

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49900</p> <p>Based on interview and record review, the facility failed to ensure two of ten residents (Resident 6 and Resident 7) were free from physical abuse (intentional bodily injury) when:</p> <p>a. Resident 1 struck Resident 7 in the face unprovoked at Station A's hallway on 1/18/2025.</p> <p>b. Resident 5 slapped Resident 6 on the right side of the face near the vending machines because Resident 6 would not light Resident 5's cigarette on 1/7/2025.</p> <p>As a result of these failures, Resident 7 sustained an acute (severe and sudden in onset) depressed nasal bone fracture (a break in the nasal [relating to or having to do with the nose] bone that pushed the bone inward toward the maxilla [the bones that formed the upper part of the jaw, the roof of the mouth, and parts of the eye socket and nose] usually caused by a direct blow to the nose), and Resident 6 was physically abused by Resident 5.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included metabolic encephalopathy (a brain disorder that occurred when there's an imbalance of chemicals in the blood), dementia (a progressive state of decline in mental abilities), psychosis (a severe mental condition in which thought, and emotions were so affected that contact was lost with reality), and anxiety (a feeling of fear, dread, and uneasiness).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 11/22/2024, the MDS indicated Resident 1 had severely impaired cognitive skills for daily decision making (ability to think and reason). The MDS indicated Resident 1 was independent (resident completed the activity by herself without assistance from a helper) with eating and personal hygiene, and required supervision with oral hygiene, toileting hygiene, and showering/bathing self.</p> <p>During a review of Resident 1's Order Summary Report, dated 10/18/2024, the report indicated to monitor Resident 1's behavior of sudden shifts in mood from pleasant to extreme anger and striking out staff or peers 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there was a change of condition among the residents), dated 1/7/2025 and untimed, the report indicated on 1/7/2025, Resident 1 slapped the hat off, of a resident (Resident 2).</p> <p>During a review of Resident 1's care plan titled Altercation resident to resident verbal altercation resulting to physical assault to another resident, initiated on 1/7/2025, the interventions indicated nursing staff were to distract and redirect Resident 1 by engaging the resident in alternative activities to divert attention away from triggers.</p> <p>During a review of Resident 1's Situation, Background, Assessment, and Recommendation (SBAR), dated 1/18/2025 and untimed, the SBAR indicated on 1/18/2025 Resident 1 exhibited physical aggression towards another resident (Resident 7).</p> <p>During a review of Resident 7's Admission Record, the Admission Record indicated Resident 7 was admitted to the facility on [DATE]. Resident 7's diagnoses included difficulty in walking, metabolic encephalopathy, diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), and dementia.</p> <p>During a review of Resident 7's History and Physical (H&P), dated 11/24/2024, the H&P indicated Resident 7 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 7 had severely impaired cognitive skills for daily decision making. The MDS indicated Resident 7 required partial assistance (helper did less than half the effort) with eating and substantial assistance (helper did more than half the effort) with oral hygiene, toileting hygiene, showering/ bathing self, and personal hygiene. The MDS indicated Resident 1 required supervision in walking and used a wheelchair for mobility.</p> <p>During a review of Resident 7's SBAR, dated 1/18/2025, the SBAR indicated on 1/18/2025, Dietary Aid (DA 1) witnessed Resident 1 grab Resident 7 by the shoulder and with a closed fist and hit Resident 7 in the nose. The SBAR indicated on 1/18/2025, Resident 7 did not have pain nor changes in the skin observed.</p> <p>During a review of Resident 7's X-ray (a type of electromagnetic radiation that produced images of the inside of the body, used to diagnose and treat diseases and injuries) report, dated 1/19/2025, the report indicated Resident 7 had an acute depressed fracture involving the nasal bone.</p> <p>During a review of Resident 7's Interdisciplinary Team (IDT, a group of healthcare professionals who worked together to provide care for residents in a nursing home) Conference Record, dated 1/19/2025, the IDT record indicated on 1/18/2025, DA 1 witnessed Resident 1 unprovokedly punched Resident 7 on the nose in the Station A hallway, and the facility abuse protocol was initiated. The IDT record indicated Resident 7 had no pain, no facial discoloration or swelling, nor had any chronic (a condition that lasted for a long time and requires ongoing medical care) or acute (something was severe and sudden, or immediate) changes noted. The IDT record indicated Resident 7 continued to enjoy his daily routines.