

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 03/27/2025
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296</p> <p>Based on observation, interview, and record review, the facility failed to ensure that two of nine sampled residents (Resident 64 and Resident 130) were free from physical restraints (any method or device, attached to or near a person's body, that restricts their freedom of movement or access to their body, and which cannot be easily removed) by failing to document the release of the hand mittens (soft, padded mittens used to prevent patients, especially those who are restless, confused, or have cognitive impairments, from pulling out essential lines or tubes), monitoring of skin breakdown (occurs when prolonged pressure on the skin damages the underlying tissues), and monitoring of impaired circulation (a condition where blood flow is reduced or blocked in certain areas of the body) every 2 hours.</p> <p>This deficient practice had the potential for Resident 64 and Resident 130 to develop skin breakdown and injury.</p> <p>Findings:</p> <p>a. During a review of Resident 64's Admission Record, the Admission Record indicated the facility readmitted the resident on 12/6/2024 with diagnoses that included acute respiratory failure (a condition in which your blood doesn't have enough oxygen causing shortness of breath and difficulty breathing, often caused by a disease or injury), tracheostomy (an opening created at the front of the neck so a tube can be inserted into the windpipe to help you breathe), gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), dependence on ventilator (a medical device to help support or replace breathing).</p> <p>During a review of resident 64's Minimum Data Set (MDS, a resident assessment tool) dated 12/26/2024, the MDS indicated the resident had severely impaired cognitive skills for daily decision making (never/rarely made decisions). The MDS further indicated Resident 64 was dependent on facility staff for help with eating, oral hygiene, toileting hygiene, showering/bathing self, upper/lower body dressing, putting on/taking off footwear, and personal hygiene.</p> <p>During a review of Resident 64's physician order dated 3/7/2025, the physician order indicated to apply a hand mitten on the resident's right hand to prevent the resident from pulling out tubing. The physician order indicated the hand mitten could be released every 2 hours and to monitor Resident 64 for skin breakdown and impaired circulation every 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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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 64's Care Plan (CP) revised 3/7/2025, the CP indicated the resident had physical restraints. The CP indicated Resident 64 was to always have a hand mitt on the right hand to prevent accidental pulling out of the resident's tubing. The CP indicated Resident 64's hand mitten was to be released every 2 hours and the resident's skin was to be monitored for skin breakdown and impaired circulation.</p> <p>During a review of Resident 64's Medication Administration Record (MAR) dated 3/1/2025 - 3/31/2025, the MAR indicated Resident 64 was to always have a hand mitt on the right hand to prevent accidental pulling out of the resident's tubing. The MAR indicated Resident 64's right hand mitten was to be released every 2 hours and the resident's skin was to be monitored for skin breakdown and impaired circulation every shift. The MAR indicated check marks were documented for the day and evening shift on 3/7/2025 - 3/26/2025. The MAR indicated that the documented check marks were a chart code for Administered. The MAR indicated there was no documentation present indicating Resident 64's skin condition or circulation.</p> <p>During a concurrent observation in Resident 64's room and interview on 3/27/2025 at 8:08 AM, the resident's right hand was observed with Treatment Nurse (TN) 1. Resident 64 was observed with a hand mitten secured to the right hand. TN 1 was observed removing Resident 64's hand mitten. TN 1 stated Resident 64 had the hand mitten because the resident tried to pull out his tubing. Resident 64's right hand was observed without any skin breakdown. TN 1 nurse stated Resident 64 had good circulation. TN 1 stated nurses and Certified Nursing Assistants (CNA) were to remove the hand mitten every 2 hours to monitor for skin breakdown and circulation. TN 1 did not know where the nurses documented the releasing of the hand mitten. TN 1 stated the Registered Nurse (RN) Supervisor would know.</p> <p>During a concurrent interview and record review on 3/27/2025 at 8:14 AM, Resident 64's physician orders and MAR dated 3/1/2025 - 3/31/2025 were reviewed with RN 2. RN 2 stated Resident 64 had orders to always apply a hand mitten to the resident's right hand to prevent accidental pulling out of tubing, to release the hand mitten every 2 hours, and to monitor for skin breakdown and impaired circulation. RN 2 stated nurses documented the removal of the hand mitten on the MAR or on the Subacute Licensed Notes (SLN) every shift not every 2 hours. RN 2 reviewed Resident 64's MAR dated 3/1/2025 to 3/31/2025 and stated the MAR did not indicate any documentation or description of Resident 64's skin condition or circulation when the hand mitten was removed from the right hand. RN 2 reviewed the SLN documentation dated 3/24/2025, 3/25/2025, and 3/26/2025.</p> <p>RN 2 stated the SLN documentation indicated the physician orders to apply a hand mitten to Resident 64's hand, to release the hand mitten every 2 hours, and to monitor for skin breakdown and circulation. RN 2 stated SLN notes were documented every shift. RN 2 stated the SLN notes were not documented every 2 hours. RN 2 stated the reviewed SLN notes did not indicate or describe Resident 64's skin condition or circulation when the hand mitten was removed from the right hand. RN 2 stated there was no system in place to monitor if the hand mitten was being released or being done every 2 hours, it is only documented every shift. RN 2 stated the hand mitten had to be removed every 2 hours to monitor circulation and skin breakdown of Resident 64's right hand. RN 2 stated there should have been documentation that indicated what Resident 64's skin looked like, and the color and warmth of the hand. RN 2 stated there was a potential for Resident 64 to experience injury if the hand mitten was not released every 2 hours and the resident's skin condition was not monitored.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/28/2025 at 7:58 AM, Resident 64's physician orders and MAR dated 3/1/2025 - 3/31/2025 was reviewed with the Director of Nursing (DON). The DON stated Resident 64 had physician orders for a right-hand mitten to prevent the resident from accidentally pulling out his tubing. The DON stated the hand mitten should have been removed every 2 hours and the resident's skin to the right hand should have been monitored for skin breakdown and impaired circulation. The DON verified the release of the hand mitten and monitoring of Resident 64's condition was documented every shift and not every 2 hours. The DON stated the documentation on the MAR was an acknowledgement of the physician order. The DON stated the hand mittens had to be released every 2 hours, and skin breakdown and circulation monitored to prevent injury.</p> <p>b. A review of Resident 130's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease (disorders in which an area of the brain is temporarily or permanently affected by bleeding and one or more of the cerebral blood vessels are involved) and ventilator dependence (a condition where a patient requires a mechanical device to assist or completely take over their breathing).</p> <p>A review of Resident 130's Minimum Data Set (MDS - a resident assessment tool), dated 3/13/2025, indicated the resident had severely impaired cognitive skills and was dependent on staff for self-care.</p> <p>During an observation on 3/25/2025 at 10:44 am in Resident 130's room, Resident 130 was lying in bed with her eyes closed. Resident 130 was on a vented tracheostomy (a surgical procedure that creates an opening [stoma] in the trachea [windpipe] and inserts a tube to provide movement of air or oxygen) on oxygen set at 4L/min. At the bedside was an emergency tracheostomy kit with dressing and new tracheotomy with the obturator (a tube that provides a smooth surface that guides the tracheostomy tube as it is being inserted). Resident 130's husband was at the bedside.</p> <p>During a review of Resident 130's Order Summary Report dated 3/27/2025, the Order Summary Report indicated a right-hand mitten to prevent accidental pulling out of invasive tubing, check every 2 hours for skin integrity and circulation.</p> <p>During a review of Resident 130's Medication Administration Record (MAR) dated 3/2025, the MAR indicated check marks were documented every two hours for skin integrity, circulation and prevention of pulling out of invasive tubing. The check marks indicated administered according to the chart codes on the MAR.</p> <p>During concurrent interview and record review on 3/27/2025 at 9:07 am with the RN Supervisor (RN 2) 2, Resident 130's Sub-Acute Licensed Notes dated 3/26/2025 were reviewed. The RN 2 stated the nurses were to release the right-hand mitten every 2 hours, and document a Change of Condition (COC) if there was any skin breakdown. RN 2 stated the nurses were to check for circulation such as color of skin and pulse. RN 2 stated after reviewing the Sub-Acute Licensed Notes under additional notes; there was no documentation of skin condition and circulation noted. RN 2 stated if there was no documentation of skin condition or circulation, how would the nurses know the status of the Resident 130's skin and circulation.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During concurrent interview and record review on 3/27/2025 at 9:55 am with the Director of Nursing (DON), Resident 130's MAR dated 3/2025 and Sub-Acute Licensed Notes dated 3/26/2025 were reviewed. The DON stated if there was a skin integrity or circulation issue a change of condition had to be documented. The DON reviewed the MAR and stated the check marks indicated the nurses were checking. The DON reviewed the Sub-Acute Licensed Notes and stated there needed to be documented acknowledgement of checking for skin integrity and circulation.</p> <p>During a concurrent observation in Resident 130's room and interview on 3/28/2025 at 10:13 am with the Licensed Vocational Nurse (LVN 14) 14, the right hand-mitten was observed. LVN 14 removed the hand mitten from the right hand of Resident 130, no discoloration or skin breakdown was present. Resident 130's fingertips were pink in color. LVN 14 stated the nurses were to assess the skin for breakdown, discoloration, pulse, capillary refill (measures how quickly blood returns to the tissues after pressure is applied) and if the skin is warm to touch. During concurrent interview and record review with RN 2, the Sub-Acute note dated 3/28/2025 was reviewed. RN 2 stated the changes were made due to the surveyor pointing out that skin condition and circulation was not noted on the Sub-Acute Licensed Note dated 3/26/2025. RN2 stated the 3/28/2025 note was modified and documented skin condition and circulation of the right hand were added.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Respect and Dignity - Physical Restraints, reviewed 11/20/2024, the P&P indicated Physical Risks and Psychosocial Impacts Related to Use of Restraints: Physical restraints may increase the risk of one or more of the following .Respiratory complications, skin breakdown around the area where the restraints was applied or skin integrity issues related to the use of the restraint .The licensed nurse shall obtain a physical restraint assessment to identify potential risks associated with the restraint use, specific to the resident. The interdisciplinary team will complete a resident centered care plan, based on the restraint assessment with individualized interventions for care. The interdisciplinary team will provide on-going documentation for the use of the physical restraint; and use the restraint for the least amount of time possible, with ongoing re-evaluation .Staff shall provide ongoing direct monitoring and assessment of the resident's condition during use of the restraint.