

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</b></p> <p>Based on interview and record review, the facility failed to notify the responsible party (RP) of a change in condition for one of 19 sampled residents (Resident 79), in the RP's preferred language of Korean (language spoken in the country of Korea).</p> <p>This deficient practice delayed Resident 79's RP's ability to be informed and aware of Resident 79's plan of care, including changes in Resident 79's condition, hospitalization s, and readmissions.</p> <p>Findings:</p> <p>During a review of Resident 79's Admission Record, the record indicated Resident 79 was originally admitted to the facility on [DATE] and was most recently readmitted on [DATE]. Resident 79's admitting diagnoses included major depressive disorder (a serious mood disorder that affects how a person feels, thinks, and behaves), anxiety disorder (a mental health condition that involves excessive feelings of fear, dread, and uneasiness), dementia (a progressive state of decline in mental abilities), and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 79's History and Physical (H&amp;P), dated 10/15/2024, the H&amp;P indicated Resident 79 did not have the capacity to understand or make decisions.</p> <p>During a review of Resident 79's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/5/2024, the MDS indicated Resident 79 had moderately impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions) and required supervision or touching assistance for activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 79's Change of Condition (COC) assessment, dated 10/4/2024, the assessment indicated Resident 79 was displaying a change in behavior and indicated Licensed Vocational Nurse (LVN) 1 notified Resident 79's RP of the change of condition.</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:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 10/17/2024 at 12:00 PM, with Resident 79's RP, using a translator, Resident 79's RP stated her preferred language was Korean, and stated she could not speak or understand English well. Resident 79's RP stated that on 10/4/2024 the facility left her a voice message in English, and stated she did not understand what the message said. Resident 79's RP further stated she received an email from the Director of Social Services (DSS) on 10/17/2024 and stated the email was in English. Resident 79's RP stated that she was not aware Resident 79 had a change in condition on 10/4/2024, or that Resident 79 was transferred to the hospital on 10/5/2024.</p> <p>During an interview on 10/17/2024 at 1:48 PM, with the Director of Nursing (DON), the DON stated if a resident has a RP, the RP was supposed to be notified of any changes in the plan of care, including changes of condition, hospitalization s, and readmissions. The DON stated the RP should be notified immediately.</p> <p>During an interview on 10/18/2024 at 10:26 AM with LVN 1, LVN 1 stated she notified Resident 79's RP of Resident 79's change of condition on 10/4/2024. LVN 1 stated she notified Resident 79's RP by phone, and stated she left a voice message for Resident 79's RP in English. LVN 1 stated there was no language translator used.</p> <p>An attempt was made to contact RN 1 by telephone, but no answer was received.</p> <p>During an interview on 10/17/2024 at 2:06 PM, with RN 2, RN 2 stated she spoke Korean and assisted staff with translation, but she did not work every day, and her responsibilities as an RN meant she was not always available to translate for staff. RN 2 stated that when she was not available, staff notified Resident 79's RP in English, and Resident 79's RP would call the facility when RN 2 was available to translate. RN 2 stated it was important that the facility residents' RPs received information and updates in their preferred language.</p> <p>During an interview on 10/18/2024, at 12:13 PM, with the DON, the DON stated updates to the plan of care, or change in a resident's condition, should be provided in the preferred language of the RP as the RP was an extension of the resident. The DON stated it was the resident's right to provide this information in a language the resident and/or RP could understand.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Resident Rights, revised December 2016, the P&amp;P indicated it was the resident's right to be notified of their medical condition and of any changes in their condition. The P&amp;P further indicated it was the resident's right to be informed of the care planning and treatment received.</p> <p>During a review of the facility's P&amp;P titled Accommodation of Needs, revised January 2020, the P&amp;P indicated the resident's needs and preferences were supposed to be accommodated to the extent possible if it would not endanger the health and safety of others. The P&amp;P further indicated staff were supposed to provide care in a manner that accommodated sensory limitations, promoted communication, and maintained dignity.</p> <p>During a review of the facility's P&amp;P titled Communication Policy: Translation and/or Interpretation, revised April 2020, the P&amp;P indicated that if there were no staff or family members available to assist with translation, facility staff were supposed to utilize the facility's contracted interpretation services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</b></p> <p>Based on interview and record review, the facility failed to develop care plans for three of three sampled residents (Resident 72, 37, and 74) addressing the following:</p> <ul style="list-style-type: none"> <li>a. The hearing difficulties for Resident 72.</li> <li>b. The discomfort of dentures for Resident 37.</li> <li>c. The usage of dentures for Resident 74.</li> </ul> <p>These deficient practices placed Resident 72 at risk of an inability to be aware of the care being provided due to staff being unaware of Resident 72's hearing difficulty and need for staff to speak loudly or speak close to hear. These deficient practices also had the potential to delay necessary care, increase the risk of undesired weight loss, and increase the risk of pressure ulcer (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) development for Residents 37 and 74.