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/22/2025 at 10:35 am with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on the morning of 1/18/2025 (could not recall the time), she was informed by DA 1 that Resident 1 unprovokedly punched Resident 7 on the nose in the Station A hallway when they walked past each other. LVN 1 stated Resident 1 was calm and unable to indicate why he punched Resident 7 in the nose.</p> <p>During a telephone interview on 1/22/2025 at 11:23 a.m. with DA 1, DA 1 stated on the morning of 1/18/2025 (could not recall the time), DA 1 saw Resident 1 was using his left hand to hold Resident 7 by the shoulder and punched Resident 7 on the nose with his right fist in Station A's hallway. DA 1 stated Resident 7 was trying to push Resident 1 away but was too weak to do so. DA 1 stated he tried to separate Resident 1 and Resident 7, but DA 1 did not get to the residents on time. DA 1 stated he called LVN 2 over to check on Resident 7.</p> <p>During a telephone interview on 1/22/2025 at 12:29 p.m. with LVN 2, LVN 2 stated on the morning of 1/18/2025 (could not recall the time), she was informed by DA 1 that Resident 1 unprovokedly punched Resident 7 on the nose on. LVN 2 stated on 1/18/2025(could not recall the time), there was no visible injury to Resident 7's face. LVN 2 stated Resident 7 was unable to provide information on what happened.</p> <p>2. During a review of Resident 5's Admission Record, the Admission Record indicated Resident 5 was admitted to the facility on [DATE]. Resident 5's diagnoses included Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), schizoaffective disorder (a mental illness that could affect thoughts, mood, and behavior), bipolar disorder (sometimes called manic-depressive disorder; mood swings that ranged from the lows of depression to elevated periods of emotional highs), and restlessness (a state of unable to stay still or quiet, or feeling worried or bored) and agitation (a state of extreme arousal, restlessness, or tension that could make it hard to relax).</p> <p>During a review of Resident 5's H&P, dated 12/21/2024, the H&P indicated Resident 5 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 5's MDS, dated [DATE], the MDS indicated Resident 5 had mildly impaired cognitive skills for daily decision making. The MDS indicated Resident 5 was independent with eating, oral hygiene, toileting hygiene, showering/ bathing self, and personal hygiene. The MDS indicated Resident 5 had hallucinations (a false perception of a sight, sound, smell, taste, or touch that seems real but was not).</p> <p>During a review of Resident 5's Order Summary Report, dated 12/20/2024, the report indicated to monitor Resident 5 for auditory (hearing) and visual hallucinations.</p> <p>During a review of Resident 5's Order Summary Report, dated 12/30/2024, the report indicated to monitor Resident 5 for behavior of sudden angry outburst.</p> <p>During a review of Resident 5's care plan titled Resident has a behavioral pattern, initiated on 1/6/2025, the care plan indicated interventions included one-to-one (1:1, a situation where a dedicated healthcare professional constantly observed and attended to a single resident, maintaining close proximity [the state of being close to something or someone in space] at all times to ensure their safety and intervene as needed) supervision.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 5's SBAR, dated 1/8/2025, the SBAR indicated on 1/7/2025 around 11:05 p.m. Resident 5 slapped Resident 6 near the vending machines. The SBAR indicated Resident 5 stated she slapped Resident 6 because Resident 6 drank all her (Resident 5) soda and did not want to light her cigarette.</p> <p>During a review of Resident 6's Admission Record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE]. Resident 6's diagnoses included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), hyperlipidemia (a medical condition where there were abnormally high levels of fats in the blood), schizoaffective disorder, and bipolar disorder.</p> <p>During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6 had mildly impaired cognitive skills for daily decision making. The MDS indicated Resident 6 required supervision with eating and partial assistance with oral hygiene, toileting hygiene, shower/ bathe self, and personal hygiene. The MDS indicated Resident 5 used a wheelchair for mobility.</p> <p>During a review of Resident 6's incident report, dated 1/7/2025, the report indicated on 1/7/2025 around 11:05 p.m., Activities Aide (AA) 1 witnessed Resident 5 slap Resident 6 on the side of the head in the patio. The report indicated Resident 6 stated he was walking out and Resident 5 smacked him.</p> <p>During a review of Resident 6's IDT record, dated 1/8/2025, the IDT record indicated during the wee hours (the early hours of the morning) of 1/8/2025, Resident 6 stated Resident 5 slapped him on the right side of face when Resident 5 asked for a lighter and Resident 6 stated he did not have one. The IDT record indicated the mandated abuse reporting guideline had been completed and Resident 6 pressed charges (to take legal action against someone) against Resident 5.