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50296</p> <p>Based on interview and record review, the facility failed to develop a resident centered comprehensive care plan for two of two sampled resident (Resident 119 and 122), by failing to:</p> <ul style="list-style-type: none"> -Develop and implement a care plan for Resident 119's rectal tube (a long, thin tube inserted into the rectum [the lower part of the large intestine] to help with issues like relieving gas buildup or managing fecal incontinence, or for administering medications or fluids rectally). -Develop and implement care plans for Resident 122's edema (swelling caused by too much fluid trapped in the body's tissues) and pressure ulcer (damage to the layers of the skin caused by prolonged pressure on a part of the body; Stage 1: red, warm to touch, stays red when pushed down on, Stage 2: break in top layer of skin, stage 3 crater-like appearance damage to top layers and fat layers, Stage 4: damage to all layers of skin, including muscle, bone may be visible). <p>These deficient practices had the potential to delay and affect the quality of care and services received and result in improper monitoring of both resident's (Resident 119 and Resident 122) medical conditions.</p> <p>Findings:</p> <p>a. A review of Resident 119's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses including anoxic brain damage (occurs when the brain is deprived of oxygen for an extended period), pressure ulcers of the sacral (area where the spine and pelvis connect) region, and reduced mobility.</p> <p>A review of Resident's 119 Minimum Data Set (MDS - a resident assessment tool) dated 2/22/2025, indicated Resident 119 had severely impaired decision-making skills, and short-term and long-term memory problems.</p> <p>A review of Resident 119's Progress Note dated 3/15/2025, indicated the resident's rectal tube came out with the balloon intact. The note indicated the medical doctor was made aware, gave orders to discontinue the rectal tube, and to monitor Resident 119.</p> <p>A review of Resident 119's Progress Note dated 3/16/2025, indicated Resident 119's representative requested the nursing staff replace the resident's rectal tube. The note indicated the facility did not have a supply of rectal tubes. The note indicated Resident 119's representative wanted the resident to go to the ER to have the rectal tube replaced, the medical doctor gave the order to transfer Resident 119 to the GACH due to dislodged rectal tube.</p> <p>A review of Resident 119's complete care plans indicated the facility failed to develop or implement a care plan for the resident's rectal tube.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/27/2025 at 8:27 am, with the Treatment Nurse (TN) 2, TN 2 was unable to locate a rectal tube care plan for Resident 119. TN 2 stated there should have been a care plan for the rectal tube. TN 2 stated without interventions facility staff could not keep infection contained or provide proper care for the rectal tube.</p> <p>During an interview on 3/27/2025 at 9:27 am, with the Minimum Data Set Nurse (MDSN), the MDSN could not locate rectal tube care plan for Resident 119. The MDSN stated there should have been a care plan developed to implement interventions. The MDSN stated the risk to the resident would be further skin breakdown and incontinence would not be monitored.</p> <p>During an interview on 3/27/2025 at 9:55 am with the Director of Nursing (DON), the DON stated the medical doctor was notified regarding the dislodgement of Resident 119's rectal tube. The DON stated the medical doctor discontinued the rectal tube due to Resident 119 having soft stools. The DON stated Resident 119 had a clostridium difficile (C-diff - bacterium that can cause a range of symptoms, from mild diarrhea to severe colitis [inflammation of the colon]) test that was negative. The DON stated an indication for a rectal tube would be watery stools, diarrhea, and C-diff. The DON stated she did not see a care plan for the rectal tube and there should have been a care plan developed for the rectal tube.</p> <p>b. A review of Resident 122's Admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses including anoxic (lack of oxygen) brain damage, chronic kidney disease (a long-term condition where the kidneys gradually lose their ability to filter waste products and excess fluid from the blood), pressure ulcer of the sacral region, and muscle weakness.</p> <p>A review of Resident 122's MDS dated [DATE], indicated the resident had severely impaired decision-making skills, and short -term and long-term memory problems.</p> <p>A review of Resident 122's progress notes for Interdisciplinary Team (IDT, a team of health care professions, which include the facility's medical director, DON, social worker, registered nurse, and other staff as needed who work together to establish plans of care for residents) dated 3/25/25, indicated the resident had a weight loss of 20 lbs / 8% of total body weight in one month. The note indicated the weight loss was from fluid loss through edema. The note indicated the resident had bilateral extremity (both limbs) upper and lower (arms and legs) edema and was on Lasix (medication used to removed excess fluid from the body) 40 mg twice daily.</p> <p>During an interview on 3/27/25 at 8:14 AM, TN 2 stated the edema was resolved because the resident had significant weight loss from the weight loss care plan. TN 2 could not find an edema care plan. Upon further review of the care plans, TN 2 stated he could not locate the pressure ulcer care plan. TN 2 stated Resident 122's pressure ulcer was unstageable on admission (1/31/25) and measured 6 x 3 (unit of measurement not stated) with tunneling, and on 3/25/25 the wound measured 7 x 6 x 3. TN 2 stated wound care services arrived at the facility every Tuesday and assessed and updated the weekly assessments, provided order changes and would inform the doctor of any changes. TN 2 stated there should have been a care plan developed and implemented for the resident's pressure ulcer. TN 2 stated the risk to Resident 122 without a care plan would be improper monitoring of the pressure ulcer.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/27/2025 at 9:27 AM, the MDSN stated Resident 122 was transferred out to the hospital on 1/22/2025. The MDSN stated upon readmittance, Resident 122's previous care plans were all closed because someone reopened new care plans instead of updating the old ones which was why there were no edema or pressure ulcer care plans for Resident 122. The MDSN stated she had communicated several times to the nurses and on the dashboard (section in electronic medical record to send notes to nurse) in the electronic charting to update the care plans. The MDSN stated they should have had edema and pressure ulcer care plans. The MDSN stated the risk to Resident 122 without these care plans would be infection, further edema, and fluid retention.</p> <p>During an interview on 3/27/2025 at 9:55 AM, the DON stated the rehabilitation department canceled the old care plans when Resident 122 was readmitted back to the facility. The DON stated the new care plans canceled out the old ones.</p> <p>A review of the facility's policy and procedures titled, Develop-Implement Comprehensive Care Plans, dated 1/2025, indicated the facility develops a person-centered comprehensive care plan that meets each resident's preferences and goals, and address the resident's medical, physical, and psychosocial needs.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50714</p> <p>Based on observation, interview, and record review, the facility failed to ensure three of 32 sampled residents received the care and services in accordance with professional standards of practice as evidenced by:</p> <ul style="list-style-type: none"> -Failing to rotate the insulin administration sites for Resident 49 and Resident 121. -Failing to reassess Resident 127's high blood pressure. <p>These deficient practices had the potential for Resident 49 and 121 to experience lipohypertrophy (a condition where lumps of fat and scar tissue form under the skin, often at insulin injection sites, due to repeated injections in the same area that can impair insulin absorption and lead to inconsistent blood sugar levels and difficulty managing diabetes) and lipodystrophy (a complete or partial loss or abnormal distribution of fat tissue); and for Resident 127 to experience uncontrolled high blood pressure.</p> <p>Findings:</p> <p>a. A review of Resident 49's Admission Record dated 3/26/2025, indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>A review of Resident 49's Minimum Data Set (MDS - a resident assessment tool) dated 3/7/2025 indicated the resident had a diagnosis of diabetes mellitus and was receiving insulin injections. The MDS indicated Resident 49 sometime had the ability to understand others and sometimes had the ability to make herself understood.</p> <p>A review of Resident 49's Order Summary Report (OSR), dated 3/26/2025, indicated Resident 49 had orders for:</p> <ul style="list-style-type: none"> -Humulin N (long-acting insulin - a hormone that lowers blood sugar levels) inject 10 units subcutaneously (under the skin) one time a day for DM before breakfast. Rotate injection sites. -Humulin N inject 2 units subcutaneously one time a day for DM before dinner. Rotate injection sites. -Regular insulin (short-acting insulin) per sliding scale (the dose is based on your blood sugar level) before meals and at bedtime as follows: <p>For blood sugar less than 80 if conscious (awake) give 4 ounces of orange juice and if unconscious (in the state of not being awake) give Glucagon (a hormone that raises blood sugar) 1 gram intramuscularly (in the muscle) once and notify the doctor,</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>For blood sugar 81-199 = 0 units; for blood sugar 200-250 give 2 units; for blood sugar 251-300 give 4 units; for blood sugar 301-350 give 6 units; for blood sugar 351-400 give 8 units; for blood sugar greater than 400 give 10 units and notify the doctor. Rotate injection sites.</p> <p>A review Resident 49's care plan titled At Risk for Hypo (low) / hyperglycemia (high blood sugar) related to diagnosis of DM (diabetes mellitus) dated 1/26/2025, indicated an intervention to give the resident's diabetes medication as ordered by doctor, educate resident / family / caregiver: Diabetes is a chronic disease, and that compliance is essential to prevent complications of the disease. Review complications and prevention with the resident / family / caregiver. The care plan also indicated the facility would educate resident/family/caregivers as to the correct protocol for glucose monitoring and insulin injections and obtain return demonstration.</p> <p>A review of resident 49's Medication Administration Records (MAR) dated 3/26/2025 indicated orders for the following:</p> <ul style="list-style-type: none"> -Humulin N (long-acting insulin) inject 10 units subcutaneously (under the skin) one time a day for DM before breakfast. Rotate injection sites. -Humulin N inject 2 units subcutaneously one time a day for DM before dinner. Rotate injection sites. -Regular insulin per sliding scale (the dose is based on your blood sugar level) before meals and at bedtime as follows: <p>For blood sugar less than 80 if conscious (awake) give 4 ounces of orange juice and if unconscious (in the state of not being awake) give Glucagon (a hormone that raises blood sugar) 1 gram intramuscularly (in the muscle) once and notify the doctor</p> <p>For blood sugar 81-199 = 0 units; for blood sugar 200-250 give 2 units; for blood sugar 251-300 give 4 units; for blood sugar 301-350 give 6 units; for blood sugar 351-400 give 8 units; for blood sugar greater than 400 give 10 units and notify the doctor. Rotate injection sites.</p> <p>The MAR also indicated the injection, date, time, who administered the injection, and injection sites as follows:</p> <ul style="list-style-type: none"> 3/2/2025 at 4:17 PM given by Licensed Vocational Nurse 10 (LVN 10) subcutaneously in the left arm 3/3/2025 at 12:30 PM given by LVN 11 subcutaneously in the left arm 3/5/2025 at 12:22 PM given by LVN 5 subcutaneously in the left arm 3/5/2025 at 4:53 PM given by LVN 12 subcutaneously in the left arm 3/6/2025 at 11:35 AM given by LVN 13 subcutaneously in the left arm 3/6/2025 at 4:41 PM given by LVN 12 subcutaneously in the left arm 3/13/2025 at 11:33 AM given by LVN 13 subcutaneously in the left arm <p>(continued on next page)</p>		

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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.			
