligram ([mg] - a unit of measure for mass) every two hours as needed for agitation, inability to relax. The lorazepam was ordered by the physician on 4/8/2024.</p> <p>During an interview on 4/28/2024 at 11:54 a.m. with Licensed Vocational Nurse (LVN) 3, LVN 3 stated Resident 43's order for lorazepam 0.5mg was over 14 days it was last ordered on 4/8/2024. LVN 3 stated, there is potential for the resident to build a tolerance to the medication where it would not be as effective. LVN stated, medication could become an unnecessary medication if not re-evaluated and order then renewed.</p> <p>(continued on next page)</p>		

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<p>F 0758</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 4/28/2024 at 12:15 p.m. with LVN 4, Resident 43's Electronic Health Record (EHR) was reviewed. The EHR indicated, lorazepam 0.5 mg every 2 hours as needed, written by the physician on 4/8/2024 for Resident 43. LVN 4 stated, the order for this medication is over the 14 days, this medication should have been discontinued and if needed renewed on 4/22/2024. LVN 4 stated, psychotropic medication have a duration of 14 days, re-evaluated then renewed if necessary. LVN 4 stated, if this type of medication and order is not constantly re-evaluated the resident could potential be taking an unnecessary medication that they no longer need.</p> <p>During a concurrent interview and record review on 4/28/2024 at 3:15 p.m. with Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Antipsychotic Medication Use, (undated) was reviewed. The P&P indicated the need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. PRN orders renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of the medication. The DON stated PRN antipsychotic medication such as lorazepam is ordered for 14 days, re-evaluated by the physician, and then renewed if necessary. The DON stated residents the medication was not renewed for resident 43. The DON stated there is potential for the medication to become an unnecessary medication for the resident.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Label and remove one opened expired ipratropium with albuterol (a combination medication used to treat and prevent shortness of breath) inhalation solution for Resident 40. 2. Remove expired opened ipratropium (atrovent inhaler) with albuterol solution for Resident 45. <p>These deficient practice had the potential to result in prolonged use and loss of strength of the expired inhalation solution and can lead to ineffective treatment of respiratory symptoms and possibly can cause severe adverse reactions (an unintended effect of a medication that is harmful or unpleasant) including hospitalization s.</p> <p>Findings:</p> <p>A review of Resident 40's Admission Record, indicated, Resident 40 was originally admitted to the facility on [DATE] and readmitted on [DATE] . Resident 40's diagnosis included chronic respiratory failure with hypoxia (a serious condition that makes it difficult to breathe on your own) and congestive heart failure ([CHF] a serious condition in which the heart doesn't pump blood as efficiently as it should).</p> <p>A review of Order Summary Report, dated [DATE], indicated, Resident 40's physician prescribed ipratropium with albuterol 3 milliliter (ml) to be administered by inhaling orally via nebulizer (a device used to inhale the medication) every 4 hours as needed for shortness of breath.</p> <p>During a concurrent observation and interview on [DATE] at 10:31 a.m. of the medication cart 2 with Licensed Vocational Nurse 2 (LVN 2), found one opened ipratropium with albuterol combination inhalation foil pack for Resident 40 stored at room temperature and not labeled with a date on which the foil pack was opened. LVN 2 stated it is unknown at this time when the ipratropium with albuterol solution foil pack for Resident 40 was opened. LVN 2 stated the ipratropium with albuterol pack label for Resident 40 indicates a pharmacy fill date of [DATE]. LVN 2 stated the ipratropium with albuterol solutions for Resident 40 should be discarded from the medication cart and replaced a new pack from the pharmacy.</p> <p>A review of the manufacturer's product storage and labeling, opened foil packs of ipratropium with albuterol inhalation solutions should be stored at room temperature between 36 and 77 degrees Fahrenheit and used or discarded within two weeks of opening the foil cover.</p> <p>A review of Resident 45's Admission Record, indicated, Resident 45 was admitted to the facility on [DATE] with diagnosis of anxiety disorder (a condition in which a person has excessive worry and feelings of fear and uneasiness) and neuralgia (type of pain that often feels like a shooting, stabbing or burning sensation).</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Order Summary Report, dated [DATE], indicated, Resident 45's physician prescribed ipratropium with albuterol 3 milliliter (ml) to be administered by inhaling orally via nebulizer (a device used to inhale the medication) every 6 hours as needed for shortness of breath.