</p> <p>During an interview on 1/22/2025 at 10:06 a.m. with Resident 6, Resident 6 stated on the night of 1/7/2025, Resident 5 punched him with a closed fist and hit him (Resident 6) on the right side of the cheek near the vending machines, after he told Resident 5 to light her own cigarette. Resident 6 stated there was no staff present when it happened. Resident 6 stated being slapped by Resident 5 made him feel weird because he thought Resident 5 was his friend.</p> <p>During an interview on 1/22/2025 at 11:35 a.m., with AA 1, AA 1 stated on the night of 1/7/2025 at 11 p.m., she was supervising Resident 5 and walked with Resident 5 to the vending machine area. AA 1 stated she left Resident 5 alone for about five minutes with Resident 6 to inform the charge nurse that she needed to leave work and go home. AA 1 stated on 1/7/2025 at 11:05 p.m., she witnessed Resident 5 slap Resident 6 across the face when she returned to the vending machine area.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled Abuse Prevention and Prohibition, dated 11/2018, the P&P indicated the facility did not condone any form of resident abuse. The P&P indicated the facility promoted an environment free from abuse and mistreatment. The P&P also indicated physical abuse was defined as hitting, slapping, pinching, and or kicking.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49900</p> <p>Based on interview and record review, the facility failed to meet professional standards of quality of care for seven out of ten residents (Resident 1,2,4,5,7,8, and 9) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure the facility documented the findings related to a change of condition (COC) that on 1/8/2025 Resident 1 slapped the hat off Resident 2, for Resident 1 on 1/8/2025 and 1/9/2025 3 p.m. -11 p.m. (evening) shifts nor on 1/9/2025 7 a.m. - 3 p.m. (morning) shift. 2. Ensure the facility completed documentation of nursing interventions for resident care on Resident 2's Medication Administration Record (MAR) on 1/1/2025, 1/9/2025, 1/10/2025, and 1/14/2025 evening shifts. 3. Ensure the facility documented the findings related to a COC that on the morning of 1/7/2025 Resident 2 alleged Resident 1 went into his (Resident 2) room and hit him (Resident 2) in the head for Resident 2, on 1/7/2025, 1/9/2025 evening shifts and 1/8/2025, 1/9/2025 morning shifts. 4. Ensure the facility completed documentation of nursing interventions for resident care on Resident 4's MAR on 1/1/2025, 1/9/2025, 1/10/2025, and 1/14/2025 evening shifts. 5. Ensure the facility documented the findings related to a COC that on 1/5/2025, Resident 5 allegedly hit Resident 4 across the face, for Resident 5 on 1/6/2025 and 1/7/2025 evening shifts. 6. Ensure the facility documented the findings related to a COC that on 1/18/2025 Resident 1 struck Resident 7 in the face unprovoked at Station A's hallway, for Resident 7 on 1/18/2025 and 1/19/2025 evening shifts. 7. Ensure the facility completed documentation of nursing interventions for resident care on Resident 8's MAR on 1/1/2025, 1/9/2025, 1/10/2025, and 1/14/2025 evening shifts. 8. Ensure the facility documented the findings related to a COC that on 1/19/2025, Resident 8 reported that Resident 9 spat on his left arm unprovokedly (something was done without a clear reason or justification), for Resident 8 on 1/19/2025 and 1/21/2025 evening shifts. 9. Ensure the facility completed documentation of nursing interventions for resident care on Resident 9's MAR on 1/1/2025 evening shift. 10. Ensure the facility documented the findings related to a COC that on 1/19/2025, Resident 9 spat on Resident 8's left arm unprovokedly, for Resident 9 on 1/19/2025 and 1/21/2025 evening shifts. <p>These deficient practices could have potentially delayed necessary medical and behavioral care for Resident 1,2,4,5,7,8, and 9, and increased the risk of another episode of resident-to-resident altercation.</p> <p>Findings:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included metabolic encephalopathy (a brain disorder that occurred when there's an imbalance of chemicals in the blood), dementia (a progressive state of decline in mental abilities), psychosis (a severe mental condition in which thought, and emotions were so affected that contact was lost with reality), and anxiety (a feeling of fear, dread, and uneasiness).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 11/22/2024, the MDS indicated Resident 1 had severely impaired cognitive skills for daily decision making (ability to think, remember and reason). The MDS indicated Resident 1 was independent (resident completed the activity by herself without assistance from a helper) with eating and personal hygiene, and required supervision with oral hygiene, toileting hygiene, shower/ bathe self, and walking.