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/14/2025 at 11:30 AM given by LVN 13 subcutaneously in the left arm.</p> <p>During a concurrent interview and record review on 3/27/2025 at 7:44 AM with the Infection Preventionist (IP - is responsible for the facility's activities aimed at preventing healthcare-associated infections) who was acting at station 4's desk nurse, resident 49's MAR dated 3/27/2025 indicating the dates, times, and sites of insulin injections was review. The IP stated facility staff needed to rotate insulin injection sites on Resident 49 so staff would not overload one site and to ensure the staff giving the medication disturbed the medication between different sites. The IP also stated if staff did not rotate insulin sites, the staff could cause an infection to Resident 49.</p> <p>During a concurrent interview and record review on 3/27/2025 at 7:44 AM with Nurse Consultant 1 (NC 1), Resident 49's OSR dated 3/27/2025 was reviewed. The NC 1 stated Resident 49's physician order indicated staff were to rotate insulin injection sites.</p> <p>During a concurrent interview and record review on 3/28/2025 at 8:44 AM with the Director of Nursing (DON), Resident 49's MAR dated 3/28/2025 was reviewed. The DON acknowledged the staff did not rotate insulin injection sites on 3/2/2025 at 4:17 PM, 3/3/2025 at 12:30 PM, 3/5/2025 at 12:22 PM, 3/5/2025 at 4:53 PM, 3/6/2025 at 11:35 AM, 3/6/2025 at 4:41 PM, 3/13/2025 at 11:33 AM, and 3/14/2025 at 11:30 AM. The DON stated the facility staff should have rotated insulin sites to minimize the risk for lipodystrophy and minimize risk for infection.</p> <p>A review of the facility's Policy and Procedure (P&P) titled, Insulin Administration, dated 11/20/2024, indicated the type of insulin, dosage requirements, strength, and method of administration must be verified before administration, to assure that it corresponds with the order on the medication sheet and the physician's order. The P&P indicated, injection sites should be rotated to reduce the risk of damaging the skin tissue.</p> <p>During a review of Resident 121's Admission Record, the Admission Record indicated the facility admitted the resident on 12/30/2024 with diagnoses including Type II diabetes.</p> <p>During a review of Resident 121's MDS dated [DATE], the MDS indicated the resident had moderate cognitive impairment and was receiving a hypoglycemic medication (medication used to lower blood sugar levels).</p> <p>A review of the Physician's Orders dated 2/19/2025, indicated Resident 121 was to receive 10 units of Isophane insulin (a medication used to manage type 2 diabetes by lowering blood sugar levels) subcutaneously two times a day for DM.</p> <p>During a review of Resident 121's MAR dated 3/1/2025 - 3/31/2025, the MAR indicated the resident received insulin in right arm on the following dates:</p> <p>3/3/2025 at 5:54 AM, 3/3/2025 at 6:45 PM, 3/4/2025 at 5:53 AM, 3/10/2025 at 5:59 AM</p> <p>3/10/2025 at 5:03 PM, 3/11/2025 at 5:42 AM, 3/17/2025 at 5:38 AM, 3/17/2025 at 5:22 PM</p> <p>3/18/2025 at 5:41 AM, 3/24/2025 at 5:10 AM, 3/24/2025 at 6:06 PM.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/26/2025 at 3:08 PM Resident 121's MAR dated 3/1/2025 - 3/31/2025 was reviewed with LVN 2. LVN 2 confirmed that Resident 121 did not have his administration sites rotated when insulin was administered on 3/3, 3/4, 3/10, 3/11, 3/17, 3/18, and 3/24/2025. LVN 2 stated administering insulin in the same location could lead to bruising and infection.</p> <p>During a concurrent interview and record review on 3/28/2025 at 7:58 AM, Resident 121's MAR dated 3/1/2025 - 3/31/2025 was reviewed with the Director of Nursing (DON). The DON confirmed that Resident 121 did not have his administration sites rotated when insulin was administered on 3/3, 3/4, 3/10, 3/11, 3/17, 3/18, and 3/24/2025. The DON stated administration sites of insulin should be rotated. The DON further stated administering insulin in the same location could lead to lipodystrophy (a condition characterized by either a complete or partial loss of fat tissue and/or abnormal distribution of fat in certain areas of the body) or infection.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Insulin Administration, dated 11/20/2024, the P&P indicated the type of insulin, dosage requirements, strength, and method of administration must be verified before administration, to assure that it corresponds with the order on the medication sheet and the physician's order. The P&P indicated, injection sites should be rotated to reduce the risk of damaging the skin tissue.</p> <p>b. A review of Resident 127's Admission Record dated 3/26/2025 indicated Resident 127 was admitted on [DATE] with the diagnoses including dependence on renal (kidney) dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) and atherosclerosis of the aorta (a buildup of a sticky substance containing fat, cholesterol and other materials on the inner wall of the aorta, the body's largest artery, leading to hardening and narrowing of the artery).</p> <p>A review of Resident 127's MDS dated [DATE] indicated Resident 127 had diagnoses of hypertension, dependence on renal dialysis, and atherosclerosis of the aorta. The MDS indicated Resident 127 could make himself understood and had the ability to understand others.</p> <p>A review of Resident 127's OSR dated 3/26/2025 indicated Resident 127 had a diagnosis of hypertensive chronic kidney disease with Stage 5 chronic disease or end stage renal disease (our kidneys are severely damaged, unable to filter waste, and are at the end stage of kidney failure, requiring dialysis or a transplant to survive, often caused or worsened by high blood pressure). The OSR indicated Resident 127 had orders for the following blood pressure medications:</p> <p>-Amlodipine Besylate (medication that helps lower blood pressure by preventing calcium from entering the heart and blood vessel muscles, causing them to relax and widen, thus easing the flow of blood to help lower blood pressure) 10 mg by mouth one time a day for hypertension. Hold if systolic blood pressure (SBP he upper number in a blood pressure reading, representing the pressure in your arteries when your heart beats and pumps blood out) is less than 100.</p> <p>-Carvedilol (medications that slow down the heart rate and reduce blood pressure) 25 mg by mouth two times a day for hypertension. Hold for SBP less than 100 or heart rate less than 60.</p> <p>-Furosemide (medicine that helps reduce fluid buildup in the body) 40 mg two times a day for hypertension. Hold for SBP less than 100</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Hydralazine HCL (a medication, that causes blood vessels to widen, making it easier for blood to flow through them) 75 mg by mouth three times a day for HTN (hypertension). Hold for SBP less than 100.</p> <p>-Hydralazine HCL 25 mg give 1 tablet by mouth as needed for hypertension with SBP greater than 160 four times a day.</p> <p>-Losartan Potassium (medicines that help lower blood pressure by preventing a hormone called angiotensin II from tightening blood vessels) 50 mg by mouth two times a day for hypertension. Hold if SBP is less than 100.</p> <p>The OSR also indicated Resident 127 had dialysis every Tuesday, Thursday, and Saturday at 4:00 PM. The OSR also indicated the facility needed to check Resident 127's vital signs (measurements of the body's most basic functions such as temperature, pulse rate, rate of breathing, pain levels, and blood pressure) before and after dialysis.</p> <p>A review of Resident 127's MAR dated 3/27/2025, the MAR indicated Resident 127 received his 3/27/2025 9 AM dose of amlodipine 10 mg, Losartan 50 mg and Hydralazine 75 mg. The MAR indicated Resident 127 did not received Hydralazine 25 mg as needed for hypertension with SBP greater than 160 until 3/27/2025 at 11:58 AM. The MAR dated 3/27/2025 supplied by the facility did not have documentation of Resident 127's carvedilol or furosemide medications.</p> <p>A review of Resident 127's MAR dated 4/2/2025, the MAR indicated Resident 127 received carvedilol 25 mg and furosemide 40 mg on 3/27/2025 at 9 AM.</p> <p>A review of Resident 127's care plan titled the resident needs dialysis related to ESRD (end stage renal disease - a condition where your kidneys have permanently stopped working, requiring dialysis or a kidney transplant to survive) dated 10/24/2024 indicated an intervention to report significant changes in pulse, respirations (breathing), and blood pressure immediately.</p> <p>A review of Resident 127's care plan titled the resident has potential for complications of ESRD/Dialysis clinical manifestations of elevated/changes in BP (blood pressure) dated 10/24/2024 indicated the care plan goal was for the resident to be free of complications. The care plan also indicated an intervention to call the nephrologist (kidney doctor) and the resident's physician for any changes in condition. The care plan indicated an intervention to give medications as ordered.</p> <p>A review of Resident 127's care plan titled, the resident has renal failure related to end stage disease dated 10/24/2024, indicated an intervention to monitor/document/report to MD as needed for elevated blood pressure.</p> <p>During a review of Resident 127's vital sign log dated 4/2/2025, the vital sign log indicated Resident 127's blood pressure on 3/27/2025 at 9:20 AM was 194/86. The vital sign log indicted the next time the facility checked Resident 127's blood pressure was on 3/27/2025 at 11:58 AM that read 178/72.</p> <p>On 3/27/2025 at 11:40 AM the surveyor pharmacist consultant notified the surveyor assigned to Resident 127 that Resident 127's SBP was over 190 and the Resident 127 was asking to be transferred to the ER.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation, interview and record review with the Nurse Consultant 2 (NC 2) and Registered Nurse Supervisor 3 (RN 3) at 11:45 AM, Resident 127's vital sign dated 3/27/2025 at 9:20 AM was reviewed. The vital sign indicated Resident 127's blood pressure was 194/86 on 3/27/2025 at 9:40 AM. The NC 2 stated the blood pressure was 194/86 and verified that Licensed Vocational Nurse 5 (LVN 5) had not reassessed the blood pressure and did not document a change in condition or document calling Resident 127's physician regarding the elevated blood pressure reading on 3/27/2025 at 9:20 AM.</p> <p>During an interview with LVN 2 and RN 3 on 3/27/2025 at 12:40 PM, both LVN 2 and RN 3 stated they would recheck Resident 127's blood pressure and notify Resident 127's doctor. RN 3 stated the facility would not send Resident 127 to his scheduled dialysis if his blood pressure continued to be elevated. Both LVN 2 and RN 3 stated Resident 127 was at risk for a stroke (a medical emergency that occurs when blood flow to the brain is interrupted) or heart attack due to Resident 127's elevated blood pressure.</p> <p>During a concurrent observation and interview on 3/27/2025 at 12:50 the RN 3 was observed entering Resident 127's room and performed a blood pressure check with the SBP reading 178. The RN 3 was observed speaking with Resident 127 who stated he wanted to be transferred to the emergency room . The RN 3 stated Resident 127's nurse should have reassessed Resident 127's blood pressure after getting a blood pressure reading of 194/86 on 3/27/2025 at 9:20 AM.</p> <p>During an interview on 3/27/2025 at 12:55 PM with LVN 5 and RN 3, LVN 5 stated she was passing out medications. LVN 5 stated she was busy and getting behind giving medications to the rest of her assigned residents. When asked about following up on Resident 127's elevated blood pressure reading on 3/27/2025 at 9:20 AM that read 194/86, LVN 5 stated she gave him his blood pressure medications. LVN 5 stated she did not follow up to recheck Resident 127's blood pressure or call his doctor because she had to give the medications to the other residents assigned to her. RN 3 told LVN 5 she could have notified her about Resident 127's blood pressure issue. RN 3 asked a nursing aid to manually recheck resident 127's blood pressure.