

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center of Los Angeles		STREET ADDRESS, CITY, STATE, ZIP CODE  340 South Alvarado Street Los Angeles, CA 90057	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</b></p> <p>Based on interview and record review, the facility failed to implement their policy regarding reporting of an injury of unknown source in accordance with state or federal law for one of one sampled resident (Resident 1).</p> <p>This resulted in a delay of an onsite inspection by the Department of Public Health to ensure the residents' injury and accidents were investigated and had potential for an ongoing unknown injury.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), dysphagia (difficulty swallowing food or liquid) following unspecified cerebrovascular disease (a group of conditions that affect blood flow and the blood vessels in the brain), and unspecified dementia (loss of cognitive functioning-thinking, remembering, and reasoning).</p> <p>A review of Resident 1's History and Physical (H&amp;P) dated 5/13/2024 indicated, Resident (1) does not have the capacity to understand and make decisions.</p> <p>A review of the Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 5/20/2024, indicated Resident 1 required total dependence from staff for activities of daily livings (ADLs- oral hygiene, personal hygiene and repositioning with rolling left to right).</p> <p>A review of Resident 1's Situation Background Assessment Recommendation (SBAR - a written or verbal communication tool used to provide essential and concise information, usually during crucial situations), dated 5/18/2024 indicated, upon assessing resident with the treatment nurse, (we) noticed scattered discoloration on the left lateral side of the breast extending to the left trunk with dark purplish red colors. Resident (1) is side lying and contracted .</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nurse Assistant 1 (CNA1) on 5/23/2024 at 1:26 p.m., CNA1 stated, on 5/18/2024, she noticed bruises on the left side of her trunk, resident (1) ' s skin was purple in color, which she notified the charge nurse right away. CNA1 stated, the next day, on 5/19/2024, the bruise had extended to the right side of her trunk, all around under Resident 1 ' s breast, CNA1 stated, it had gotten much bigger, and she couldn ' t believe her eyes. CNA1 stated, Resident 1 is unable to talk, both hands are contracted and unable to move on her own. CNA1 stated, she did not see how Resident 1 obtain the bruise because no one mentioned anything to her on prior days.</p> <p>During an interview with Licensed Vocational Nurse 2 (LVN2) on 5/24/2024 at 11:17 a.m., LVN2 stated, Resident 1 is non-verbal, does not communicate in English, not able to turn herself and requires total assistance with turning and ADL care and Resident 1 ' s both arms are contracted. LVN2 stated, the incident on Saturday was an onset incident and when she assessed Resident 1 upon noticing the purple skin color, Resident 1 was unable to verbalize what happened how she obtained the skin discoloration. LVN2 stated, there was no witness how the incident started.</p> <p>During an interview with Occupational Therapist Assistant 1 (OTA1) on 5/23/224 at 11:27 a.m., OTA1 stated, on 5/17/2024, Resident 1 received OT with an order to put a splint on left elbow for three hours and he did not notice anything out of ordinary with Resident 1. OTA1 stated, Resident 1 is non-verbal, fully dependent and contracted with upper and lower extremities.</p> <p>During an interview with Director of Nursing (DON) on 5/24/2024 at 4:03 p.m., DON stated, she investigated and interviewed the staff who took care of Resident 1 upon knowing the incident that started on 5/18/2024. DON stated, Resident 1 is on an anticoagulant (medicines that help prevent blood clots) medication which puts her at high risk of bleeding. DON stated the incident was not witnessed and Resident 1 was unable to verbalized how the incident happened, DON stated, the location of the injury is not a usual place for someone to have a trauma. DON stated, Resident 1 ' s both hands are contracted and required total assist from staff with ADLs and repositioning. DON stated this incident was not reported to the State Agency and to any other reporting agencies as she did not think this was a case of abuse or injury of unknown source.</p> <p>A review of the facility 's policy and procedure (P&amp;P) titled, Abuse Prohibition and Prevention Program, revised on 4/2024, the P&amp;P indicated that the facility has policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, exploitation, mistreatment, including injuries of unknown source and misappropriation of resident property. The facility shall ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p>		