

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 07/24/2025
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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents (Residents 1 and 2) received care in accordance with the professional standards of practice by failing to answer resident call system in a timely manner. This deficient practice resulted in Resident 1 and Resident 2 feeling neglected, anxious, and helpless. A review of Resident 1's admission record indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis including chronic respiratory failure (a condition lungs have long-term trouble getting enough oxygen into the blood stream causing difficulty breathing often caused by a disease or injury), unspecified abnormalities of gait and mobility (when the pattern in which you walk and move is not normal), generalized anxiety disorder (a person is often worried or anxious about many things and finds it hard to control).A review of Resident 2's admission record indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis including metabolic encephalopathy (a problem in the brain caused by a chemical imbalance in the blood), chronic obstructive pulmonary disease (COPD - a lung disease characterized by long term poor airflow), chronic kidney disease (kidneys are damaged and cannot filter blood as well as they should). During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 6/21/2025 indicated symptoms of feeling down, depressed, or hopeless for several days. Dependent (helper does all of the effort, Resident does none of the effort to complete the activity) for toileting, shower/bath self, lower body dressing, personal hygiene. During a review of Resident 2's MDS dated [DATE] indicated, needed partial assistance from another person to complete any activities with upper extremities (shoulder, elbow, wrist, hand). Dependent (helper does all of the effort, Resident does none of the effort to complete the activity) for toileting, shower/bath self, lower body dressing, personal hygiene.During an interview on 7/24/2025 at 11:30 AM with Resident 1, Resident 1 stated I can turn myself in bed from side to side but need help with most of my care. When pushing the resident call system, it takes sometimes half an hour, sometimes more. It makes me feel unsafe and frustrated, anxious. The resident had difficulty speaking, typed his response on his phone. During an observation on 7/24/2025 at 11:36 AM on second floor room [ROOM NUMBER], Resident 1 pushed the call system at 11:06 AM. Licensed Vocational Nurse 1 (LVN1) came into the room at 11:13 AM to answer the call system and check on the resident.During an interview on 7/24/2025 at 11:45 AM, Certified Nursing Assistant (CNA) 1 stated, I am the assigned CNA for Resident 1. CNA 1 stated, the residents' call system should be answered immediately. I was not aware of his call at around 11 AM, I was assisting other residents. CNA 1 further stated call light should be answered immediately when possible. If not answered, the residents can feel stressed and feel isolated.During an interview with Licensed Vocational Nurse (LVN) 1, on 7/24/2025 at 12 PM with LVN 1 stated, Resident 1 sometimes makes frequent calls. I usually get out of the nursing office and check on him as I did few minutes ago. LVN 1 stated the call system should be answered immediately and within a few minutes. Ignoring resident calls can make the residents feel neglected and cause a decline in their psychosocial wellbeing. During an interview with Resident 2, on 7/24/2025 at 12:16 PM, Resident 2, stated when I push the call light, it takes an average of couple of hours. Resident 2 stated, the staff always tells me they are short staffed. Resident 2 stated, I feel I am neglected. During an interview with the Director of Nursing (DON), on 7/24/2025 at 3:43 PM, the DON stated, Resident 2 had multiple complaints and have list of staff choices. The DON stated the facility ensures rotating staff assignments to prevent staff burnout resulting in resident neglect. The DON further stated, the residents can benefit from psychosocial support but have been refusing services. The DON stated, not answering resident call systems will result in unwanted outcomes. A review of the facility's Policy and Procedures (P&P) titled Resident Call System revised January 2025, the P&P indicated, The facility is adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from the resident's bedside, floor, or toileting facility. Purpose: to provide staff with a method to respond the resident's requests and needs.A review of the facility's P&P titled ADL Care Provided For Dependent Residents revised January 2025, the P&P indicated, Based on the comprehensive assessment of a resident an consistent with the resident's needs and choices, the facility provides care and services needed to assist the resident to maintain or improve his or her ability to carry out activities of daily living, including: hygiene, mobility, toileting, dining-eating, communication.</p>		