</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>a. During a review of Resident 72's Admission Record, the admission record indicated Resident 72 was admitted to the facility on [DATE]. Resident 72's admitting diagnoses included a history of falling, abnormalities of gait and mobility, dementia (a progressive state of decline in mental abilities), and metabolic encephalopathy (brain dysfunction caused by a chemical imbalance in the blood that affects brain function).</li> </ul> <p>During a review of Resident 72's History and Physical (H&amp;P), dated 2/2/2024, the H&amp;P indicated Resident 72 did not have the capacity to understand and/or make decisions.</p> <p>During a review of Resident 72's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/25/2024, the MDS indicated Resident 72 had severely impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 72 required supervision or touch assistance from staff for activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 72's Ear, Nose, and Throat (ENT) Progress Note, dated 10/10/2024, the progress note indicated Resident 72 had a diagnosis of hearing loss.</p> <p>During a review of Resident 72's Social Service quarterly assessment, dated 8/20/2024, the assessment indicated Resident 72 was hard of hearing and required staff to speak loudly to her.</p> <p>During an interview on 10/15/2024 at 10:22 AM, with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 72 was hard of hearing and did not use hearing aids. CNA 1 stated staff needed to speak to Resident 72 in a loud voice or speak closely to her for Resident 72 to hear what was being said.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review, on 10/17/2024 at 12:46 PM, with Licensed Vocational Nurse (LVN) 1, Resident 72's active care plans were reviewed. LVN 1 stated Resident 72 did not have a care plan addressing her hearing loss. LVN 1 stated care plans could be developed, reviewed, and revised by any licensed nursing staff, and stated there should be a care plan addressing Resident 72's difficulty in hearing. LVN 1 stated the care plan would ensure all staff providing care to Resident 72 were aware of the resident's hearing difficulty, and the necessary interventions to provide quality care, including speaking loudly or closer to the resident.</p> <p>49900</p> <p>b. During a review of Resident 37's Admission Record, the admission record indicated Resident 37 was admitted to the facility on [DATE]. Resident 37's admitting diagnoses included weakness, anemia (a condition where the body did not have enough healthy red blood cells), 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 37's H&amp;P, dated 4/9/2024, the H&amp;P indicated Resident 37 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 37's MDS, dated [DATE], the MDS indicated Resident 37's cognitive for daily decisions making was moderately impaired. The MDS indicated Resident 37 receiving a mechanically altered diet (required change in texture of food or liquids) and at risk of developing a pressure ulcer/injury.</p> <p>During a review of Resident 37's physician orders, as of 10/17/2024, the orders indicated a mechanical soft texture diet was ordered on 4/8/2024.</p> <p>During an interview on 10/15/2024 at 2:06 PM with Resident 37, Resident 37 stated her dentures were hurting her and affecting her eating. Resident 37 stated she could not chew without her dentures.</p> <p>During a concurrent interview and record review on 10/17/2024 at 8:34 AM with the Director of Social Services (DSS), Resident 37's care plans as of 10/17/2024 were reviewed. The care plans indicated there was no documentation addressing Resident 37's discomfort with her dentures. The DSS stated there should have a care plan addressing Resident 37's discomfort with her dentures. The DSS stated the purpose of care plans were to correct a resident's problems, to know the resident's needs, and to see what specific staff could help with the resident's issue. The DSS stated the risk of not having a care plan addressing Resident 37's discomfort with her dentures was that staff would not know Resident 37 had a denture issue, and it could potentially delay necessary care. The DSS stated it could also possibly affect Resident 37's oral intake and cause undesired weight loss. The DSS stated a care plan should be done upon admission and when there was an issue. The DSS stated the nursing department was the one responsible for creating a care plan.</p> <p>c. During a review of Resident 74's Admission Record, the admission record indicated Resident 74 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 74's admitting diagnoses included weakness, anemia, failure to thrive (a decline caused by chronic diseases and functional impairments which could cause weight loss, decreased appetite, poor nutrition, and inactivity), and anxiety disorder (a mental health condition that involved excessive and persistent feelings of fear, dread, and uneasiness).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 74's H&amp;P, dated 7/3/2024, the H&amp;P indicated Resident 74 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 74's MDS, dated [DATE], the MDS indicated Resident 74's cognitive skills for daily decisions making was intact. The MDS indicated Resident 74 had no natural teeth or tooth fragments. The MDS indicated Resident 74 lost 10 percent (%) or more of her body weight in the last six months and was prescribed a mechanically altered diet. The MDS indicated Resident 74 was at risk of developing a pressure ulcer/injury.</p> <p>During a review of Resident 74's physician orders, as of 10/17/2024, the orders indicated a mechanical soft texture diet was ordered on 7/5/2024.</p> <p>During an interview on 10/15/2024 at 10:59 AM with Resident 74, Resident 74 stated her dentures were missing and she had no grip in her mouth without the dentures.</p> <p>During a concurrent interview and record review on 10/17/2024 at 8:57 AM with the DSS, Resident 74's care plans as of 10/17/2024 were reviewed. There was no care plan addressing the usage of dentures. The DSS stated Resident 74 should have a care plan addressing the usage of dentures. The DSS stated she was aware of Resident 74's missing dentures, and Resident 74 was seen by dentist on 10/11/2024 for a denture try-in (a step in the denture fabrication process where a dentist placed a prototype of the final denture in the patient's mouth to evaluate its fit, function, and appearance).