

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 05/29/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure Licensed Vocational Nurse 1 (LVN1) and Certified Nursing Assistant 2 (CNA2) had the competencies necessary to care for two of four sampled residents (Resident 1 and Resident 4) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure LVN 1, a registry nurse (a staffing agency which provide nursing personnel per shift or temporarily), assigned to Resident 1 had a full skills checklist or performance evaluations in his employee file. 2. Ensure CNA 2, a regular staff member, assigned to Resident 4 had a full skills checklist. <p>This failure had the potential for the employees to have a lack of understanding of their job description and duties and had the potential to neglect (Resident 1 and Resident 4).</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 9/24/2019 with diagnoses that included Type 2 Diabetes ((DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic kidney disease (the kidneys, which filter blood, lose their ability to function properly over time), and obesity.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 5/20/2025, the MDS indicated the resident was alert and oriented with good recall. The MDS indicated Resident 1 used a walker (a type of mobility aid that offers stability and support while walking) and needed supervision/partial/substantial for eating, oral hygiene, and toileting.</p> <p>During a review of Resident 4's admission Record, the admission Record indicated the facility admitted the resident on 6/15/2023 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), cerebral infarction (a portion of the brain's tissue dies due to a lack of blood supply), and urinary incontinence (loss of bladder control which leads to involuntary leakage of urine).</p> <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated the resident was alert and oriented with some recall. The MDS indicated the resident was dependent for eating, toileting, and upper and lower body dressing.</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 0726</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 5/28/2025 at 1 PM with the Director of Staff Development (DSD), employee files were reviewed. The DSD provided LVN1's employee file. The DSD reviewed LVN 1's employee file and stated LVN1's employee file indicated there was no sure date of hire. The DSD stated LVN 1 was on the schedule on 2/2/2025. The DSD stated LVN 1 was from a nurse registry company and was assigned to care for Resident 1. The DSD stated LVN 1 did not have a skills checklist or performance evaluation. The DSD stated LVN1's performance evaluation could be on the registry's website. The DSD stated the Director of Nursing (DON) performed a Nephrostomy (a surgical procedure that creates an opening between the kidney and the skin to drain urine) Training skills checklist on 4/27/25. The DSD stated LVN1's employee file did not have skills checklist . The DSD stated she (DSD) was unsure whether the facility did a facility performance evaluation and/or skills checklist for registry nurses. The DSD stated the risk to Resident 1 with an LVN1 who did not have a performance evaluation and skills checklist could lead to neglect and or lack of understanding of the job description and duties.</p> <p>During an interview on 5/28/2025 at 1:40 PM with LVN 1, LVN 1 stated he (LVN1) started at the facility about two to three months ago (February to April 2025). LVN 1 stated he (LVN1) did not do any abuse training through the facility or the registry website. LVN 1 stated he (LVN1) did not know if a skills checklist or performance evaluation was done through the registry's website.</p> <p>During an interview on 5/28/2025 at 2:56 PM with the Assistant Director of Nursing (ADON), the ADON stated she (ADON) did not know when the performance evaluations and skills checklist were done and how frequently. The ADON stated performance evaluations and skills checklist were not her area. The ADON stated that she (ADON) would have to contact the Director of Nursing (DON, who was not in on 5/28/2025) to get the answer to that question.</p> <p>During a concurrent interview and record review on 5/28/2025 at 3:33 PM with the DSD, an additional employee file was reviewed. The DSD was stated CNA 2 would sleep on the job. The DSD stated CNA 2's employee file indicated CNA 2 (who was assigned to care for Resident 4) and did not have a skills checklist.</p> <p>During an interview on 5/29/2025 at 1:22 PM with the DSD, the DSD provided a skills checklist for LVN 1 dated 1/24/2025, no performance evaluation provided.</p> <p>During an interview on 5/29/2025 at 1:36 PM with DON, the DON stated LVN 1 did not have a skills checklist. The DON would not confirm or deny that the skills checklist and performance evaluation from the facility was needed for LVN 1 to know the expectations of the facility. The DON would not confirm or deny that the skills checklist and performance evaluation should be done in the chart. The DON stated skills checklist should be done for regular staff.</p> <p>During an exit conference on 5/29/2025 at 2:47 PM with the DON, Assistant Administrator (AADM), and the ADON, the DON provided an Agency/Registry Employee Orientation Verification of Facility Policies and procedures for LVN 1. The document was dated 5/29/25. The section under Competencies were vague and not specific to the facility. The DON and AADM stated that under the section titled Competencies that it was vague and not specific to the facility. The AADM stated they would make the needed corrections and LVN 1 would have the needed competencies.</p> <p>(continued on next page)</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>During a review of the facility's policy and procedure (P&P) titled, Nursing Services dated 1/2025, indicated, the facility had sufficient nursing staff with the appropriate competencies and skills set to provide nursing services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being. The P&P indicated the Administrator shall verify contracts with agency/contract staff including documentation of employees' competencies and skills to care for the facility's resident population and the ability to request and receive a copy of such verification.</p>		