</p> <p>During an interview on 3/27/2025 at 12:55 PM with the facility Administrator (ADM), the ADM stated she had relieved LVN of her duties at 11:30 AM on 3/27/2025 for not following up regarding Resident 127's elevated blood pressure.</p> <p>During an interview on 3/27/2025 at 12:58 PM with the DON, the DON stated LVN 5 should have asked for help in managing Resident 127's elevated blood pressure. The DON stated LVN 5 should have rechecked Resident 127's blood pressure reading in half an hour after the initial elevated reading of 194/86 on 3/27/2025 at 9:20 AM. The DON stated LVN 5 should have contacted RN 3 and taken care of Resident 127's blood pressure issue instead of trying to finish passing out her medications to her other assigned residents. The DON stated LVN 5 could have given Resident 127 his hydralazine medication as needed. The DON stated LVN 5 should have notified Resident 127's physician. The DON stated the facility Medical Director (MD) was assessing resident 127.</p> <p>During an interview on 3/27/2025 at 2:12 PM with Resident 127, Resident 127 stated he was feeling better and he was ready to go for his dialysis that was scheduled at 4 PM.</p> <p>During a record review of the MD note dated 3/27/2025, the MD note indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>I interviewed the resident regarding his high blood pressure concern, apparently his blood pressure was high early this morning~ he was given his BP medication which improved his BP, however he was still upset because his BP is not well controlled, I explained to him that sometimes it is very challenging to fully control the BP with some patients especially patients on hemodialysis. meanwhile I had his PCP (primary care physician) on the speaker phone and his nurse LVN 2 and he will review the BP medication with LVN 2 and make some adjustment hopefully we can get better control of his blood pressure, the patient was satisfied with the plan of care.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Nursing Services, dated 1/2025, indicated the P&P's intent was to provide guidelines for required staff competency and skill sets necessary to provide nursing care for each resident's needs based on the facility assessment. The P&P indicated providing care includes but is not limited to assessing, evaluating, planning, and implementing resident care plans and responding to resident's needs. The P&P indicted competency in skills and techniques necessary to care for residents' needs includes but is not limited to competencies in areas such as: Resident Rights, Person centered care, Communication, Basic nursing skills, Basic restorative services, Skin and wound care, Medication management, Pain management, Infection control, Identification of changes in condition: and Cultural competency.</p> <p>The P&P indicated facility staff promptly report when a resident's change in condition is identified, such as a change in the resident's usual behavior or activities which may indicate a change in health status. The P&P indicated nursing staff shall address a change in condition via a short form of identification for the aide and assessment by the nurse. The P&P indicated the physician or resident representative, as applicable shall be notified of resident's changes in condition.</p> <p>During a review of the facility's P&P titled, Notification of Changes, dated 1/2025 the P&P indicated the facility informs the resident, the resident's physician, and the resident's representative when there is an accident resulting in injury, changes involving life threatening conditions, adverse treatment consequences or transfer or discharge the resident. The P&P indicated the facility would notify the resident's physician and representative of a significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications).</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28851</p> <p>Based on observations, interviews, and records review, the facility failed to ensure nurses would rotate insulin (synthetic hormone used to control blood sugar level) injection site as per orders, for two of 43 sampled residents (Residents 49, 86),</p> <p>-Failed to ensure there was no discrepancy between the inventory and accountability record of Resident 85's oxycodone (a potent opioid narcotic used to treat pain).</p> <p>-Failed to ensure the Cubex (a computer-controlled system that automates drug dispensing in a health facility) activity record matched the electronic medication administration record (eMAR) for Resident 89's Norco (a combination of hydrocodone and acetaminophen, a potent narcotic to treat pain) administration.</p> <p>These decent practices had the potentials for medication errors, adverse effects, and drug diversion.</p> <p>Findings:</p> <p>a. A review of Resident 49's admission record indicated the resident was admitted on [DATE] with diagnoses including, but not limited to, type 2 diabetes (a chronic condition that affects how the body uses glucose or sugar for energy).</p> <p>A review of Resident 49's physician order (dated 2/13/25), indicated to inject insulin regular human solution as per sliding scale (the amount of insulin to be injected changes or slides up or down based on the resident's blood sugar level) subcutaneously (under the skin) before meals and at bedtime for diabetes Rotate injection sites.</p> <p>A review of Resident 49's electronic medication administration record (eMAR) of March 2025 indicated the following injection site records:</p> <p>3/05/25 at 12:22 PM subcutaneously to left arm</p> <p>3/05/25 at 4:53 PM . to left arm</p> <p>3/06/25 at 11:35 AM . to left arm</p> <p>3/06/25 at 4:41 PM . to left arm</p> <p>A review of Resident 86's admission record indicated the resident was admitted on [DATE] with diagnoses including, but not limited to, type 2 diabetes.</p> <p>A review of Resident 86's physician order indicated resident had multiple insulin orders as followed:</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Humalog (a type of short acting insulin) inject as per sliding scale . before meals and at bedtime for diabetes. Rotate injection sites (dated 2/14/25 at 6:30 AM and discontinued on 3/5/25 at 2:24 PM)</p> <p>-Humalog inject as per sliding scale . before meals and at bedtime for diabetes. Rotate injection sites (dated 3/5/25 at 4:30 PM and discontinued on 3/17/25 at 11:13 PM).</p> <p>-Humalog inject as per sliding scale . before meals and at bedtime for diabetes. Rotate injection sites (dated 3/18/25 at 6:30 AM)</p> <p>-Humalog inject 14 unit subcutaneously with meals . Rotate injection site (dated 3/18/25 at 7 AM)</p> <p>A review of Resident 86's electronic medication administration record (eMAR) of March 2025 indicated the following injection site records:</p> <p>3/02/25 4:57 PM subcutaneously Abdomen - LLQ (lower left quadrant)</p> <p>3/02/25 5:58 PM subcutaneously Abdomen - LLQ</p> <p>3/03/25 11:30 AM subcutaneously Abdomen - LUQ (lower upper quadrant)</p> <p>3/03/25 12:41 PM subcutaneously Abdomen - LUQ</p> <p>3/05/25 5:26 PM subcutaneously Abdomen - RUQ (right upper quadrant)</p> <p>3/05/25 5:38 PM subcutaneously Abdomen - RUQ</p> <p>3/07/25 4:32 PM subcutaneously Abdomen - LLQ</p> <p>3/07/25 4:32 PM subcutaneously Abdomen - LLQ</p> <p>3/14/25 12:19 PM subcutaneously Abdomen - LLQ</p> <p>3/14/25 12:19 PM subcutaneously Abdomen - LLQ</p> <p>3/14/25 5:00 PM subcutaneously Abdomen - LLQ</p> <p>3/14/25 5:58 PM subcutaneously Abdomen - LLQ</p> <p>3/15/25 4:37 PM subcutaneously Abdomen - RLQ (right left quadrant)</p> <p>3/16/25 7:55 AM subcutaneously Abdomen - RLQ</p> <p>3/16/25 12:30 PM subcutaneously Abdomen - LUQ</p> <p>3/16/25 12:47 PM subcutaneously Abdomen - LUQ</p> <p>3/22/25 12:26 PM subcutaneously Abdomen - LLQ</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3/22/25 12:27 PM subcutaneously Abdomen - LLQ</p> <p>3/22/25 4:53 PM subcutaneously Abdomen - LLQ</p> <p>3/22/25 5:02 PM subcutaneously Abdomen - LLQ</p> <p>During an interview on 3/27/25 at 7:44 AM, the infection preventionist (IP) nurse who was the acting desk nurse at nursing station 4 stated insulin injection sites need to be rotated to not overload the site and reduce potential for infection. IP stated the last injection site was shown on the medication administration screen of the software used by the facility. The clinician should look at the last injection site. During a concurrent review of location administered for insulin, IP acknowledged the aforementioned record indicated there were consecutive injections given on the same sites.</p> <p>A review of the facility policy and procedures, Administering Medications (dated March 2023) indicated . Medications must be administered in accordance with the orders .</p> <p>b. A review of Resident 85's admission record indicated the resident was readmitted to the facility on [DATE] with diagnoses including, but not limited to, malignant neoplasm (abnormal growth of cancer cells) of larynx (voice box).</p> <p>During an observation on 3/26/25 at 3:11 PM, by the SubAcute unit (SAU, a nursing unit that provides a level of medical care that is less intensive than acute care but more specialized than typical skilled nursing care) medication cart, the licensed vocational nurse (LVN 3) presented Resident 85's oxycodone 10 milligrams (mg, unit to measure mass) bubble pack (a card that packages doses of medication within small, clear plastic bubbles or blisters) and stated there were 15 tablets. During a concurrent review of Resident 85's oxycodone accountability or count sheet, LVN 3 stated there should be 14 tablets remained.</p> <p>A review of Resident 85's physician's order dated 1/4/25 at 7:45 AM indicated to give oxycodone tablet 10 mg 1 tablet . every 12 hours for pain management.</p> <p>During an interview on 3/26/25 at 3:28 PM, the registered nurse (RN 1) stated Resident 85 was alert and would let known if in pain. A concurrent review of Resident 85's oxycodone count sheet and eMAR indicated there were two entries on 3/25/25 at 9 PM. RN 1 stated one of those lines in the count sheet was incorrect.</p> <p>During an interview on 3/27/25 at 11:50 AM, the director of nursing (DON) stated the nurse made a duplication error on Resident 85's oxycodone count sheet and forgot to make a note of the error.</p> <p>c. A review of Resident 89's admission record indicated the resident was readmitted to the facility on [DATE] with diagnoses including, but not limited to, fracture of right femur (the longest bone located in the thigh).</p> <p>A review of Resident 89's physician's order dated 2/18/25 at 9:34 PM indicated to give Norco tablet 5-325 milligrams (mg, an unit to measuring mass) 1 tablet by mouth every 6 hours as needed for severe pain (pain level 4 to 10, out of 10).</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Cubex activity report indicated 1 tablet of Norco 5-325 mg was dispensed for Resident 89 on 3/23/25 at 9:14 PM.</p> <p>During an interview on 3/27/25 at 12:03 PM, and a concurrent review of Resident 89 's eMAR, the director of nursing (DON) stated Resident 89's eMAR did not have a record of the Norco administration on 3/23/25.</p> <p>During an interview on 3/28/25 at 10:40 AM, DON stated the nurse forgot to document in eMAR due to attending a call night of another resident right after the medication administration.</p> <p>A review of the facility's policy and procedures titled, Documentation Policy, dated March 2023, did not mention the procedure of medication administration documentation.