</p> <p>During an interview on 10/17/24 at 10:25 AM with LVN 3, LVN 3 stated residents who had dentures should have a care plan addressing the usage of the dentures. LVN 3 stated the purpose of the care plan was to ensure residents received the care they should. LVN 3 stated the licensed nurse was responsible for creating the care plans. LVN 3 stated it would be a potential delay to necessary care without a care plan addressing the usage of dentures.</p> <p>During a review of the facility policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, revised 2016, the P&amp;P indicated facility residents were supposed to have care plans that incorporated identified problem areas and included interventions that were targeted and meaningful to the resident. The P&amp;P further indicated the care plan was supposed to describe the services to be provided to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</b></p> <p>Based on interview and record review, the facility failed to revise the fall care plan for one of nineteen sampled residents (Resident 64), following Resident 64's fall with subsequent injury on 6/20/2024.</p> <p>This deficient practice increased the potential for staff to be unaware of the interventions required to prevent Resident 64 from suffering additional avoidable falls and potential subsequent injuries.</p> <p>Findings:</p> <p>During a review of Resident 64's Admission Record, the record indicated Resident 64 was admitted to the facility on [DATE]. Resident 64's admitting diagnoses included muscle wasting and atrophy (the loss of muscle tissue and strength), abnormalities of gait and mobility, weakness, and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 64's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/23/2024, the MDS indicated Resident 64 had severely impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 64 required partial to moderate assistance from staff for activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The MDS further indicated Resident 64 required supervision or touch assistance from staff for mobility while in and out of bed.</p> <p>During a review of Resident 64's Interdisciplinary Team (IDT, group of different disciplines working together towards a common goal of a resident) Conference Record, dated 6/20/2024, the record indicated Resident 64 sustained a fall that resulted with a wound to the left upper eye. The record indicated Resident 64's physician orders and treatment record were reviewed. The record did not indicate that Resident 64's care plans were reviewed.</p> <p>During a review of Resident 64's Fall Risk Evaluation, dated 6/20/2024, the record indicated Resident 64 was at risk for falls.</p> <p>During a concurrent interview and record review, on 10/18/2024 at 11:23 AM, with Registered Nurse (RN) 2, Resident 64's IDT Conference Record, dated 6/20/2024, was reviewed. RN 2 stated the record did not indicate that Resident 64's care plans were reviewed following the fall he sustained on 6/20/2024. RN 2 stated the care plans were where staff would document interventions to prevent additional falls.</p> <p>During a concurrent interview and record review, on 10/18/2024 at 11:55 AM, with the Director of Nursing (DON), Resident 64's care plan titled Resident at risk for fall, revised 8/8/2024. The DON stated that after a fall, a resident was at risk for repeat falls, and stated that the care plan should have been updated. The DON stated Resident 64's care plan was not updated until 8/8/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0657</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 policy and procedure (P&amp;P) titled Fall Risk Assessment, revised 8/2018, the P&amp;P indicated the staff and attending physician were supposed to collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that are not modifiable.</p> <p>During a review of the facility's P&amp;P titled Care Plans, Comprehensive Person-Centered, revised 12/2016, the P&amp;P indicated assessments of residents were ongoing and care plans were supposed to be revised as information about the residents and the residents' conditions change. The P&amp;P further indicated the Interdisciplinary Team was supposed to review and update the care plan when there had been a significant change in the resident's condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48343</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of six sampled residents (Resident 31) received appropriate treatment by applying a wrist hand finger orthosis ([WHFO]) a device that provides support and help with joint stiffness and contractures [a condition of shortening and hardening of muscles, or other tissue, often leading to deformity and rigidity of joint]), and an elbow splint (a flexible device used to protect and immobilize a body part) as ordered by the physician.</p> <p>This deficient practice placed Resident 31 at increased risk of further decline to the right elbow and wrist contracture.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/15/2024 at 10:05 AM, in Resident 31's room, with Resident 31, Resident 31's right arm elbow and wrist was observed without a splint and/or WHFO. Resident 31 stated he was not able to straighten his right arm and hand. Resident 31 stated he should have a splint on his right arm.