

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  10/22/2024
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50296</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 4's), assigned staff (certified nurse assistant and licensed vocational nurse) had a background check and license information in their employee file. This deficient practice caused an increased risk in abuse to Resident 4.</p> <p>Findings:</p> <p>A review of Residents 4's admission record indicated the resident was admitted to the facility on [DATE], with diagnoses including traumatic subdural hemorrhage (collection of blood between the brain and skull), persistent vegetative state (disorder of consciousness that occurs when someone has severe brain damage and is in a state of partial arousal), tracheostomy (a procedure to create an opening in the neck for airway to the lungs), and chronic respiratory failure (serious condition that makes it difficult to breathe on your own).</p> <p>A review of Resident 4's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated [DATE], indicated the resident had severely impaired cognitive skills, short and long-term memory problems, and was totally dependent with showering, oral care, and toileting.</p> <p>A review of the facility document received to the Department dated [DATE], indicated Resident 4 was noted to have purplish skin discoloration and left upper arm swelling, with an X-ray result of a fracture to the left humerus (upper arm bone) shaft (long middle portion of upper arm that supports the weight of the arm).</p> <p>During an observation on [DATE] at 10:05 a.m., with the Registered Nurse Supervisor (RN) in Resident 4's room, Resident 4 was resting in bed with pillows under the left and right side. Resident 4 had a tracheostomy (a procedure to create an opening in the neck for airway to the lungs), was attached to oxygen, and had a sling on the left arm. The RN Supervisor stated no surgery was scheduled at this time for Resident 4 due to age / medical condition, and that the family was notified.</p> <p>During an interview on [DATE] at 1:58 p.m., Licensed Vocational Nurse (LVN) 1 stated she was assigned to Resident 4 on [DATE] and [DATE]. LVN 1 stated she did not see any bruising of the left arm or shoulder, nor any grimacing of pain from Resident 4 during the shift.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0607</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 employee files indicated LVN 1 did not have a background check in the file to indicate if any disciplinary actions were in effect against LVN 1's professional license by a state licensure body as a result of a finding of abuse, neglect or mistreatment of residents. Also, LVN 1 did not have a nursing license notification documented in the employee file to indicate if the nursing license was up to date or had expired.</p> <p>During an interview on [DATE] at 2:24 p.m., Certified Nurse Assistant (CNA) 3 stated she was assigned to Resident 4 on ,d+[DATE] and [DATE] during the evening shift. CNA 3 stated there were no skin issues or bruising observed during the shift. CNA 3 stated Resident 4's family member comes every day to visit and was very particular with Resident 4's positioning. CNA 3 stated if staff was busy, Resident 4's family member would position the resident herself.</p> <p>A review of the facility's employee files indicated CNA 3 did not have a background check documented in the file to indicate if any findings were entered in the State nurse aide registry concerning abuse, neglect or mistreatment of residents.</p> <p>During an interview on [DATE] at 3:29 p.m., the Administrator (ADM) stated Resident 4 was transferred to the GACH on [DATE] and returned same day with a left arm sling. When asked about CNA 3 and LVN 1 employee files lacking the requested documents, the ADM stated, I could get it for you.</p> <p>A review of the facility's policy and procedure titled, Abuse Prohibition and Prevention Program, dated , d+[DATE], indicated the facility had policies and procedures for protection of residents and for the prevention of abuse or neglect, including injuries of unknown source. The policy indicated the purpose was to assure the facility was doing all that was within its control to prevent occurrences of abuse and shall identify events, such as suspicious bruising of residents or occurrences that may constitute abuse, and determine the direction of the investigation. The policy indicated the facility would check with the appropriate licensing boards and registries prior to hire and annually thereafter.</p>		