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28851</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of six sampled residents was free of significant medication error during medication administration (or med pass) observations (Resident 127). This failure had the potential of adverse effect, and/or worsening of resident's health condition.</p> <p>Findings:</p> <p>During an observation and a concurrent interview on 3/27/25 at 9:16 AM, the licensed vocational nurse (LVN 5) was outside Resident 127's room, about to prepare medications for administration. LVN 5 stated Resident 127's blood pressure was 194/86 (normal blood pressure ranges 120-129 / 80-84). LVN 5 proceeded to prepare 9 medications. One of 9 medications was furosemide (generic for Lasix, a diuretic used in the treatment of edema associated with congestive heart failure, and renal disease). LVN 5 stated Resident 127 would have dialysis in the afternoon, therefore LVN 5 held (not giving) the furosemide; then, LVN 5 proceeded to administer the rest of the 9 medications to Resident 127.</p> <p>A review of Resident 127's admission record indicated Resident 127 was admitted on [DATE] with diagnoses including but not limited to hypertensive chronic kidney disease or end stage renal disease.</p> <p>A review of Resident 127's physician's orders dated 10/24/24 at 11:32 AM indicated furosemide oral tablet 40 milligrams (mg, an unit to measure mass) 1 tablet by mouth two times a day for hypertension (high blood pressure).</p> <p>During an interview on 3/27/25 at 10:54 AM, LVN 1 stated Resident 127's had a physician's order (dated 10/23/24) indicated May hold all medications while patient is on dialysis days. LVN 1 stated Resident 127's dialysis days were every Tuesdays, Thursdays, and Saturday. LVN 1 stated [3/27/25] was a Thursday and Resident 127 had dialysis appointment at 4 PM.</p> <p>During an interview on 3/27/25 at 10:57 AM and a concurrent review of Resident 127's physician's orders, LVN 1 stated there was no specification of which meds were to be held and when meds should be held if dialysis was in the afternoon. LVN 1 stated nurses should clarify with supervisor and the physician.</p> <p>During an interview on 3/27/25 at 12:18 PM, DON stated medications that were due should be given if the resident is in the facility. DON stated if there is question on which medications to be held, nurses should call the physician. DON further stated Resident 127's dialysis appt was in the afternoon, then the nurse should give all the morning medications unless outside of the parameter.</p> <p>A review of the facility policy and procedures titled, Administering Medications, dated March 2023, indicated Medications must be administered in accordance with the orders.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28851</p> <p>Based on observation, interview, and record review, the facility failed to ensure keys that provide access to medication (med) carts would not be left on top of an unattended med cart. This deficient practice had the potential of unsecure drug storage and unauthorized access.</p> <p>Findings:</p> <p>During an observation on 3/26/25 at 9:40 AM, the licensed vocational nurse (LVN 4) used one of the keys on a keychain to unlock the med cart in the Subacute unit (SAU, a nursing unit that provides a level of medical care that is less intensive than acute care but more specialized than typical skilled nursing care). Later, LVN 4 placed the keys on top of the med cart, pushed in a lock to lock the med cart, and headed inside the room to start med pass. At 9:41 AM, LVN 4 was at the bedside of Resident 124. The med cart was parked at the door of the resident's room, unattended.</p> <p>During an observation on 3/27/25 at 9:36 AM in SAU, there was a med cart unattended outside room [ROOM NUMBER]. There was a set of keys on top of the med cart. A housekeeping in the hallway stated the nurse is in the room.</p> <p>During an observation and a concurrent interview on 3/27/25 at 9:37 AM, LVN 4 stepped out of the room. Surveyor asked if LVN 4 always leave the keys on top of the med cart, LVN 4 confirmed affirmatively and stated should have put the keys in the pocket.</p> <p>During an interview on 3/27/25 at 11:52 AM DON stated nurses' keys open the med carts and the narcotic drawers. DON stated nurses should the keys to med carts secure; Keys should not be kept on top of unattended med cart.</p> <p>A review of the facility policy and procedures titled, Pharmaceutical Services - Labeling and Storage, dated December 2024, indicated Controlled Medications: Substances that have an accepted medical use (medications which fall under US Drug Enforcement Agency (DEA) Schedules 11-V), have a potential for abuse, ranging from low to high, and may also lead to physical or psychological dependence. The policy indicated, Drugs shall be accessible only to personnel designated in writing by the licensee. The policy indicated The manner of storage shall prevent access by other patients. Lockable drawers or cabinets need not be used unless alternate procedures, including storage on a patient's person or in an unlocked drawer or cabinet are ineffective.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to ensure kitchen staff were regularly trained and evaluated for competency skills when staff were unable to demonstrate correct dishwashing procedures.</p> <p>-Unable to verbalize and demonstrate the correct process of checking quaternary ammonium compound (QUAT, a chemical that disinfect) sanitizer concentration testing for the red buckets and three compartment sink's (sink for dishwashing that have wash, rinse and sanitize compartments) use.</p> <p>These deficient practices had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 133 of 206 medically compromised residents who received food and ice from the kitchen.</p> <p>Findings:</p> <p>a. During an observation on 3/25/2025 at 8:59 AM, of the preparation sink, Dietary Aide 1 (DA 1) was observed rinsing the mixer in the preparation sink (sink designated for food preparation).</p> <p>During an interview on 3/25/2025 at 9:05 AM, DA 1 stated she got the mixer and washed it in the three-compartment sink and followed the wash, rinse and sanitize process then rinsed it with water in the preparation sink. DA 1 stated she went to the three-compartment sink to dry the mixer because the drying area in the three-compartment sink was full. DA 1 stated she sprayed the mixer with water, and it was her mistake because the last process of dishwashing was to air dry.</p> <p>During an interview on 3/25/2025 at 9:15 AM, the Dietary Supervisor (DS) stated she was not sure as to how long DA 1 dipped the mixer in the sanitizing sink and dipping the mixer for 30 seconds in the sanitizer then spraying it with water should be okay as it would already kill the bacteria. The DS stated the last process in manual dishwashing was to air dry to prevent chemical contamination to resident's food.</p> <p>During a review of the facility's P&P titled, Food Contaminants, dated 11/20/2024, the P&P indicated, Chemical contamination: the most common chemicals that can be found in a food system are cleaning agents (such as glass cleaners, soaps, and oven cleaners) and insecticides. Chemicals used by the facility staff, in the course of their duties, may contaminate food.</p> <p>During a review of the facility's P&P titled, Prep Sink-Dietary, dated 11/20/2024, the P&P indicated, (2) The food preparation sink shall be located in the food preparation area, provided exclusively for food preparation, and accessible at all times. (6) The prep sink should not be used to clean equipment (i.e., utensils, cutting boards, knives, etc.).</p> <p>During a review of the facility's job description titled, Dietary Aide, signed and dated by DA 1 and DS dated 11/21/2024, the job description indicated, Performs a variety of food service functions in maintaining clean and sanitary conditions of food service areas, facilities, and equipment.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's checklist titled, Food and Nutrition: Competency Checklist-Food Service Worker, undated, the checklist indicated, DA 1 was deemed competent in correctly utilizing 3-compartment sink but did not specify verification of competency for air-drying procedures.</p> <p>During a review of Food Code 2022, dated 11/18/2023, the Food Code 2022 indicated, 4-901.11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food and; (B) May not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry.</p> <p>b. During a concurrent observation and interview on 3/25/2025 at 9:48 AM, of the QUAT sanitizer concentration testing demonstration with Dietary Aide 3 (DA 3), DA 3 demonstrated checking the QUAT sanitizer and pulled a test strip and dipped it in the red bucket solution for 20 seconds while surveyor monitored the clock then compared it to the color chart. DA 3 stated she dipped the test strip into the sanitizer for 15 seconds and it was 300 parts per million ([ppm], concentration of the solution). DA 3 stated she knew it was 15 seconds as she counted 1,2,3,4, up to 15 in her head.</p> <p>During a concurrent observation and interview on 3/25/2025 at 9:58 AM, of the QUAT sanitizer concentration testing demonstration with the DS, the DS demonstrated checking the QUAT sanitizer concentration and pulled a test strip then dipped the test strip for 20 seconds by counting 1,2,3,4,5 up to 20 seconds. The DS compared the test strip to the color chart and stated the concentration was at 150 ppm which was acceptable.</p> <p>During a concurrent interview and record review on 3/25/2025 at 9:48 AM, with the DS, Hydrion (QT-10) QUAT Dispenser manufacturer's guideline was reviewed. The Q10 manufacturer's guidelines indicated, Product directions:</p> <ul style="list-style-type: none"> - Dip the strip into the sanitizing solution for 10 seconds, then instantly compare the resulting color with the enclosed color chart which matches concentrations of 0-100-200-300-400ppm. - Test solution should be between 65- and 75-degrees Fahrenheit. <p>The DS stated kitchen staff should have been dipping the test strips for 10 seconds instead of 20 seconds and kitchen staff were not taking the temperature of the solution during testing of the QUAT sanitizer. The DS stated since the kitchen staff were dipping the strips longer than indicated, the QUAT sanitizer concentration reading might not have been accurate. The DS stated kitchen staff were not following the manufacturer's guidelines, and the sanitizer might not be sanitizing surfaces properly causing cross-contamination to residents' food as a potential outcome.</p> <p>During a review of the facility's manufacturer's guidelines titled, Wash, Rinse, Sanitize, Test, undated, the document indicated, Quaternary Ammonium Sanitizers: (1) Tear off a strip of test paper and dip it into room temperature (65-75 F) sanitizing solution for 10 seconds.</p> <p>During a review of the facility's job description titled, Dietary Aide, dated and signed by Dietary Aide 3 on 1/21/2024, the job description indicated, performs a variety of food service functions in maintaining clean and sanitary conditions of food service areas, facilities, and equipment.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's competency checklist titled Food and Nutrition: Competency Checklist-Food Service Worker signed by DA 3 and DS, undated, the checklist indicated, DA 3 was deemed competent to state proper sanitizer range-correctly prepares sanitizer solution, and test concentrations.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitation- Temperature, pH, Concentration, and Hardness. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under 4-703.11 (C) shall meet criteria specified under 7-204.11 Sanitizers, criteria shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: (C) A quaternary ammonium compound solution shall (1) Have a minimum temperature of 24 C (75 F), (2) Have a concentration as specified under 7-204.11 and as indicated by the manufacturer's use directions included in the labeling.