</p> <p>During a review of Resident 1's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there was a change of condition among the residents), dated 1/7/2025, the report indicated on 1/7/2025, Resident 1 had behavior changes and Resident 1 slapped the hat off Resident 2.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with Registered Nurse (RN 1), Resident 1's nursing progress notes, dated 1/22/2025, were reviewed. RN 1 stated there was no documentation on the nursing progress notes regarding on 1/7/2025, Resident 1's behavior changes that Resident 1 slapped the hat off Resident 2, on 1/8/2025 and 1/9/2025 evening shifts nor on 1/9/2025 morning shift.</p> <p>2. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2's diagnoses included neuropathy (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), anxiety disorder (a mental health condition that involved excessive and persistent feelings of fear and worry), and schizoaffective disorder (a mental illness that could affect thoughts, mood, and behavior).</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had contact cognitive skills for daily decision making. The MDS indicated Resident 2 used walker and wheelchair for mobility devices. The MDS indicated Resident 2 was independent with eating; required supervision with oral hygiene and personal hygiene; and required partial assistance (helper did less than half the effort) with toileting hygiene and shower/bathe self.</p> <p>During a review of Resident 2's Incident Report (IR), dated 1/7/2025, the IR indicated Resident 2 stated Resident 1 went into his room and hit him in the head on 1/7/2025.</p> <p>During a review of Resident 2's care plan titled Resident engaged in an altercation with another resident (Resident 1), initiated on 1/5/2025, the care plan indicated interventions included be alert for sign and changes in behavior by observing presence of yelling, anger, restlessness, repetitive pacing, talking to self, and to assess for injury and/ or pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2's History and Physical (H&P), dated 1/12/2025, the H&P indicated Resident 2 was alert and oriented x 3 (a person was awake, aware, and understands who they were, where they were, and what time it was) and required specialized nursing interventions for the sustained management of chronic health conditions.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 2's MAR, dated 1/17/2025 at 12:22 p.m. was reviewed. RN 1 stated there was no documentation on 1/1/2025, 1/9/2025, 1/10/2025, and 1/14/2025 evening shifts for the following orders:</p> <p>a) Monitor adverse side effects (ASE, an undesired effect of a drug) of antidepressant (a type of medicine used to treat depression [a constant feeling of sadness and loss of interest] every (Q) shift</p> <p>b) Monitor behavior of bipolar disorder (mood swings [a sudden or intense change in a person's emotional state] that ranged from the lows of depression to elevated periods of emotional highs) m/b (manifested by) sudden mood swings Q shift.</p> <p>c) Monitor behavior of verbalization of feeling of helplessness on medical condition Q shift.</p> <p>d) Monitor for skin breakdown (tissue damage caused by friction, shear, moisture or pressure and was limited to the top layer of skin) posterior (the back side of things head) Q shift for 7 days.</p> <p>e) Monitor signs/symptoms (S/S) of psychosocial behavior Q shift.</p> <p>f) Monitor ASE of antipsychotics (A type of drug used to treat symptoms of psychosis) Q shift.</p> <p>g) Pain assessment Q shift.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 2's nursing progress notes, dated 1/22/2025, were reviewed. RN 1 stated there was no documentation on the nursing progress notes regarding Resident 2's altercation with Resident 1 happened on 1/7/2025 on 1/7/2025 and 1/9/2025 evening shifts, nor on 1/8/2025 and 1/9/2025 morning shift.</p> <p>3. During a review of Resident 4's Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 4's diagnoses included COPD, anxiety, bipolar disorder, and schizophrenia (a mental illness that was characterized by disturbances in thought).</p> <p>During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4 had mildly impaired cognitive skills for daily decision making. The MDS indicated Resident 4 required supervision with eating and partial assistance with oral hygiene, toileting hygiene, and shower/ bathe self.</p> <p>During a review of Resident 4's H&P, dated 1/14/2025, the H&P indicated Resident 4 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 4's psychiatric note, dated 12/5/2024, the psychiatric note indicated Resident 4 had episodes of paranoia (a mental disorder in which a person had an extreme fear and distrust of others), angry outburst, poor PO (oral) intake, moods swings, and delusions (having false or unrealistic beliefs).</p> <p>During a review of Resident 4's IR, dated 1/5/2025, the IR indicated Resident 4 was crying and stated Resident 5 hit her on 1/5/2025.