

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/28/2026
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)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide clear and concise medical orders for two of three sampled residents (Resident 1 and Resident 3). This deficient practice had the potential to cause confusion among the nursing staff carrying out orders, leading to missed hemodialysis access care, severe infection, and hospitalization. a. During a review of Resident 1's admission Record, the admission Record indicated resident 1 was admitted on [DATE]. With diagnoses including but not limited to displaced intertrochanter fracture of the right femur (a clean break at the top part of the right thigh bone), Bacteremia (bacteria in the bloodstream), and type 2 Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Minimum Data Set (MDS -a resident assessment tool) dated 7/11/2026, Resident 1's cognitive abilities are severely impaired, and her functional abilities are dependent. During a review of Residents 1's Order Summary Report (OSR) dated 7/11/2026, the OSR indicated Right Intrajugular Hemodialysis (R IJ HD - large intravenous tube into a big vein on the right side of the neck to filter blood) Catheter every shift. b. During a review of Resident 3's admission Record, the admission Record indicated resident 3 was admitted on [DATE]. With diagnoses including but not limited to Hypoxia (a medical condition where the body's tissues and organs do not get enough oxygen to work the right way), and toxic encephalopathy (altered brain function caused by harmful chemicals). During a review of Resident 3s Minimum Data Set (MDS - a resident assessment tool) date 7/25/2026, Resident 3's cognitive abilities are severely impaired and functional abilities are dependent. During a review of Resident 3's Order Summary Report (OSR), dated 7/28/2026, the OSR indicated Right chest permacath (soft flexible plastic tube placed in to a large vein in the neck or chest to give to give doctors access to the bloodstream) every shift. During an interview on 7/28/2026 at 11:00am with the Treatment Nurse (TN 1), the TN 1 stated she only talks care of residents and their wounds. TN 1 stated she does not have anything to do with any orders related to hemodialysis (HD - a medical process that filters the blood and gets rid of waste). The person that takes care of hemodialysis orders is the Registered Nurse supervisor (RNS). During an interview on 7/28/2026 at 11:10am with the RNS, the RNS stated there were 10 hemodialysis residents on the floor. The hemodialysis residents that are in the facility are all cared for and charted on by the RNS on shift, per the RNS. The RNS was unable to explain the meaning of the order Right IJ HD Catheter every shift. The RNS stated they had not encountered an order of this type at the facility before and could not identify what the order required or what tasks needed to be carried out as directed. During an interview on 7/28/2026 at 11:50 AM, Provider 1 stated they were the attending provider for Resident 1. Provider 1 reported that nursing staff enter standing admission orders under the provider's name. Provider 1(Primary care physician) stated they were unsure of the meaning of the order Right IJ HD Catheter every shift and further stated it was not a specific order they had issued beyond the standard protocol orders. (continued on next page)		

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provider 1 stated the only interpretation they could infer was that the Right IJ catheter should be flushed every shift. During a review of the facility's policy and procedure (P&P) titled Physicians orders, dated 5/1/2019, indicated the purpose of this P&P is to ensure all physicians orders are complete and accurate. Per the P&P, orders will include a description complete enough to ensure clarity of the physician's plan of care.		