

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  08/22/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</b></p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive care plan that meet the care/services based on the resident ' s individual assessed needs for one of three sampled residents (Resident 1) by failing to develop a care plan for the antibiotic vancomycin (a strong antibiotic used to treat an infection of the intestines caused by Clostridium difficile, which can cause watery or bloody diarrhea, this medicine may cause some serious side effects, including damage to your hearing and kidneys. These side effects may be more likely to occur in elderly patients).</p> <p>This deficient practice had the potential to result in serious skin reactions, hearing loss, and kidney disfunction.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was initially admitted on [DATE] and was readmitted on [DATE] with diagnosis that included diabetes mellitus 2 (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel), anoxic brain damage (occurs when the brain is deprived of oxygen, causing brain cells to die), and myoclonus (a medical sign that describes a sudden, brief, and involuntary muscle contraction or twitching that is difficult or impossible to control).</p> <p>A review Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 5/31/2024, indicated Resident 1 had moderate cognitive impairments (have a very hard time remembering things, making decisions, concentrating, or learning) and was totally dependent on staff for Activities of Daily Living (ADLs- activities related to personal care) such as bed mobility, transfer, locomotion on and off unit, dressing, eating, toilet use, and personal hygiene.</p> <p>During a review of a Situation Background Assessment Recommendation (SBAR - a written or verbal communication tool used to provide essential and concise information, usually during crucial situations) of Resident 1 dated 8/11/2024 at 12:43 am, the SBAR indicated relayed to dr (physician) lab (laboratory) results for c-diff + antigen test and c-diff toxin (both used to detect the presence of Clostridioides difficile [C. diff- a germ that causes diarrhea and colitis (inflammation of the colon) and can be life-threatening] in a stool sample). Physician ordered atb (antibiotic) vancomycin.</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 0656</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 of Resident 1's chart with the Director of Nursing (DON), on 8/21/2024 at 2:21 pm, the DON admitted the facility staff did not initiate a care plan for the medication vancomycin. The DON stated they should have developed a care plan in order to know what kind of care to provide for the Resident 1 and also be alert and notify physician whenever there was a change or any side effects to be reported promptly.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled Develop-Implement Comprehensive Care Plans, revised 3/2023 indicated, The facility develops a person-centered comprehensive care plans that are culturally competent and trauma-informed, developed and implemented to meet his or her preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.</p> <p>During a review of the facility's P&amp;P titled Nursing Services, revised 3/2023 indicated under guidelines which included: Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p>		