</p> <p>During a review of Resident 31's Admission Record (Face Sheet), the Face Sheet indicated Resident 31 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 31's diagnoses included right-sided hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (inability to move on one side of the body), diabetes (disorder characterized by difficulty in blood sugar control and poor wound healing), muscle weakness (loss of muscle strength), and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 31's Minimum Data Set ([MDS] a federally mandated resident assessment tool), dated 8/13/2024, the MDS indicated Resident 31's cognitive (the ability to think and process information) skills for daily decisions making was moderately impaired. The MDS indicated Resident 31 required supervision (helper sets up or cleans up; resident completes activity) from staff for activities of daily living ([ADLs]- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 31's physician's order, dated 8/14/2024, the physician's order indicated Restorative Nursing Assistant ([RNA] assist the patient in performing tasks that restore or maintain physical function) for application of WHFO to the right upper extremity (RUE) five (5) times a week (5xWK) daily (QD) for four (4) to six (6) hours (4-6 hrs) as tolerated with skin check every one (1) to two (2) hours (1-2 hrs). The physicians' order indicated RNA for application of elbow splint to the RUE 5xWK QD for 4-6 hrs as tolerated with skin check every 1-2 hrs.</p> <p>During an observation on 10/15/2024 at 12:01 PM and 1:43 PM, in the activity room, Resident 31's right arm elbow and wrist was observed without a splint and/or WHFO.</p> <p>During an observation on 10/15/2024 at 2:34 PM, in Resident 31's room, Resident 31's right arm and wrist was observed without a splint and/or WHFO.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/16/2024 at 8:30 AM, in Resident 31's room, Resident 31's right arm and wrist was observed without a splint and/or WHFO.</p> <p>During an interview on 10/16/2024 at 3:00 PM with RNA 1, RNA 1 stated she applied Resident 31's right elbow splint and WHFO around 7:30 AM on 10/15/2024. RNA 1 stated she should have checked Resident 31's skin every 2 hrs per the physicians' order. RNA 1 stated she got busy with other residents' care and did not check Resident 31's skin or the splint and WHFO. RNA 1 she was not aware Resident 31 was not wearing the splint on 10/15/2024 from 10:05 AM until 2:34 PM. RNA 1 stated Resident 31 sometimes removed the splint. RNA 1 stated it was her responsibility to check Resident 31's splint and WHFO and reapply if removed. RNA 1 stated she would report to the rehabilitation (rehab) team when Resident 31 removed the splint and/or refused to wear the splint and WHFO. RNA 1 was not able to provide documentation when she reported to the therapy team of Resident 31's removal/refusal of the splint and WHFO. RNA 1 stated she verbally reported to the rehab team.</p> <p>During an interview on 10/16/2024 at 3:32 PM with Certified Occupational Therapy Assistant (COTA) 1, COTA 1 stated the RNAs were to follow the physician's orders. COTA 1 stated Resident 31's right elbow splint and WHFO not applied as ordered placed Resident 31 at risk for a decline to the right arm and elbow mobility and increased contracture risk.</p> <p>During a concurrent interview and record review on 10/18/2024 at 11:29 AM with RNA 2, Resident 31's Restorative Nursing Weekly Summary ([RNWS]-RNA notes written summary), dated 9/7/2024 through 10/12/2024 was reviewed. RNA 2 stated the RNWS indicated Resident 31 was not refusing and/or taking off the right elbow splint and WHFO. RNA 2 stated the RNWS indicated Resident 31 was compliant with treatment and RNA 1 should have followed the physician's order.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Resident Mobility and Range of Motion,, revised 7/2017, the P&amp;P indicated residents with limited mobility would receive appropriate services, equipment, and assistance to maintain or improve mobility.</p> <p>During a review of the facility's P&amp;P titled, Quality of Care, revised 9/4/2024, the P&amp;P indicated the facility was committed to providing exceptional care that met the physical needs of residents.</p> <p>During a review of the facility's P&amp;P titled Restorative Nursing Assistant (RNA) Job Description, undated, the P&amp;P indicated RNAs responsibilities would perform tasks under required physician's orders and with supervision from nursing, and physical therapist or occupational therapist. The P&amp;P indicated RNAs would assist with placement and use of splints and positioning devices and monitor resident for pressure areas.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49900</p> <p>Based on observation, interview, and record review, the facility failed to identify fire hazard risks for one of six sampled residents (Resident 23) by not knowing Resident 23 kept a lighter and cigarettes at the bedside.</p> <p>This deficient practice had a potential to increase the risk for injury for Resident 23.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/15/2024 at 11:51 AM, in Resident 23's room, a pack of cigarettes and a lighter was observed on top of the nightstand in front of Resident 23's television. Resident 23 stated the lighter and cigarettes belonged to him.</p> <p>During a concurrent observation and interview on 10/16/2024 at 12:34 AM, in the hallway, Resident 23 was observed wheeling himself with a lighter and pack of cigarettes on his lap. Resident 23 stated he had been living in this facility for three and half years, and he kept his lighter and cigarettes with him all the time. Resident 23 stated no staff talked to him regarding the storage of the lighter or cigarettes.</p> <p>During a review of Resident 23's Admission Record, the Admission Record indicated Resident 23 was originally admitted to facility on 3/26/2021 and readmitted on [DATE]. Resident 23's diagnoses included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), generalized muscle weakness, schizophrenia (a mental illness that was characterized by disturbances in thought), anxiety (a feeling of fear, dread, or uneasiness), and nicotine dependence.</p> <p>During a review of Resident 23's Minimum Data Set (MDS- a federally mandated assessment tool), dated 10/6/2024, the MDS indicated Resident 1's cognitive (the ability to think and process information) skills for daily decision making was intact. The MDS indicated Resident 1 had impairment on the lower extremities and used a wheelchair for mobility.</p> <p>During a review of Resident 23's Smoking and Safety Assessment, dated 10/6/2024, the assessment indicated Resident 23 used tobacco products and followed the facility's policy on the location and time of smoking. The assessment indicated staff would continue to monitor smoking safety.