

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555731	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Dept of State Hospitals - Metropolitan Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 11401 South Bloomfield Avenue Norwalk, CA 90650	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the environment remained free from accidents for one of 21 sampled residents (Resident 51), when the net zipper of Resident 51's enclosure bed (specialized bed with mesh walls that zip closed around a resident to prevent falls) malfunctioned and Resident 51 got up from bed and fell on the floor. This failure had the potential for serious injury. Findings: During a review of Resident 51's Face Sheet (demographics), dated 9/2/25, the face sheet indicated Resident 51 was admitted on [DATE] with diagnoses that included neurocognitive disorder (problems with thinking and memory caused by changes or damage in the brain), epileptic seizures (when the brain briefly loses control of normal activity, leading to sudden changes in movement, behavior, or awareness) and a history of traumatic brain injury. During a review of the facility's Interdisciplinary Note, documented by the Registered Nurse (RN 11), dated 11/26/25 at 9:07 a.m., the Interdisciplinary Note indicated, Resident 51 was a high risk for fall, and sleeps in a bed enclosure for safety. Review of the interdisciplinary note indicated, Resident 51 was found on the floor on 11/26/25 around 6:28 a.m. Further review of the interdisciplinary note indicated the net zipper malfunctioned and Resident 51 managed to manipulate the net zipper and open the bed. During an interview on 12/4/25 at 4:22 p.m. with the Psychiatric Technician Assistant (PTA 1), PTA 1 stated prior to Resident 51's unwitnessed fall on 11/26/25, staff observed Resident 51 inspecting the zipper while inside the enclosure bed. PTA 1 further stated Resident 51 had been observed by staff while inside the enclosure bed, attempting to maneuver the zipper to open the enclosure bed. During a concurrent interview and record review on 12/5/25 at 9:09 a.m. with RN 3, Resident 51's Observational Status (OS) Record, dated 11/25/25 and 11/26/25, was reviewed. RN 3 stated Resident 51's fall from the enclosure bed was likely the result of the zipper not being properly secured by staff. RN 3 stated it was possible that Resident 51 was able to manipulate the zipper or a malfunction of the zipper had occurred. Review of Resident 51's OS record indicated Resident 51 was on 15-minute supervision for safety at the time of the unwitnessed fall. RN 3 stated during resident rounds staff were expected to look at the position of the resident and their location while in the enclosure bed. RN 3 further stated staff were expected to ensure the enclosure bed was secured and in good working condition. During a review of the facility's policy and procedure (P&P) titled, Enclosure Bed, dated October 2024, the P&P indicated, During rounds, nursing staff will ensure all zippers are secure and clipped around the enclosure bed when the bed is occupied or unoccupied.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555731
		If continuation sheet Page 1 of 1