

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  07/08/2024
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 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>47883</p> <p>Based on interview and record review, the facility failed to ensure one sampled resident (Resident 2) psychotherapeutic medication (a drug that changes brain function and results in alterations in perception, mood, consciousness, or behavior) consent forms were signed by physician prior to administration to the resident. This deficient practice violated the resident's right to make an informed decision regarding the use of psychoactive medications.</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the facility admitted the resident on 5/9/2024 with diagnoses including malignant neoplasm of the colon (cancer develops from polyps in the colon's inner lining), diabetes Type II (a long-term medical condition in which the body does not use insulin [a hormone that lowers the level of sugar in the blood] properly), and schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves).</p> <p>A review of the History and Physical, dated 5/10/2024, indicated Resident 2 had the capacity to understand and make decisions.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 5/15/2024, indicated the resident's cognitive skills (ability to understand and make decisions) were intact, needed supervision with toileting hygiene, eating, and required moderate assistance with walking 10 feet.</p> <p>A review of Resident 2's informed consent form for Benzotropine Mesylate (Cogentin, an antipsychotic medication used to treat symptoms of involuntary movements due to the side effects of certain psychotic drugs) 1 milligram (mg -unit of measurement) indicated the consent was verified by phone on 5/17/2024, but did not include the name of the physician who obtained the informed consent prior to the initiation of drug therapy.</p> <p>A review of Resident 2's informed consent for Haloperidol (Haldol, an antipsychotic medication used to treat symptoms of schizophrenia, including hallucinations and delusions) 1 mg, dated 5/17/2024, indicated the consent was verified by phone on 5/17/2024, but did not include the name of the physician who obtained the informed consent prior to the initiation of drug therapy.</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
---	-------	-----------

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  07/08/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/8/2024 at 1:11 P.M., during a concurrent interview and record review, the Director of Nursing (DON) reviewed Resident 2's informed consents for Cogentin and Haldol and stated that she was unable to provide documented evidence that Resident 2's informed consents were obtained from the physician prior the initiation of drug therapy.</p> <p>A review of the facility policy and procedure titled, Informed Consent, revised in February 2024 indicated the licensed nurse receiving an order for a restraint or psychotherapeutic medication will not administer the medication until verification of a written informed consent by the prescribed physician was documented in the resident's medical record.</p>		