</p> <p>During a review of Resident 23's care plan titled Resident is a smoker and is at risk for smoking-related injury or conditions, revised 10/13/2023, the care plan indicated the goal was for Resident 23 to smoke safely in accordance with the facility policy. The care plan indicated staff would observe Resident 23 for unsafe smoking behaviors or practices.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 an interview on 10/17/2024 at 10:16 AM with Licensed Vocational Nurse (LVN) 3, LVN 3 stated residents should not keep lighters at the bedside because it was a fire hazard and could possibly cause injury. LVN 3 stated he needed to confiscate the resident's lighter if found at the bedside. LVN 3 stated he was not aware Resident 23 kept a lighter and cigarettes at the bedside. LVN 3 stated all staff, particularly the nursing staff, were the ones responsible for ensuring the residents were free from hazards.</p> <p>During an interview on 10/17/2024 at 1:43 PM with the Director of Nursing (DON), the DON stated the purpose of facility's Memorandum posted on the door of the smoking patio was to inform residents, responsible parties, and families of the facility's smoking policy. The DON stated the residents should not keep cigarettes or lighters at the bedside because it was not safe. The DON stated staff should document if a resident refused to give up their cigarettes and lighters.</p> <p>During a concurrent interview and record review on 10/17/2024 at 1:52 PM with LVN 2, Resident 23's care plans, as of 10/17/2024, were reviewed. The care plans indicated there was no documentation regarding Resident 23's refusal to give up his lighter and cigarettes. LVN 2 stated they should have care plans if Resident 23 refused to give up his lighter and cigarettes.</p> <p>During a concurrent interview and record review on 10/17/2024 at 1:52 PM with LVN 2, Resident 23's Nurse's Notes for 2024 were reviewed. The notes indicated there was no documentation regarding Resident 23's refusal to give up his lighter and cigarettes. LVN 2 stated staff should document in the Nurse's Notes if Resident 23 refused to give up his lighter and cigarettes.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled Smoking policy- residents, revised on 7/2017, the P&amp;P indicated only disposable safety lighters were permitted and all other forms of lighters were prohibited.</p> <p>During a review of the facility's Memorandum dated 9/30/2022, the memorandum indicated Resident are not allowed to keep their cigarettes and lighters in their pockets, closets, bedside tables and room. All cigarettes and lighters should be given to the patio monitor to keep in the 'smoking cabin' for safe keeping . For the safety of all residents, lighters and cigarettes shall be confiscated and placed in a secured area under the resident's name for use as needed or according to the smoking schedule.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 19 sampled residents (Resident 64) received a meal tray as prescribed by the physician.</p> <p>This deficient practice created the potential for Resident 64 to suffer from repeat weight loss and malnutrition resulting from not receiving his prescribed and expected number of calories and nutritive value.</p> <p>Findings:</p> <p>During a review of Resident 64's Admission Record, the record indicated Resident 64 was admitted to the facility on [DATE]. Resident 64's admitting diagnoses included failure to thrive (a syndrome that describes a general decline in health that can include weight loss, poor nutrition, and inactivity), muscle wasting and atrophy (the loss of muscle tissue and strength), dehydration, and anemia (a problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues).</p> <p>During a review of Resident 64's History and Physical (H&amp;P), dated 4/11/2024, the H&amp;P indicated Resident 64 did not have the capacity to understand or make decisions.</p> <p>During a review of Resident 64's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/23/2024, the MDS indicated Resident 64 had severely impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 64 required partial to moderate assistance from staff for activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 64's active physician orders dated 6/12/2024, the orders indicated Resident 64 was to receive a fortified diet (a diet that includes foods with added nutrients, such as protein, carbohydrates, or fats, to increase their nutritional value).</p> <p>During an observation on 10/16/2024 at 12:55 PM, at Resident 64's bedside, Resident 64 was observed eating his lunch tray. Resident 64's meal tray ticket, (a piece of paper that displays exactly what that resident will be receiving based on the resident's prescribed diet order), dated 10/16/2024, indicated Resident 64 did not receive a fortified tray. A photo was taken of Resident 64's meal tray ticket.</p> <p>During a concurrent interview and record review, on 10/17/2024 at 10:28 AM, with the Dietary Supervisor (DS), the DS reviewed Resident 64's active diet order and meal tray ticket from 10/16/2024. The DS stated Resident 64's orders indicated he was supposed to receive a fortified tray and stated the meal tray ticket indicated Resident 64 did not receive a fortified tray on 10/16/2024 for lunch. The DS stated a fortified tray meant more calories were added to the tray to assist in weight gain. The DS stated Resident 64 had a history of severe weight loss and stated Resident 64 not receiving the ordered number of calories placed the resident at risk for not meeting his nutritional requirements and experiencing repeated weight loss.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review, on 10/18/2024 at 1:46 PM, with Licensed Vocational Nurse (LVN) 2, Resident 64's active diet order dated 6/12/2024 was reviewed. LVN 2 stated Resident 64 was supposed to receive a fortified tray. LVN 2 stated that before meal trays were delivered to the residents, the staff were to check the meal tray ticket against the physician orders to ensure they matched, and the residents were receiving the correct tray. LVN 2 stated that a fortified diet was for residents with weight loss. LVN 2 stated Resident 64 needed to have the correct tray as ordered to receive the correct number of calories. LVN 2 stated that not receiving the tray as ordered placed Resident 64 at risk for weight loss.