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the sanitizing solution shall be accurately determined by using test kit or other device.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to follow the menu and did not meet nutritional needs of 83 of 206 residents on regular texture diets (diet with no texture restriction) by serving four (4) ounces (oz), a unit of measurement) instead of three (3) oz. of pork barbecue (BBQ).</p> <p>This deficient practice had the potential to result in excessive nutrients intake of protein, fat, and sodium causing ineffective therapeutic diet provisions, increase blood pressure, increase fat and cholesterol in the diet and unplanned weight gain.</p> <p>Findings:</p> <p>During a review of the facilities' daily spreadsheet (a list of food, amount of food that each diet would receive) titled Cycle 1 2025 Winter, dated 3/25/2025, the spreadsheet indicated residents on regular texture consistencies would include 3 oz of BBQ pork.</p> <p>During a concurrent observation and interview on 3/25/2025 at 11:55 a.m. of the BBQ pork portion size, [NAME] 1 weighed the BBQ portions using the facility scale and had the following portion sizes: 3.5 oz, 4 oz, 4 oz, 4 oz and 3.9 oz. [NAME] 1 stated the BBQ pork portion size should be 3 oz, but a different staff member portioned and cut the BBQ pork.</p> <p>During an interview on 3/25/2025 at 12:54 p.m. with the Registered Dietitian (RD), the RD stated the staff were to follow the menu spreadsheet for the portion sizes and it was not okay to serve different portions of meat. The RD stated the protein calculations would be bigger changing protein content and other nutrients that would no longer meet the nutrient needs, resulting in ineffective therapeutic diets. The RD stated not serving the correct amount of protein would not meet nutritional recommendations for residents.</p> <p>During a review of the facility's standardized recipe titled BBQ Pork undated, the recipe indicated, BBQ Pork portion size was 3 oz.</p> <p>During a review of the facility's policies and procedures (P&P) titled, Menus, dated 11/20/2024, the P&P indicated, The facility assures menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines. (5) Residents receive food in the amount, type, consistency, and frequency to maintain normal body weight and acceptable nutritional values.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47441</p> <p>Based on observation, interview, and record review, the facility failed to prepare food utilizing methods that conserved flavor and appearance when the pureed cabbage did not hold its shape on the plate.</p> <p>-The pork barbecue (BBQ) served for third and fourth station was dry, and the vegetables were olive green in color. This deficient practice placed 91 of 206 (including Resident 127 and 105) facility residents on regular consistency texture (texture with no restriction) and puree diets (food with soft pudding like consistency) at risk of unplanned weight loss, a consequence of poor food intake.</p> <p>Findings:</p> <p>a. During a review of the facilities' daily spreadsheet (a list of food, amount of food that each diet would receive) titled Cycle 1 2025 Winter, dated 3/25/2025, the spreadsheet indicated residents on regular texture consistencies would include</p> <ul style="list-style-type: none"> - BBQ pork 3 ounces ([oz] a unit of measurement) - Baked beans 1/2 cup ([c] household measurement) - Creamy coleslaw 1/2 c - Biscuit 1 piece - Peach cobbler 1 square - Beverage 4 fluid oz <p>During an observation on 3/25/2025 at 12:13 PM, of trayline (an area where foods were assembled from the steamtable to resident's plate) for lunch service, puree coleslaw was observed, the puree cabbage looked like it did not hold its shape on the plate and looked flat.</p> <p>During a concurrent observation and interview on 3/25/2025 at 1:24 PM, of the test tray (a process of tasting, temping, and evaluating the quality of food) with the Dietary Supervisor (DS), the DS stated the puree cabbage went flat on the plates, and it did not hold its shape. The DS stated puree food could not have grains, and had to be creamy, smooth, hold its shape on the plate. The DS stated the dietary staff did not achieve the presentation of puree food, and it would be hard to scoop causing decreased in resident's appetite leading to weight loss as a potential outcome for the residents.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 105's Admission Record, the admission record indicated the facility readmitted the resident on 7/9/2024 with diagnoses that included end stage renal disease (ESRD, irreversible kidney failure), dependence on renal dialysis (also known as hemodialysis, a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), and type 2 diabetes mellitus (disease that occurs when blood sugar is too high) The admission records indicated Resident 105's room was in station three (3).</p> <p>During a review of Resident 105's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 1/14/2025, the MDS indicated Resident 105 was able to understand self and understand others. The MDS indicated Resident 105 needed set up and clean up assistance (helper sets up and cleans up, residents complete the activity) when eating.</p> <p>During a review of Resident 105's Order Summary Report, dated 7/9/2024, the order summary report indicated Resident 105 was ordered a consistent carbohydrate (a therapeutic diet with the same amount of carbohydrates per meal that helps control blood sugar levels) renal diet (a therapeutic diet that maintains fluid level, electrolytes, and minerals balanced by restricting protein, sodium, potassium and phosphorus), 80 grams protein, 2.5 grams sodium and 2.5 grams potassium with regular texture and consistency.</p> <p>During an interview on 3/25/2025 at 8:28 AM, with Resident 105, Resident 105 stated the vegetables served to him were overcooked and fell apart.</p> <p>During a review of Resident 127's Admission Record, the admission record indicated the facility admitted Resident 127 on 10/23/2024 with diagnoses that included ESRD, dependence on renal dialysis, and type 2 diabetes mellitus. The admission records further indicated Resident 127's room was in station four (4).</p> <p>During a review of Resident 127's MDS dated [DATE], the MDS indicated Resident 127 was able to understand self and understand others. The MDS indicated Resident 127 needed set up and clean up assistance when eating.</p> <p>During a review of Resident 127's Order Summary Report, dated 10/29/2024, the order summary report indicated Resident 127 was ordered a consistent carbohydrate, renal diet, 80 grams protein, 2.5 grams sodium and 2.5 grams potassium with regular texture and consistency.</p> <p>During an interview on 3/25/2025 at 12:06 PM, with Resident 127, Resident 127 stated the food did not look appetizing and did not taste good.</p> <p>During an observation on 3/25/2025 at 12:30 p.m. of the pork BBQ pan, observed the pork BBQ meats served starting on the third floor up to the fourth floor were dry.</p> <p>During an observation on 3/25/2025 at 12:34 p.m. of the steamed vegetables, observed the vegetables looked overcooked.</p> <p>(continued on next page)</p>		

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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	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 3/25/2025 at 1:12 p.m. of the test tray with the DS and [NAME] 1, [NAME] 1 the pork BBQ was dry because the second pan stayed in the oven, so it cooked more. [NAME] 1 stated the pork BBQ needed to be moist as residents might not eat it. The DS stated dry meats could be a choking hazard and if residents would not eat it, it could lead to weight loss for residents as a potential outcome. [NAME] 1 stated the steamed vegetables looked olive green which did not look presentable. [NAME] 1 stated residents would not eat the vegetables because the vegetables did not look presentable. The DS stated weight loss could be potential outcome for residents not eating the food.</p> <p>During a review of the facility's P&P titled, Menus, dated 11/22/2024 the P&P indicated, The facility assures menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines.</p> <p>During a review of the facility's P&P titled, Food and Drink, dated 1/2025, the P&P indicated Policy. The facility assures the nutritive value of food is not compromised and destroyed. Guidelines:</p> <ul style="list-style-type: none"> -Food shall be prepared in a manner which assures nutritive value and food is not compromised or destroyed related but not limited to: -Food storage, light, and air exposure; or -Cooking of foods in a large volume of water; or -Holding on steam table. <p>The facility prepares palatable, attractive, and at an appetizing temperature as determined by the type of food to ensure resident's satisfaction, while minimizing the risk for scalding and burns.</p> <p>The facility provides palatable, attractive, and appetizing food and drink to residents and can help to encourage residents to increase the amount they eat and drink.</p> <p>During a review of the facility's P&P titled, Vegetable Cookery, dated 11/20/2024, the P&P indicated Purpose: To provide the dietary department with guidelines for vegetable cookery. Policy: Dietary department employees ensure that the food is prepared in a manner that preserves quality, maximizes nutrient retention, and obtain the minimum yield of the product. Vegetables will be prepared as close to time of service as possible to maintain highest quality.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when:</p> <ol style="list-style-type: none"> 1. Kitchen equipment and kitchen areas were not cleaned and sanitized. <ol style="list-style-type: none"> a. [NAME] reach-in freezer gasket had dirt buildup and dried up ice cream spill on the bottom shelves. b. Reach-in freezer vents had dirt and dust buildup. c. Vegetable reach-in freezer had dirt and food particles on the bottom shelves. 2. Tuna salad was stored at 43.2 degrees Fahrenheit ([F], a scale of temperature) and turkey slices were stored at at 48 F, instead of the required 41 F of less. 3. Two dented cans were stored with non-dented cans for the emergency supply canned goods. 4. Kitchen equipment and utensils were not maintained in proper condition, smooth and easy to clean. <ol style="list-style-type: none"> a. Fifty (50) of 50 resident's trays were cracked. b. [NAME] and green chopping boards had chips and scratches. 5. Improper washing of kitchen equipment and utensils <ol style="list-style-type: none"> a. Pans were stacked wet while air drying and was stored stacked wet. b. Staff rinse the kitchen equipment sanitizer with water before air drying during the three-compartment sink washing process. 6. Staff did not follow manufacturer's guidelines for checking Quaternary ammonium compound (QUAT, a chemical that disinfect) sanitizer concentrations 7. Facility had resident's refrigerator ranges from 36 F to 46 F. <p>These deficient practices had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 133 of 206 medically compromised residents who received food and ice from the kitchen.</p> <p>Findings:</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. a. During an observation on 3/24/2025 at 1:29 p.m., of the white reach-in refrigerator by the double exit door, dust buildup was observed in the gasket (the airtight rubber or plastic strip that runs along the perimeter of the refrigerator door, creating a seal when the door is closed) and dried up ice cream spill on the bottom shelves.</p> <p>b. During an observation on 3/24/2025 at 1:32 p.m., of the meat reach-in freezer, three (3) of 3 vents were observed with dirt residue.</p> <p>c. During an observation on 3/24/2025 at 1:36 p.m., of the vegetables reach-in freezer, dirt debris was observed on the bottom shelves.