</p> <p>During a review of Resident 4's care plan titled Resident engaged in an altercation with Roommate (Resident 5), initiated on 1/5/2025, the care plan indicated interventions included Be alert for sign and changes in behavior by observing presence of yelling, anger, restlessness, repetitive pacing, talking to self.</p> <p>During a concurrent interview and record review on 1/17/2025 at 12:21 p.m. with RN 1, Resident 4's MAR, dated 1/17/2025 at 9:57 a.m., was reviewed. RN 1 stated there was no documentation on 1/1/2025, 1/9/2025, 1/10/2025, and 1/14/2025 evening shifts for the following orders:</p> <ul style="list-style-type: none"> a) Covid-19 (Coronavirus disease, an infectious disease caused by the SARS-CoV-2 virus) monitoring to be completed every shift: monitor for S/S of respiratory infection. Check temperature and oxygen saturation (the amount of oxygen you had circulating in your blood) Q shift. b) Keep HOB (head of bed) elevated 30-40 degrees due to SOB (shortness of breath) while lying flat in bed related to COPD Q shift. c) Monitor ASE of antidepressant Q shift. d) Monitor ASE of mood stabilizer (a medication that helped treat mood swings) Q shift. e) Monitor behavior episodes of depression m/b poor PO intake Q shift. f) Monitor behavior for anxiety m/b continuous purposeless pacing (to walk with regular steps in one direction and then back again) in hallway Q shift. g) Monitor behavior for mood swing m/b sudden mood changes Q shift. h) Monitor behavior of schizophrenia m/b paranoia thinking she was being poisoned Q shift. i) Monitor for further skin breakdown of left eye Q shift for 7 days. j) Monitor new onset of pain Q shift for 7 days. h) Monitor ASE of antipsychotics Q shift. i) Monitor ASE of anxiolytics (A drug used to treat symptoms of anxiety) Q shift. j) Monitor S/S of melena (black, tarry stools that indicated bleeding in the upper gastrointestinal [GI] tract), bruising, and hematuria (blood in the urine) Q shift. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>k) Monitor S/S of psychosocial behavior Q shift.</p> <p>l) Pain assessment Q shift.</p> <p>4. During a review of Resident 5's Admission Record, the Admission Record indicated Resident 5 was admitted to the facility on [DATE]. Resident 5's diagnoses included Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), schizoaffective disorder, bipolar disorder, and restlessness (a state of unable to stay still or quiet or feeling worried or bored) and agitation (a state of extreme arousal, restlessness, or tension that could make it hard to relax).</p> <p>During a review of Resident 5's MDS, dated [DATE], the MDS indicated Resident 5 had mildly impaired cognitive skills for daily decision making. The MDS indicated Resident 5 was independent with eating, oral hygiene, toileting hygiene, shower/ bathe self, and personal hygiene. The MDS indicated Resident 5 had hallucinations (a false perception of a sight, sound, smell, taste, or touch that seems real but was not).</p> <p>During a review of Resident 5's H&P, dated 12/21/2024, the H&P indicated Resident 5 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 5's care plan titled Residents roommate (Resident 4) alleges she (Resident 5) hit her on face 1/5/2025, initiated on 1/5/2025, the care plan indicated interventions included 72 hours monitoring after incident.</p> <p>During a review of Resident 5's SBAR, dated 1/5/2025, the SBAR indicated Resident 5 allegedly hit Resident 4 across the face on 1/5/2025.</p> <p>During a review of the facility's follow-up report, dated 1/8/2025, the report indicated the allegation of Resident 5 hitting Resident 4 on the left side of face and eye on 1/5/2025 was found to be valid (based on truth or reason, or legally acceptable).</p> <p>During a review of Resident 5's SBAR, dated 1/8/2025, the SBAR indicated Resident 5 slapped Resident 6 near the vending machines on 1/7/2025 around 11:05 p.m. The SBAR indicated Resident 5 stated she slapped Resident 6 was because Resident 6 drank her soda and did not want to light her cigarette.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 5's nursing progress notes, dated 1/22/2025, were reviewed. RN 1 stated there were no documentation on the nursing progress notes regarding Resident 5's altercation with Resident 6 happened on 1/7/2025, on 1/6/2025 and 1/7/2025 evening shifts.</p> <p>5. During a review of Resident 7's Admission Record, the Admission Record indicated Resident 7 was admitted to the facility on [DATE]. Resident 7's diagnoses included difficulty in walking, metabolic encephalopathy, Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 7 had severely impaired cognitive skills for daily decision making. The MDS indicated Resident 7 required partial assistance with eating and substantial assistance (helper did more than half the effort) with oral hygiene, toileting hygiene, shower/ bathe self, and personal hygiene. The MDS indicated Resident 1 required supervision in walking and used wheelchair for mobility.