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled Therapeutic Diets, revised 10/2017, the P&amp;P indicated therapeutic diets were prescribed by the physician to support the resident's treatment and plan of care and in accordance with the resident's goals and preferences.</p> <p>During a review of the facility's P&amp;P titled Nursing Home Dietary Tray Line Policy, revised 9/2024, the P&amp;P indicated facility nursing staff or dietary staff were supposed to confirm that the correct meal was delivered.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43455</p> <p>Based on interview and record review the facility failed to:</p> <ol style="list-style-type: none"> <li>Account for one dose of Controlled Substances (also known as Controlled Drug and Controlled Medications [CS, CD, CM]- medications which have a potential for abuse and may also lead to physical or psychological dependence) for Residents 23, in one of two inspected medication carts (Medication Cart 1.)</li> <li>Include the verifying signatures of either the Director of Nursing (DON) or a Registered Nurse (RN) along with the Licensed Vocational Nurse (LVN) on the Controlled Drug accountability logs for six of six sampled records awaiting disposal (removal, destroying) in the DON's office.</li> <li>Include the witness signatures and quantity on the Medication Disposition log for 16 non-CMs disposed on 10/14/2024.</li> </ol> <p>As a result, control and accountability of the CS's did not follow state and federal regulations and facility policy and procedures.</p> <p>These deficient practices increased the opportunity for CS diversion (the transfer of a controlled medication or other medication from a lawful to an unlawful channel of distribution or use,) the risk that Residents 23 could have accidental overdose (administering more than the prescribed dose causing adverse drug reactions [unwanted, uncomfortable, or dangerous effects that a medication may have, such as coma (a state of deep unconsciousness) and delayed treatment and continuity of care due to lack of availability of the CS negatively impacting Resident 23's health and well-being, and the potential for accidental exposure to harmful medications to all residents in the facility, possibly leading to physical and psychosocial harm and hospitalization .</p> <p>Findings:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0755</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 10/15/2024 at 12:47 PM with the DON, in the DON's office, six (6) Controlled Drug accountability logs for CS's awaiting final disposition did not contain verifying signatures, and 16 non-CM disposals did not contain the witness signatures and quantities on the Medication Disposition log dated 10/14/2024. The DON stated the DON was unable to locate the verifying signatures of the LVN and Registered Nurse (RN) and/or DON on the six (6) Controlled Drug accountability logs. The DON stated the DON failed to sign the Controlled Drug accountability logs upon receipt of the CSs and the LVN's failed to sign upon handing the CSs to the DON. The DON stated she counts the CSs with the LVNs upon receipt of the accountability logs and knows who gave them to her, however there was no consistent process to sign &amp; date the logs. The DON stated the DON understood the importance of CS accountability to ensure each CS dose was accounted for until disposed throughout the process of CS accountability. The DON stated it was important to verify and sign the logs to prevent medication diversions and accidental exposure of harmful substances to residents. The DON stated she was also unable to locate the witness signatures and quantity destroyed for non-CMs on the Medication Disposition logs dated 10/14/2024 for 16 non-CMs that were already disposed. The DON stated sometimes the DON disposes the non-CMs herself without a witness to help the LVNs and failed to include quantities destroyed.</p> <p>During an observation on 10/25/2024 at 1:57 PM, with LVN 3, in Medication Cart 2, there was a discrepancy in the count between the Controlled Drug accountability log and the amount of medication remaining in the medication bubble pack (medication packaging system that contains individual doses of medication per bubble) for the following resident:</p> <p>1. One dose of diazepam (a CS used for muscle spasm) 5 milligram ([mg] - a unit of measure of mass) tablet was missing from the medication bubble pack compared to the count indicated on the Controlled Drug accountability log for Resident 23. The Controlled Drug accountability log for diazepam indicated the medication bubble pack should have contained a total of 29 diazepam 5 mg tablets, after the last administration of diazepam 5 mg tablet documented/signed-off on 10/15/2024 at 6 AM, however the medication bubble pack contained 28 diazepam 5 mg tablets and contained no other documentation of subsequent administrations.</p> <p>During a concurrent interview, LVN 3 stated LVN 2 administered diazepam 5 mg tablet to Resident 23 that afternoon (10/15/2024) at 1:45 PM and forgot to sign the Controlled Drug accountability log. LVN 3 stated LVN 3 failed to follow the facility's policy of signing each CS dose on the Controlled Drug accountability log after preparing the dose for the resident. LVN 3 stated LVN 3 understood it was important to sign each dose once administered to ensure accountability, prevent CS diversion and accidental overdose to Resident 23.</p> <p>During an interview on 10/15/2024 at 3:20 PM with the DON, the DON stated LVN 3 failed to follow facility policy of documenting the preparation of CS immediately on the Controlled Drug accountability log for Resident 23. The DON stated not documenting the Controlled Drug accountability log timely can lead to accountability failures, CS diversion and accidental overdose leading to adverse drug effects.