</p> <p>During a concurrent observation and interview on [DATE] at 10:40 a.m. of the medication cart 2 with LVN 2, found one opened ipratropium with albuterol combination inhalation foil pack, with an opened date on [DATE] for Resident 45 stored at room temperature. LVN 2 stated the ipratropium with albuterol pack label for Resident 45 indicates a pharmacy fill date of [DATE] and once the foil was opened it should be discarded after 14 days . LVN 2 stated giving expired medication to Resident 45 could be ineffective in treating her symptoms of shortness of breath.</p> <p>A review of the manufacturer's product storage and labeling, opened foil packs of ipratropium with albuterol inhalation solutions should be stored at room temperature between 36 and 77 degrees Fahrenheit and used or discarded within two weeks of opening the foil cover.</p> <p>A review of the facility's undated Policy and Procedure (P&P) titled, Medication storage and Labeling, indicated all drugs will be labeled and stored in a manner consistent with manufacturer's published specifications, federal and state regulations, and to enhance accurate and safe medication administration by the facility staff.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based on observation, interview and record review, the facility failed to ensure food items were labeled properly and expired food was not stored in the kitchen accessible to be used in preparing foods for 45 out of 51 residents.</p> <p>This practice had the potential to result in the residents ingesting expired food and can result in foodborne illnesses.</p> <p>Findings:</p> <p>During a concurrent observation and interview, on [DATE] at 8:10 a.m., with Dietary Aide 2 (DA 2), in Freezer #2, DA 2 observed 1 plastic bag of seasoned potato fries with an open date of [DATE]. DA 2 stated the seasoned potato fries were good for 3 months and should have been discarded on [DATE]. DA 2 discarded the bag of fries and stated the risk of having expired food could result in foodborne illnesses for residents.</p> <p>During a concurrent observation and interview, on [DATE] at 8:30 a.m., with DA 2, in Refrigerator #2, DA 2 observed 3 opened bags of celery and 1 opened bag of flour tortillas with no received-by, open and/or used-by date. DA 2 stated the items were received 7 days ago and he forgot to label them. DA 2 proceeded to discard the opened tortillas and 3 opened bags of celery.</p> <p>During an interview, on [DATE] at 9:00 a.m., with the Dietary Supervisor (DSS), DSS stated the risk of not having items labeled could cause confusion on knowing when the food items were opened or whether the contents were expired. DSS stated the risk of ingesting expired food items could cause foodborne illness.</p> <p>A review of the facility's policy and procedures, titled Freezer Storage Guidelines, undated policy, indicated all leftover foods should be kept in the freezer for 1 month.</p> <p>A review of the facility's policy and procedures, titled, General receiving of delivery of food and supplies, indicated Food deliveries will be inspected to assure high quality of foods and supplies. They are to be received in proper condition. Label all items with the delivery date or use by date.</p> <p>A review of the facility's policy and procedures, titled Procedure for Freezer Storage, dated ,d+[DATE], indicated All frozen food should be labeled and dated.</p>

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 04/28/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based on observation, interview, and record review, the facility failed to document insulin injection location sites of administration for one out of seven residents (Resident 101).</p> <p>This deficient practice had the potential to result in skin and tissue damage if injection sites were not rotated.</p> <p>Findings:</p> <p>A review of Resident 101's admission record indicated Resident 101 was originally admitted on [DATE] and readmitted on [DATE], with diagnoses that included type 2 diabetes mellitus with hyperglycemia (a disease that occurs when your blood glucose, also called blood sugar, is too high), thrombocytopenia (a low number of platelets in the blood), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>A review of Resident 101's Minimum Data Set (Minimum Data (MDS- an assessment and care screening tool), dated 2/24/2024, indicated Resident 101 was cognitively intact and required substantial/maximal assistance with toileting, showering and upper/lower body dressing.</p> <p>A review of Resident 101's Physician Orders, dated 4/20/2024, indicated a standing order of insulin glargine (Lantus- a drug used to control the amount of sugar in the blood of patients with diabetes) was renewed (to begin doing something again). Resident 101's physician order stated to inject 30 units of Lantus Subcutaneous Solution 100unit/mL (Insulin Glargine) every 12 hours for Diabetes Mellitus Type 2.</p> <p>A review of Resident 101's Medication Administration Record (MAR- a report that serves as a legal record of the drugs administered to a patient at a facility by a health care professional), dated from 1/1/2024 at 9:00 a. m. to 4/27/2024 at 9:15 p.m., indicated Resident 101 was administered insulin glargine every 12 hours from 1/1/2024 to 4/27/2024. However, the location site where the insulin was administered was not recorded.