</p> <p>During a concurrent observation and interview on 3/24/2025 at 1:53 p.m., with the Dietary Supervisor (DS), the DS stated the white refrigerator had dirt buildup in the gasket and an ice cream spill on the bottom shelves. The DS stated the freezer vent had dirt build up when wiped with paper towel and the vegetables freezer had dirt debris on the bottom shelves. The DS stated staff cleaned the freezer and refrigerator every Tuesday and it was important to maintain the cleanliness of the refrigerator and freezer to prevent cross-contamination to the food. The DS stated physical contamination, and foodborne illnesses would be the potential outcome to the residents for having dirt in the refrigerator and freezer.</p> <p>During a review of the facility's policies and procedures (P&P) titled Freezer Operation and Cleaning, dated 11/20/2024, the P&P indicated, Purpose: To establish guidelines for the operation and cleaning of the freezer. Policy: the dietary staff will use the freezer according to the manufacturer's guidelines. The freezer will be cleaned periodically, as necessary.</p> <p>During a review of the facility's P&P titled Food Receiving and Storage, dated 1/2025, the P&P indicated, Refrigerators and freezers will be kept clean, free of debris, and mopped with a sanitizing solution on a scheduled basis and more often as necessary.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-601.11 (A) Equipment Food Contact Surfaces and utensils shall be cleaned: (1) Except as specified in (B) of this section, before use with a different type of raw animal food such as beef, fish, lamb, pork or poultry; (2) Each time there is a change from working with raw foods to working with ready-to-eat food; (3) Between uses with raw fruits and vegetables and with time/temperature control for safety food. (4) Before using or storing a food temperature measuring device, and (5) At the time during the operation when contamination may have occurred.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>2. During an initial kitchen tour observation on 3/24/2025 at 1:41 p.m., of the reach in refrigerator, tuna salad temperature was observed at 43.2 F and turkey slice meat was at 48 F.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 3/24/2025 at 2:04 p.m., with the DS, the tuna salad temperature was observed to be at 43 F and sliced turkey was at 47 F. The DS stated any cold food over the temperature of 41 F was not acceptable because it is a potentially hazard food if it was mixed with mayonnaise. The DS stated she needed to toss out the salad and turkey slices because it was on the danger zone ([41 F to 140 F], range of temperature where bacteria started to grow). The DS stated the staff made some sandwiches and took out the turkey slices while making sandwiches but having 43 F and 47 F cold food was not acceptable as residents could have food borne illnesses if they consume the food as a potential outcome.</p> <p>During a review of the facility's P&P titled Food Temperatures, dated 11/20/2024, the P&P indicated, Purpose: To provide the dietary department with guidelines for food preparation and service temperatures. Policy: Food prepared and served in the facility will be served at a proper temperature to ensure food safety. Acceptable Serving Temperatures: hazardous salads, desserts <41 F.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 3-501.16 Time/Temperature for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as a public health control as specified under 3-501.19, and except as specified under (B) and in (C) of this section, Time/Temperature Control for safety food shall be maintained: (2) At 5 C (41 F) or less.</p> <p>3. During an observation on 3/24/2025 at 2:50 p.m., of the dry storage shelves in the emergency food supply, two (2) dented cans were observed stored with non-dented cans.</p> <p>During a concurrent observation and interview on 3/24/2025 at 3:05 p.m. with the DS, the DS stated the kitchen had a separate area for dented cans near office outside the dry storage area. The DS stated she and the delivery staff rotated the emergency food supplies but there were 2 dented cans mixed with non-dented cans and it needed to be separated because staff should not use the dented. The DS stated when cans were dented the food inside was exposed to chemicals from the lining inside the can causing residents who would consume the food upset stomach discomfort, cramps and vomiting as a potential outcome.</p> <p>During a review of the facility's P&P titled Food and Nutritional Services Equipment and Supplies, dated 11/20/2024, the P&P indicated, b. All food will be good quality and obtained from sources approved or considered satisfactory by federal, state or local authorities. Food in unlabeled, rusty, leaking, broken containers and cans with side seam dents, rim dents or swells shall not be accepted or retained.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-101.11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under 3-601.12, honestly presented. 3-201.11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S3-101.11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard.</p> <p>4.a. During an observation on 3/24/2025 at 3:15 p.m., of the tray set up, 50 of 50 resident's trays for dinner trayline (an area where foods were assembled from the steamtable to resident's plate) were observed cracked and chipped.</p> <p>During an interview on 3/24/2025 at 3:19 p.m., with the DS, the DS stated she was aware there were cracked and chipped residents' trays they were using in trayline. The DS stated she needed to change all the cracked and chipped trays as it could be a physical hazard for the residents. The DS stated having the residents use chipped and cracked trays would cause dignity issues as a potential outcome for the residents.</p> <p>b. During an observation on 3/24/2025 at 3:18 p.m., of the chopping boards storage area, white and green chopping boards were observed with scratches and chips.</p> <p>During an interview on 3/24/2025 at 3:29 p.m. with the DS, the DS stated the green and white chopping boards had a lot of scratches and chips. The DS stated they just replaced the rest of the chopping boards, but the white one was not disposed. The DS stated it was not okay to have cracked and chipped chopping boards due to cross-contamination to food because it would be hard to clean.</p> <p>During a review of the facility's P&P titled Discarding of Chipped/Cracked Dishes and Single Service Items, dated 11/20/2024, the P&P indicated, Purpose: To establish guidelines for service ware and single service items including China, and glassware safety. Policy: (I). The dietary staff will maintain a sanitary environment in the dietary department by discarding compromised service ware and single service items. (II). Chipped, cracked, or non-sanitizing surfaces on China, and glassware will not be used. Procedure: (I) The dietary staff will discard chipped or cracked dish or glassware.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-202.11 Food-Contact Surfaces. (A) Multiuse Food-contact surfaces shall be (1) Smooth (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. (3) Free of sharp internal angles, corners, and crevices, (4) Finished to have smooth welds and joints.</p> <p>5.a. During an observation on 3/24/2025 at 8:48 a.m., of the pots and pans storage area, pans were observed stacked wet.</p> <p>During a concurrent observation and interview on 3/25/2025 at 9:25 a.m., of the three-compartment sink with the DS and [NAME] 1, pans were observed stacked wet while air drying. The DS stated the pans were stacked wet while drying and it were supposed to be drying individually. The DS stated the pans stored in the preparation area were still wet and it was not okay due to contamination. [NAME] 1 stated the staff usually use the dishmachine in the afternoon and the dishes were easily dried after going through the machine. [NAME] 1 stated DA 1 shift was in the afternoon and DA 1 was a new employee and may not have been used in the morning shift operation, and that was why the pans were not air dried.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled Manual Washing dated 11/20/2024, the P&P indicated, Three Compartment Sink Method. (5) Wash service ware thoroughly in compartment #1, in hot detergent water, rinse in the clear water of compartment #2, and submerge in the sanitizing compartment (#3) according to the chemical vendor's time requirements. (6) Remove dishes from sanitizer and place on drain board to dry.</p> <p>During a review of the facility's manufacturer's guidelines titled Wash, Rinse, Sanitize, Test undated, the manufacturer's guidelines indicated, Sanitize: sanitize by soaking in a chemical sanitizer. Air dry: let sanitized items dry on a clean dry board (do not towel dry.)</p> <p>b. During an observation on 3/25/2025 at 8:59 a.m., of the preparation sink, Dietary Aide 1 (DA 1) was observed rinsing the mixer in the preparation sink.</p> <p>During an interview on 3/25/2025 at 9:05 a.m. with DA 1, DA 1 stated she got the mixer and washed it in the three-compartment sink and followed the wash, rinse and sanitize process then rinsed it with water in the preparation sink. DA 1 stated she went to the three-compartment sink to dry the mixer because the drying area in the three-compartment sink was full. DA 1 stated she sprayed the mixer with water, and it was her mistake because the last process of dishwashing was to air dry. DA 1 stated she washed out the sanitizer making it ineffective to clean and kill bacteria from the soiled mixer.</p> <p>During an interview on 3/25/2025 at 9:15 a.m. with the DS, the DS stated she was not sure as to how long DA 1 dipped the mixer in the sanitizing sink and dipping the mixer for 30 seconds in the sanitizer then spraying it with water should be okay as it would already kill the bacteria. The DS stated the last process in manual dishwashing was to air dry to prevent chemical contamination to resident's food.</p> <p>During a review of the facility's P&P titled Food Contaminants dated 11/20/2024, the P&P indicated, Chemical contamination: the most common chemicals that can be found in a food system are cleaning agents (such as glass cleaners, soaps, and oven cleaners) and insecticides. Chemicals used by the facility staff, in the course of their duties, may contaminate food.</p> <p>During a review of the facility's P&P titled Prep Sink-Dietary dated 11/20/2024, the P&P indicated, (2) The food preparation sink shall be located in the food preparation area, provided exclusively for food preparation, and accessible at all times. (6). The prep sink should not be used to clean equipment (i.e., utensils, cutting boards, knives, etc.).</p> <p>During a review of Food Code 2022, dated 11/18/2023, the Food Code 2022 indicated, 4-901.11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food and; (B) May not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. During a concurrent observation and interview on 3/25/2025 at 9:48 a.m. of the QUAT sanitizer concentration testing demonstration with Dietary Aide 3 (DA 3), DA 3 demonstrated checking the QUAT sanitizer and pulled a test strip and dipped it in the red bucket solution for 20 seconds while surveyor monitored the clock and compared it to the color chart. DA 3 stated she dipped the test strip into the sanitizer for 15 seconds and it was 300 parts per million ([ppm], concentration of the solution). DA 3 stated she knew it was 15 seconds as she counted 1,2,3,4 up to 15 in her head.</p> <p>During a concurrent observation and interview on 3/25/2025 at 9:58 a.m., of the QUAT sanitizer concentration testing demonstration with the DS, the DS demonstrated checking the QUAT sanitizer concentration and pulled a test strip then dipped the test strip for 20 seconds by counting 1,2,3,4,5 up to 20 seconds. The DS compared the test strip to the color chart and stated the concentration was at 150 ppm which was acceptable.