</p> <p>During a review of Resident 7's H&P, dated 11/24/2024, the H&P indicated Resident 7 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 7's SBAR, dated 1/18/2025, the report indicated kitchen staff (Dietary Aid- DA) witnessed Resident 1 grabbed Resident 7 by the shoulder and with closed fist hit Resident 7 in the nose.</p> <p>During a review of Resident 7's X-ray (a type of electromagnetic radiation that produced images of the inside of the body. X-rays were used to diagnose and treat diseases and injuries) report, dated 1/19/2025, the report indicated Resident 7 had acute depressed fracture involving nasal bone.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 7's nursing progress notes, dated 1/22/2025, were reviewed. RN 1 stated there was no documentation on the nursing progress notes regarding Resident 7's altercation with Resident 1 happened on 1/18/2025, on 1/18/2025 and 1/19/2025 evening shifts.</p> <p>6. During a review of Resident 8's Admission Record, the Admission Record indicated Resident 8 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 8's diagnoses included DM, COPD, schizoaffective disorder, bipolar disorder, and anxiety.</p> <p>During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8 had intact cognitive skills for daily decision making. The MDS indicated Resident 8 had verbal behavioral symptoms (threatening others, screaming at others, cursing at others) directed toward others. The MDS indicated Resident 8 had impairment on upper extremity and used wheelchair for mobility device. The MDS indicated Resident 8 was independent with eating; required supervision in oral hygiene; and required partial assistance with toileting hygiene, shower/ bathe self, and personal hygiene.</p> <p>During a review of Resident 8's H&P, dated 12/7/2024, the H&P indicated Resident 8 had fluctuating capacity (when a person's ability to make decisions changed over time) to understand and make decisions.</p> <p>During a review of Resident 8's SBAR, dated 1/19/2025, the report indicated Resident 8 reported that Resident 9 spat on his left arm unprovokedly (something was done without a clear reason or justification) on 1/19/2025.</p> <p>During a review of Resident 8's care plan titled Resident to Resident Altercation: Resident alleges another resident (Resident 9) without provocation, spit on him, initiated on 1/19/2025, the care plan indicated interventions which included 72 hours monitoring after incident.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 8's MAR, dated 1/22/2025 at 12:50 p.m., was reviewed. RN 1 stated there was no documentation on 1/1/2025, 1/9/2025, 1/10/2025, and 1/14/2025 on the evening shifts for the following orders:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a) Monitor behavior for erratic (inconsistent and unpredictable) mood swings Q shift.</p> <p>b) Monitor behavior of anxiety AEB (as evident by) verbalization of feeling anxious Q shift.</p> <p>c) Monitor behavior of schizophrenia m/b angry outbursts towards staff or other residents Q shift.</p> <p>d) Monitor for anxiolytic side effects Q shift.</p> <p>g) Pain assessment Q shift.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 8's nursing progress notes, dated 1/22/2025, were reviewed. RN 1 stated there was no documentation on the nursing progress notes regarding Resident 8's altercation with Resident 9 happened on 1/18/2025, on 1/19/2025 and 1/21/2025 evening shifts.</p> <p>7. During a review of Resident 9's Admission Record, the Admission Record indicated Resident 9 was admitted to the facility on [DATE]. Resident 9's diagnoses included intractable absence epileptic syndrome (a type of epilepsy where absence seizures [brief, sudden lapses in consciousness characterized by staring blankly into space and a lack of awareness of surroundings] were not controlled by medication), schizophrenia, dementia, and anxiety.</p> <p>During a review of Resident 9's MDS, dated [DATE], the MDS indicated Resident 9 had mildly impaired cognitive skills for daily decision making. The MDS indicated Resident 9 had verbal behavioral symptoms directed toward others. The MDS indicated Resident 9 was independent with eating and oral hygiene, and required supervision with toileting hygiene, shower/ bathe self, and personal hygiene. The MDS indicated Resident 9 used walker and wheelchair for mobility devices.</p> <p>During a review of Resident 9's SBAR, dated 1/19/2025, the report indicated Resident 9 spat on Resident 8's left arm unprovokedly on 1/19/2025.</p> <p>During a review of Resident 9's care plan titled Resident to Resident Altercation: Resident alleges spat on another male resident's (Resident 9) left arm unprovoked, initiated on 1/19/2025, the care plan indicated interventions included 72 hours monitoring.