</p> <p>During a concurrent interview and record review, on 4/28/2024 at 8:55 a.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated residents who required insulin and were fully alert and oriented were asked their preferred placement for injection sites. LVN 2 stated residents were informed to ensure injection sites were rotated. LVN 2 stated once administered, all injection sites were to be documented in the residents' MAR. LVN 2 stated location sites of insulin glargine administration for Resident 101 was not recorded in the MAR. LVN 2 stated the risk of not documenting the location of injection sites could result in a resident developing skin breakdown, skin issues and abscesses.</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0842</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 4/28/2024 at 12:15 p.m., with the Director of Nursing (DON), DON stated insulin injection sites were to be rotated and documented in residents' charts. DON stated the location sites of insulin glargine administration for Resident 101 was not documented in the MAR. DON stated the purpose of documenting location administration was to prevent lipohypertrophy (a lump of fatty tissue under the skin caused by repeated injections in the same place). DON stated the risk of not documenting location of injections could result in injecting the same site, causing swollen, red and hard lumps, even abscesses and infections.</p> <p>A review of the facility's policy and procedures, titled Administering Medications, undated, indicated As required or indicated for a medication, the individual administering the medication records in the resident's medical record: (d) the injection site (if applicable).</p> <p>A review of the facility's policy and procedures, titled Documentation of Medication Administration, undated, indicated Documentation must include, as a minimum: (c) method of administration (e.g., oral, injection (and site), etc.</p>		

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NAME OF PROVIDER OR SUPPLIER St Andrews		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 W. Washington Blvd. Los Angeles, CA 90018	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47923</p> <p>Based on observation, interview, and record review, the facility failed to document and maintain a temperature log of two out of two clothes dryers (dryer 1 and 2).</p> <p>This deficient practice had the potential to result in spread of infection (the invasion of growth of germs in the body) throughout the facility.</p> <p>Findings:</p> <p>During an observation on 4/28/2024 at 7:55 a.m. at the laundry area, no temperature log was observed for the clothes dryer.</p> <p>During a concurrent observation and interview on 4/28/2024 at 8:00 a.m., with laundry aide 1, two commercial front-loading clothes dryers were observed in the laundry room. The temperature gauge on clothes dryer #1 indicated 180 degrees Fahrenheit ([F] unit of measurement). The temperature gauge on clothes dryer #2 indicated 180 degrees F. LA 1 stated the facility does not monitor the temperature of the clothes dryers and there was no log to document the temperature of the clothes dryers.</p> <p>During an interview on 4/28/2024 at 8:41 a.m., with the Maintenance Supervisor (MS), the MS stated LA 1 should monitor the temperature of the clothes dryer twice a day. The MS stated the facility did not maintain a temperature log for the two clothes dryer. The MS stated it was essential to monitor and log the temperature of the clothes dryer to make sure it has the appropriate heat to kill the germs that could possibly transmit to the residents.</p> <p>During an interview on 4/28/2024 at 9:15 a.m., with the Administrator (ADM), the ADM stated it is a standard of practice to monitor the temperature of the clothes dryer as required by the regulation. The ADM stated he will implement immediately the temperature monitoring log for the clothes dryer. The ADM stated the facility has no policy for dryer maintenance log.</p> <p>During an interview on 4/28/2024 at 9:49 a.m., with the Infection Preventionist Nurse (IP Nurse), the IP Nurse stated monitoring the temperature of the clothes dryer was part of the infection prevention and control program of the facility. The IP Nurse stated she worked closely with the MS in implementing good infection prevention practices and she does not know the reason why the housekeeping department did not maintain a temperature log for the two clothes dryer.</p> <p>A review of the facility's undated Policy and Procedure (P&P) titled, Infection Prevention and Control Manual Program, indicated facility's primary mission is to establish and maintain an Infection Prevention and Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections.</p> <p>A review of the Job Description of MS, indicated, to keep the maintenance log up to date by completing and making notation of routine maintenance checks.</p>

