STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555589	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whittier Hospital Medical Ctr D/P Snf	9080 Colima Road Whittier, CA 90605

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46333 Based on interview and record review, the facility failed to ensure one of four resident's skin integrity was assessed and treated by wound care services when consulted by nursing staff in accordance with the facility's policy and procedure. This failure resulted in Resident 1's persistent redness to the chest area for five days, which did not get assessed and treated by wound care services, which compromised Resident 1's health and well-being. Findings: During a review of Resident 1's History and Physical (H&P), dated 9/21/23, the H&P indicated that Resident 1 was an 8-month-old patient with a medical history including chronic lung disease, tracheostomy (an incision in the windpipe made to aid in breathing), and ventilation (a machine aiding in air exchange in and out of the lungs) dependent. During a review of Resident 1's Patient Progress Notes (an ongoing record of a patient's illness and treatment), dated from 7/20/24 through 7/25/24, the progress note indicated the following: On 7/20/24 at 5:02 p.m., the nursing notes indicated, Pt (Patient 1) has multiple scratches and red spots to the chest. On 7/20/24 at 5:06 p.m., the nursing notes indicated, Called patient's mother to update. Pt had x (times) 1 emesis (vomit). Pt (patient) also had a red spot on the RT (right) chest due to Pt (patient 1) scratching and visible scratches on the left side of the abdomen. Mother aware. Placing wound care consult. On 7/22/24 at 6:10, the nursing notes indicated redness on chest. On 7/23/24 at 7:00 p.m., the nursing notes indicated rashes. On 7/24/24 at 7:06 p.m., the nursing notes indicated, Mom, request for patient to be dressed in clothing that will cover her right chest and left thigh to prevent pt (patient) further scratching the area . Please place a moist pillowcase over the chest and thigh to create a barrier. Mom asked for contact information for the wound care nurse; the charge nurse was notified. House supervisor aware. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/25/24 at 1:35 a.m., the nursing notes indicated, Wound consult entered for right upper chest and left thigh self-inflicted scratches. During a concurrent interview and record review on 8/30/24, at 10 a.m., with the Chief Nursing Officer (CNO), Resident 1's Wound Care Consult, dated 7/20/24 and 7/25/24, was reviewed. The consult order on 7/20/24 indicated, Right chest and left abdominal redness due to scratching constantly. The CNO stated a second consult was placed by the charge nurse for wound care to assess the resident on 7/25/24 and indicated, Please check right upper chest and left thigh scratches, caused by self-inflicted scratching. The CNO confirmed that there was no documentation that the wound team assessed Resident 1. During a review of the facility's policy and procedure (P&P) titled Skin Screening, Prevention, and Treatment, dated April 2012, the wound care specialist job description indicated, Responsibilities serve as a clinical wound specialist/consultant/mentor to staff through formal and informal training of staff . Evaluates and treats patients upon physician referral in the hospital and outpatient setting. This policy/procedure was not implemented for Resident 1.