</p> <p>During a review of Resident 23's Order Summary Report, dated 10/15/2024, the report indicated Resident 23 was admitted to the facility on [DATE] with a diagnosis including muscle spasm. The report also indicated Resident 23 was prescribed diazepam 5 mg to give 1 tablet by mouth every 8 hours for muscle spasm, starting 7/18/2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 23's Medication Administration Record ([MAR] - a record of medications administered to residents), for October 2024, the MAR indicated Resident 23 was prescribed diazepam 5 mg to give 1 tablet by mouth every 8 hours for muscle spasm scheduled at 6 AM, 2 PM and 10 PM.</p> <p>During a review of the facility's policy and procedures (P&amp;P), titled Controlled Substances, dated April 2019, the P&amp;P indicated the facility complies with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of CM. The P&amp;P indicated upon Administration the nurse administering the medication is responsible for recording:</p> <p>(2) Name, strength, and dose of the medication.</p> <p>(3) Time of administration.</p> <p>(4) Method of administration.</p> <p>(5) Quantity of the medication remaining.</p> <p>(6) Signature of nurse administering medication.</p> <p>During a review of the P&amp;P titled Discarding and Destroying Medications, dated April 2019, the P&amp;P indicated Medications will be disposed of in accordance with federal, state, and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and CS. The P&amp;P indicated Non-controlled and Schedule V (non-hazardous) CS will be disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications. The P&amp;P indicated Schedule II, III, and IV (non-hazardous) CS will be disposed of in accordance with the state regulations and federal guidelines regarding disposition of non-hazardous CM. The P&amp;P indicated the medication disposition record will contain the following information:</p> <p>b. Date medication disposed.</p> <p>e. The quantity disposed.</p> <p>h. Signature of witnesses.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43455</p> <p>Based on observation, interview, and record review, the facility failed to store and discard (remove, destroy) one expired insulin (short-acting regular human insulin) Novolin R (type of insulin injection device) vial for Resident 53 from use, in accordance with facility and manufacturer requirements, in one of one inspected medication room (Medication Room Nursing Station 2.)</p> <p>This deficient practice increased the risk that Resident 53 could have received medication that had become ineffective or toxic due to improper storage, possibly leading to health complications.</p> <p>Findings:</p> <p>During an observation on [DATE] at 12:23 pm, in Medication Room Nursing Station 2, in the presence of Registered Nurse (RN) 2, one opened insulin Novolin R vial for Resident 53 was found stored in the refrigerator with a label indicating use began on [DATE].</p> <p>According to the manufacturer's product labeling, opened Novolin R vials should be stored at room temperature up to 77 degrees Fahrenheit and used or discarded within 42 days of opening or once use at room temperature began, and to not refrigerate.</p> <p>During a subsequent interview on [DATE] at 12:23 p.m. with RN 2, RN 2 stated the Novolin R vial for Resident 53 was opened and stored in the refrigerator. RN 2 stated usually opened vials are good for 28 days and the open Novolin R vial for Resident 53 needed to be removed from the medication room and replaced with a new one from pharmacy to not be used in error. RN 2 stated that licensed nurses could use the expired Novolin R vial for Resident 53 in error which will not be effective in keeping the blood sugar levels low and harm Resident 53 by causing hyperglycemia (high blood sugar level) leading to change of condition, tremors, dizziness, and potential coma (a state of deep unconsciousness caused by severe injury or illness).</p> <p>During a concurrent interview and record review of Insulin Storage Requirements document provided by the facility, on [DATE] at 3:20 p.m. with the Director of Nursing (DON), the DON stated that open insulin vials should be stored at room temperature and not in the refrigerator. The DON stated once a vial was opened it would be removed from the refrigerator and placed in the medication cart for use. The DON stated that usually opened insulin vials were good for 28 days and that according to the Insulin Storage Requirements document Novolin R vials were good for 42 days. The DON stated that insulin was used to lower blood sugar levels for diabetic residents and that expired insulin will not be effective in decreasing the blood sugar levels.</p> <p>During a review of the facility's policy and procedures (P&amp;P), titled Storage of Medications, dated [DATE], the P&amp;P indicated that The facility stores all drugs and biologicals in a safe, secure, and orderly manner. The P&amp;P indicated discontinued, expired, outdated, or deteriorated drugs or biologicals are destroyed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	

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 0761</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 guide titled, Insulin Storage Requirements, [undated], the guide indicated and listed the following:</p> <ol style="list-style-type: none"> <li>1. Store unopened insulin in the refrigerator at 36 to 46 degrees Fahrenheit,</li> <li>2. Store opened, in-use insulin at room temperature.</li> <li>6. For any questions, refer to package insert.</li> </ol> <p>The P&amp;P indicated Novolin R vials are refrigerated (between 36 to 46 degrees Fahrenheit) up to the expiration date on the vial or store unopened vials at room temperature (59 to 86 degrees Fahrenheit) for 28 days. The P&amp;P indicated to store opened vials refrigerated or room temperature for 42 days.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48131</p> <p>Based on observation, interview, and record review, the facility failed to honor the food choices and offer alternative menu options for one of six sampled residents (Resident 15).</p> <p>This deficient practice had the potential to impact Resident 15's nutritional status, quality of life and result in food dissatisfaction leading to insufficient food intake.