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 9's MAR, dated 1/22/2025 at 12:48 p.m., was reviewed. RN 1 stated licensed nurse should complete documentation on MARs by the end of shift before leaving. RN 1 stated the expectation was for the responsible licensed nurse of the shift to complete the MAR at the end of the shift. RN 1 stated if not documented meant it did not happen. RN 1 stated document was to prove it was done. RN 1 stated the potential risk was resident's unmanaged behaviors, which could be addressed before the behavior and/or situation escalated, and it could possibly delay necessary care for residents. RN 1 stated there was no documentation on 1/1/2025 evening shift for the following orders:</p> <p>a) Monitor for episodes of seizure Q shift.</p> <p>b) Monitor for pain Q shift.</p> <p>c) Monitor for psychosis m/b striking out at staff during care Q shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d) Monitor for the following behaviors: Striking out, inconsolable screaming, rapid mood cycling (swing) mania (mental state of an extreme highs or depressive lows) Q shift.</p> <p>e) Monitor for ASE of antipsychotic Q shift.</p> <p>f) Monitor for ASE of anxiolytics Q shift.</p> <p>During a concurrent interview and record review on 1/22/2025 at 1:30 p.m. with RN 1, Resident 9's nursing progress notes, dated 1/22/2025, were reviewed. RN 1 stated there was no documentation on the nursing progress notes regarding Resident 9's altercation with Resident 8 happened on 1/18/2025, on 1/19/2025 and 1/21/2025 evening shifts. RN 1 stated the licensed nurse needed to document on progress note for residents on 72 hours monitoring on each shift. RN 1 stated the purpose of the documentation was for staff to see residents' response to the incident, residents' psychical and emotion states, and the continuity of care staff provided. RN 1 stated residents might be at risk of unmanaged pain and mood, and with the potential of striking again and harming self.</p> <p>During an interview on 1/22/2025 at 2:21 p.m. with the Director of Nursing (DON), the DON stated the licensed nurse was expected to complete all documentation on residents' MARs before leaving the shift. The DON stated no documentation meant interventions were not being done, and staff could possibly miss the changes in residents' condition. The DON stated the purpose of monitoring residents for 72 hours after incident was for license nurses to prevent another resident-to-resident altercation as much as possible. The DON stated if there were changes in residents' behavior, the licensed nurse was expected to be aware of and contact physician to provide interventions. The DON stated the licensed nurse should document Q shift on progress note. The DON stated staff could miss addressable (able to be addressed/changed, directly accessible) changes in residents which could probably lead to another incident and possible delay necessary care.</p> <p>During a review of facility's Charge Nurse (CN)-RN/LVN (Licensed Vocational Nurse) Job Description, undated, the job description indicated the CN needed to complete daily charting as assigned and ensured documentation was complete and legible at all times.</p> <p>During a review of facility's Policy and Procedure (P&P) titled Charting and Documentation, revised on 4/2008, the P&P indicated All observations, medications administered, services performed, etc., must be documented in the resident's clinical records.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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** 49900</p> <p>Based on interview and record review, the facility failed to provide adequate supervision for one of ten residents (Resident 5), who was on one-to-one (1:1, a situation where a dedicated healthcare professional constantly observed and attended to a single resident, maintaining close proximity at all times to ensure their safety and intervene as needed) supervision, slapped Resident 6 on the right side of Resident 6's face on 1/7/2025 near the vending machines because Resident 6 would not light Resident 5's cigarettes.</p> <p>This deficient practice had the potential to negatively affect Resident 6's physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 5's Admission Record, the Admission Record indicated Resident 5 was admitted to the facility on [DATE]. Resident 5's diagnoses included Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), schizoaffective disorder (a mental illness that could affect thoughts, mood, and behavior), bipolar disorder (sometimes called manic-depressive disorder; mood swings that ranged from the lows of depression to elevated periods of emotional highs), and restlessness (a state of unable to stay still or quiet, or feeling worried or bored) and agitation (a state of extreme arousal, restlessness, or tension that could make it hard to relax).