</p> <p>During a concurrent interview and record review on 3/25/2025 at 9:48 a.m., with the DS, Hydriion (QT-10) QUAT Dispenser manufacturer's guideline was reviewed. The Q10 manufacturer's guidelines indicated, Product directions:</p> <ul style="list-style-type: none"> - Dip the strip into the sanitizing solution for 10 seconds, then instantly compare the resulting color with the enclosed color chart which matches concentrations of 0-100-200-300-400ppm. - Test solution should be between 65- and 75-degrees Fahrenheit. <p>The DS stated kitchen staff should have been dipping the test strips for 10 seconds instead of 20 seconds and confirmed kitchen staff were not taking the temperature of the solution during testing of the QUAT sanitizer. The DS stated since the kitchen staff were dipping the strips longer, QUAT sanitize concentration might not have been an accurate reading. The DS stated kitchen staff was not following the manufacturer's guidelines, and the sanitizer might not have been sanitizing surfaces properly causing cross-contamination to residents' food as a potential outcome.</p> <p>During a review of the facility's manufacturer's guidelines titled Wash, Rinse, Sanitize, Test undated, the document indicated, Quaternary Ammonium Sanitizers: (1) Tear off a strip of test paper and dip it into room temperature (65-75 F) sanitizing solution for 10 seconds.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitation- Temperature, pH, Concentration, and Hardness. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under 4-703.11 (C) shall meet criteria specified under 7-204.11 Sanitizers, criteria shall be used in accordance with the EPA-registered label use instructions, and shall be used as follows: (C) A quaternary ammonium compound solution shall (1) Have a minimum temperature of 24 C (75 F), (2) Have a concentration as specified under 7-204.11 and as indicated by the manufacturer's use directions included in the labeling.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the sanitizing solution shall be accurately determined by using test kit or other device.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 3-307.11 Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under Subparts 3-301-3-306.</p> <p>7. During a concurrent interview and record review on 3/26/2025 at 10:41 a.m. with Licensed Professional Nurse 7 (LVN 7) and LVN 8, Food Fridge Temperature Log, dated March 2025 was reviewed. The Food Fridge Temperature Log on Station 4 indicated, Temperature should be between: 36 F to 46 F. Notify maintenance/DON immediately if out of range. The log further indicated the temperatures on the following dates were at 42 F: 3/1/2025, 3/2/2025, 3/3/2025, 3/7/2025, 3/8/2025, 3/9/2025, 3/10/2025, 3/13/2025, 3/19/2025, 3/20/2025. LVN 7 stated the acceptable range for the food refrigerator was at 36 F to 46 F. LVN 8 stated he knew what the danger zone of food as the temperature the bacteria started growing. LVN 7 stated she was not aware that the danger zone of food was from 41 F to 140 F and there were refrigerator temperatures that were at 42 F in March indicated in the refrigerator log. LVN 7 stated it was important to maintain the proper temperature of the refrigerator to prevent food from spoiling and if spoiled foods were consumed by the residents, they could have diarrhea and stomach issues as a potential outcome. LVN 7 stated the facility needed to change the log and policy to ensure food safety of resident's food from the outside source.</p> <p>During a review of the facility's P&P titled Refrigerator/Freezer Temperature Records dated 11/20/2024, the P&P indicated Purpose: To establish guidelines to record the temperatures of refrigerated and frozen storage areas. A daily temperature record is to be kept for refrigerated and frozen storage areas. Procedure: The refrigerator temperature must be at 41 F or below.</p> <p>During a review of the facility's P&P titled, Food Receiving and Storage, dated 1/2025, the P&P indicated, Guidelines: Acceptable temperature ranges are 35 f to 41 F for refrigerators and 0 F or less for freezers.</p> <p>During a review of Food Code 2022, dated 1/18/2023 the Food Code 2022 indicated, 3-501.16 Time/Temperature for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as a public health control as specified under 3-501.19, and except as specified under (B) and in (C) of this section, Time/Temperature Control for safety food shall be maintained: (2) At 5 C (41 F) or less.</p>		

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 03/27/2025
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents food brought in from outside the facility were stored at safe temperature range of 41 degrees Fahrenheit (F, a scale of temperature) and below. This deficient practice had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 133 of 206 medically compromised residents who store food in the resident's refrigerator.</p> <p>Findings:</p> <p>During a review of the facility's Policies and Procedures (P&P), titled, Refrigerator/Freezer Temperature Records, dated 11/20/2024, the P&P indicated The facility has procedures to ensure safe and sanitary storage, handling, and consumption of foods brought to residents by family and other visitors. Note: The facility strives to support each resident's right to safe food storage, handling, and preparation. To ensure safe food practices and the prevention of foodborne illness, the facility shall provide safe and sanitary storage of food brought to resident by family and visitors for a period not to exceed 48 hours, and in accordance with the following guidelines.</p> <p>During a concurrent interview and record review on 3/26/2025 at 10:41 a.m., with Licensed Vocational Nurse (LVN) 7 and LVN 8, Food Fridge Temperature Log, dated March 2025 was reviewed. The Food Fridge Temperature Log on Station 4 indicated, Temperature should be between: 36 F to 46 F. Notify maintenance / DON immediately if out of range. The log indicated the temperatures on the following dates were at 42 F: 3/1 - 3/3/2025, 3/7 - 3/10/2025, 3/13, 3/19, and 3/20/2025. LVN 7 stated the acceptable range for the food refrigerator was at 36 F to 46 F. LVN 8 stated he knew what the danger zone of food as the temperature the bacteria started growing. LVN 7 stated she was not aware that the danger zone of food was at 41 F to 140 F and there were refrigerator temperatures that were at 42 F in March indicated in the refrigerator log. LVN 7 stated it was important to maintain the proper temperature of the refrigerator to prevent food from spoiling and if the spoiled foods were consumed by the residents, they could have diarrhea and stomach issues. LVN 7 stated the facility needed to change the log and policy to ensure food safety of resident's food from the outside source.</p> <p>During a review of the facility's P&P titled, Refrigerator/Freezer Temperature Records, dated 11/20/2024, the P&P indicated Purpose: To establish guidelines to record the temperatures of refrigerated and frozen storage areas. A daily temperature record is to be kept for refrigerated and frozen storage areas. Procedure: The refrigerator temperature must be at 41 F or below.</p> <p>During a review of the facility's P&P titled, Food Receiving and Storage, dated 1/2025, the P&P indicated, Guidelines: Acceptable temperature ranges are 35 f to 41 F for refrigerators and 0 F or less for freezers.</p> <p>(continued on next page)</p>		

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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	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Food Code 2022, dated 1/18/2023 the Food Code 2022 indicated, 3-501.16 Time/Temperature for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as a public health control as specified under 3-501.19, and except as specified under (B) and in (C) of this section, Time/Temperature Control for safety food shall be maintained: (2) At 5 C (41 F) or less.		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to dispose garbage and refuse properly when two of four dumpsters (large trash container designed to be emptied into a truck) were not completely closed and covered when not in use, and the surrounding ground was not kept clear of spilled liquids, soiled gloves, and trash.</p> <p>This failure had a potential to result to attracting birds, flies, insects, pest and possibly spread infection to facility residents.</p> <p>Findings:</p> <p>During a concurrent observation of the facility dumpsters and interview on 3/26/2025 at 10:13 am, the Dietary Supervisor (DS) observed 2 of 4 black dumpsters overflowing with trash, not completely covered when not in use and the dumpster grounds had food spillage and other trash such as used gloves and soiled paper cups. The DS stated the dumpsters had to be completely covered because rodents could get into the trash. The DS stated the dumpsters were too close to the kitchen and it would be a potential hazard as birds and other animals could transfer bacteria to residents. The DS further stated there was trash on the ground surrounding the dumpsters and the trash needed to be cleaned to prevent pests in the facility.</p> <p>During a concurrent observation and interview on 3/26/2025 at 10:27 a.m. of the dumpster with the Housekeeping Supervisor (HKS), the HKS stated the trash bin was full, was not closed and the trash grounds had food splatters and used gloves. The HKS stated this was not okay as it could potentially spread infection to the residents as a potential outcome.</p> <p>During a review of the facility's policies and procedures (P&P) titled, Dispose of Garbage and Refuse, dated 11/20/2024, indicated The facility properly disposes of garbage and refuse. Guidelines: (1) Garbage and refuse containers are maintained in good condition (no leaks) and waste is properly contained in dumpsters or compactors with lid covers. (2) Loading docks, hallways, and elevators used for both garbage disposal and clean food transport shall remain clean, free of debris and free of foul odors and waste fat. (3) Garbage storage shall be maintained in a sanitary condition to prevent the harborage and feeding of pests.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 5-501.113 Covering Receptacles and waste handling units for refuse, recyclables, and returnable shall be kept covered: (A) Inside food establishment if the receptacles and units: (1) Contain food residue and are not in continuous use; or (2) After they are filled; and 174 (B) With tight-fitting lids or doors if kept outside the food establishment.</p> <p>(continued on next page)</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, 5-501.116 Cleaning Receptacles. Proper storage and disposal of garbage and refused are necessary to minimize the development of odors, prevent such waste from becoming an attractant and harborage of breeding place for insects and rodents, and prevent the soiling of food preparation and food service areas. Improperly handled garbage creates nuisance conditions, makes housekeeping difficult, and may be possible source of contamination of food, equipment, and utensils. Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. Proper equipment and supplies must be made available to accomplish thorough and proper cleaning of garbage storage areas and receptacles so that unsanitary conditions can be eliminated.</p> <p>During a review of Food Code 2022, dated 1/18/2023, the Food Code 2022 indicated, A review of Food Code 2017, indicated, 5-501.15 Outside receptacles. (A) Receptacles and waste handling units for REFUSE, recyclables, and returnable used with materials containing FOOD residue and used outside the FOOD ESTABLISHMENT shall be designed and constructed to have tight-fitting lids, doors, or covers.</p>		