

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555787	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Whittier Nursing and Wellness Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 7926 S Painter Ave Whittier, CA 90602	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>36925</p> <p>Based on observation, interview, and record review, the facility failed to provide a comfortable and homelike environment to one of thirteen sampled residents (Resident 2) by failing to provide the resident an extra blanket when the resident was cold at night.</p> <p>This deficient practice had the potential to expose the resident to an increased risk of hypothermia, discomfort, chills, worsening of existing medical conditions, and potential for skin breakdown from cold exposure.</p> <p>Findings:</p> <p>A review of Resident 2 ' s Admission Record indicated that the facility admitted the resident on 3/16/2023 and readmitted the resident on 1/29/2024 with diagnoses that include generalized muscle weakness and depression (a serious mental health condition that can impact how a person feels, thinks, and acts).</p> <p>A review of Resident 45 ' s Minimum Data Set (MDS - a resident assessment tool), dated 11/18/2024, indicated that the resident ' s cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and senses) was moderately impaired.</p> <p>During an interview with Resident 2 on 12/13/2024 at 12:22 PM, he stated that since the cold nights have started, the staff did not provide him an additional blanket when he requested for another one on several occasions. He stated that he felt irritated and neglected when the staff told him that they did not have a blanket available.</p> <p>During an interview with the Maintenance Supervisor (MS) on 12/13/2024 at 12:30 PM, who has been working in this facility for nine years, he stated that the laundry department is under his supervision. The MS stated that if there are no available blankets in the linen cart, the staff should check the laundry room and tell him if they still could not find a blanket so he could get a new blanket in the storage room.</p> <p>During an interview with Licensed Vocational Nurse (LVN) 1 on 12/13/2024 at 12:45 PM, LVN 1 stated that the Certified Nurse Assistants (CNAs) go to the charge nurse when they could not find a blanket in the linen cart or the laundry room. LVN 1 stated that the charge nurse would then go to the MS to request for a new blanket; however, LVN 1 stated that the MS is not available during the night shift, which leaves the charge nurse and the CNA helpless.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with CNA 3 on 12/16/2024 at 5:55 AM, CNA 3 stated that Resident 2 asked for a blanket last November, but a blanket was not available in the linen cart. CNA 3 stated she asked LVN 2 where she could get a blanket for a resident, but LVN 2 told her We do not have any.</p> <p>A review of the facility ' s undated policy titled, Quality of Life - Homelike Environment revised in 5/2017 indicated that the facility staff and management should maximize to the extent possible the characteristics of the facility that reflect a personalized homelike setting which includes the provision of extra blankets upon the request of a resident.</p>		