</p> <p>During a review of Resident 5's History and Physical (H&P), dated 12/21/2024, the H&P indicated Resident 5 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool), dated 12/30/2024, the MDS indicated Resident 5 had mildly impaired cognitive skills for daily decision making (ability to think, remember and reason). The MDS indicated Resident 5 was independent (resident completed the activity by herself without assistance from a helper) with eating, oral hygiene, toileting hygiene, showering/bathing self, and personal hygiene. The MDS indicated Resident 5 required supervision with toileting hygiene and personal hygiene. The MDS indicated Resident 5 had hallucinations (a false perception of a sight, sound, smell, taste, or touch that seems real but was not).</p> <p>During a review of Resident 5's care plan titled Resident has a behavioral pattern, initiated on 1/6/2025, the staff interventions indicated 1:1 supervision.</p> <p>During a review of Resident 5's Situation, Background, Assessment, Recommendation (SBAR- a communication tool used by healthcare workers when there was a change of condition among the residents), dated 1/8/2025, the SBAR indicated Resident 5 slapped Resident 6 near the vending machines on 1/7/2025 around 11:05 p.m. The SBAR indicated Resident 5 stated she slapped Resident 6 was because Resident 6 drank all of her soda and did not want to light her cigarette.</p> <p>During a review of Resident 5's Order Summary Report, dated 12/30/2024, the report indicated to monitor Resident 5 for behavior of sudden angry outbursts.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	
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>During a review of Resident 6's Admission Record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE]. Resident 6's diagnoses included chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), hyperlipidemia (a medical condition where there were abnormally high levels of fats in the blood), schizoaffective disorder, and bipolar disorder.</p> <p>During a review of Resident 6's MDS, dated [DATE], the MDS indicated Resident 6 had mildly impaired cognitive skills for daily decision making. The MDS indicated Resident 6 required supervision with eating and partial assistance (helper did less than half the effort) with oral hygiene, toileting hygiene, showering/bathing self, and personal hygiene. The MDS indicated Resident 5 used a wheelchair for mobility.</p> <p>During a review of Resident 6's Incident Report, dated 1/7/2025, the report indicated on 11/7/2025 around 11:05 p.m., Activities Aide (AA) 1 witnessed Resident 5 slap Resident 6 on the side of the head in the patio. The report indicated Resident 6 stated he was walking out from the patio and Resident 5 smacked him.</p> <p>During an interview on 1/22/2025 at 10:06 a.m. with Resident 6, in Resident 6's room, Resident 6 stated Resident 5 punched him with closed fist and hit him (Resident 6) on right side of the cheek on 1/7/2025 near the vending machines after telling Resident 5 to light her own cigarettes. Resident 6 stated there was no staff present when it happened. Resident 6 stated it made him feel weird because he thought Resident 5 was his friend.</p> <p>During an interview on 1/22/2025 at 11:35 a.m., with AA 1, AA 1 stated she was supervising Resident 5 on 1/7/2025 and walked with Resident 5 to the vending machine area around 11 p.m. AA 1 stated she left Resident 5 alone with Resident 6 to inform the charge nurse that she needed to leave work and go home. AA 1 stated there was no other staff supervising Resident 5 at that time. AA 1 stated she witnessed Resident 5 slap Resident 6 across the face on 1/7/2025 at 11:05 p.m. when she returned to the vending machine area. AA 1 stated staff providing 1:1 supervision was not supposed to leave Resident 5 alone because an abuse incident could occur.</p> <p>During an interview on 1/22/2025 at 11:45 a.m. with the Director of Staff Development (DSD), the DSD stated staff providing 1:1 supervision should supervise residents at all times, and residents should not leave the staff's sight at any time. The DSD stated staff providing 1:1 supervision had to have someone to relieve them when going on breaks because the resident might have another behavioral episode when left alone. The DSD stated it was not acceptable to leave residents alone when they were on 1:1 supervision.</p> <p>During an interview on 1/22/2025 at 2:21 p.m. with the Director of Nursing (DON), the DON stated staff was expected to have the residents within their visual field at all times when residents were on 1:1 supervision, so staff could redirect the residents as needed. The DON stated AA 1 should have brought Resident 5 along to notify the charge nurse that she needed to leave. The DON stated it was not acceptable to have no staff present when Resident 5 and Resident 6 were in the vending machine area, as there was lack of supervision.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Heights Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2309 N Santa Fe Ave Compton, CA 90222	

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>During a review of the facility's P&P, titled Safety and supervision of residents, revised in 7/2017, the P&P indicated The care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and assistive devices . Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.</p>