</p> <p>Findings:</p> <p>During a review of Resident 15's Admission Record, dated 8/23/2024, the admission record indicated Resident 15 was admitted to the facility on [DATE]. Resident 15's diagnoses included congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 15's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 9/25/2024, the MDS indicated Resident 15 was cognitively intact (the ability to think, remember and reason). The MDS indicated Resident 15 had the ability to eat independently and a helper was needed to assist with set-up and clean up.</p> <p>During a review of Resident 15's History and Physical (H&amp;P), dated 3/21/2024, the H&amp;P indicated Resident 15 had the capacity to understand and make decisions. The H&amp;P indicated Resident 15 had no food allergies.</p> <p>During a review of Resident 15's care plan titled, At risk for altered nutrition and dehydration (when the body loses more fluids than it takes in) related to cognitive impairment (difficulty with thinking, learning, remembering, and making decisions) and picky with food, initiated 3/21/2024 and revised on 3/27/2024. The care plan's goal indicated Resident 15 would achieve adequate nutritional intake of at least 50-100 percent (%) each meal. The care plan indicated the staff interventions were to encourage Resident 15 to follow his diet, allow sufficient mealtime, and to report any appetite changes.</p> <p>During a review of Resident 15's Interdisciplinary Team (IDT - a group of health care professionals with various areas of expertise who work together toward the goals of their clients) Conference Record, dated 9/26/2024, the IDT conference record indicated Resident 15 had good oral intake and liked chicken nuggets, tuna or ham sandwiches, French fries, and American food.</p> <p>During a review of Resident 15's Order Summary Report, dated 10/17/2023, the order summary report indicated an active order on 3/21/2024 for a regular diet with no salt packet on the tray.</p> <p>During a review of Resident 15's Order Summary Report, dated 10/17/2023, the order summary report indicated an active order on 3/21/2024 to have a snack at night.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident 15 on 10/16/2024 at 9:05 a.m., Resident 15 stated he had issues with the food because it was so bland. Resident 15 stated he could hardly tolerate eating his meals because the food was so tasteless. Resident 15 stated the food turned his stomach. Resident 15 stated he made it clear to staff on several occasions of what could be done to make his food more enjoyable. Resident 15 stated despite his requests and complaints about the food, he (Resident 15) would continue to receive foods he disliked. Resident 15 stated he was promised an alternative menu but had not received it.</p> <p>During a concurrent observation and interview on 10/17/2024 at 7:50 a.m., with Licensed Vocational Nurse (LVN) 3, and Resident 15, in Resident 15's room, Resident 15 was observed finishing his breakfast. Resident 15 was eating his oatmeal. Resident 15 stated he had two bowls of oatmeal and was finishing the second bowl. Resident 15 stated he was offered an alternative menu to choose from a few days ago but he never received the alternate menu. Resident 15 stated he normally requested two servings of oatmeal for breakfast to tie him over because he (Resident 15) did not like the food that was served. Resident 15 stated the oatmeal kept him from being hungry since he could not eat the meals served. Resident 15 stated he did not want it to appear he was complaining so he just settled for two servings of oatmeal every morning to keep him from being hungry. Resident 15 stated on some occasions he would only get one serving of oatmeal when he requested two servings. Resident 15 stated the nursing staff would tell him there was no oatmeal left and he could only have one serving. Resident 15 stated he would be offered alternatives on some days that were worse than his original meal. LVN 3 stated he did not know Resident 15 requested an alternative menu. LVN 3 stated the facility should feel like Resident 15's home and he was allowed to have extra portions of oatmeal at his request. LVN 3 stated Resident 15 should have alternative food choices. LVN 3 stated when a resident did not like what was served, the staff should request an alternative food option the resident preferred from the kitchen. LVN 3 stated if Resident 15 could not get food he liked to eat, he may stop eating and could potentially lose weight or become malnourished.</p> <p>During an interview on 10/17/2024 at 11:51 a.m., with the Dietary Supervisor (DS), the DS stated she was aware Resident 15 wanted alternative food choices. The DS stated Resident 15 could choose something off the alternative menu for his meals if he did not like what was served. The DS stated Resident 15 could have extra portions if he requested it. The DS stated the Resident 15 should be able to have extra oatmeal and should not be told there was no oatmeal left. The DS stated the kitchen could prepare oatmeal or other alternatives upon the residents' request. The DS stated it was the resident's right to have choices with meals.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Food Substitutions for Residents Who Refuse the Meal, dated 2023, the P&amp;P indicated Residents will be provided a suitable nourishing alternate meal after planned, served meal had been refused. The P&amp;P indicated nursing personnel would ask any resident who does not eat his meal or food item as to why he did not eat and offer a food substitution in accordance with the resident's diet order.</p> <p>During a review of the facility's P&amp;P titled, Quality of Care, revised 9/4/2024, the P&amp;P indicated, Residents will receive nutritious meals tailored to their dietary needs and preferences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 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>48131</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation practices for 89 of 89 residents when:</p> <ol style="list-style-type: none"> <li>1. The dietary staff failed to perform hand hygiene and change gloves when leaving and returning to the tray line to prepare food.</li> <li>2. The dietary staff failed to wear a N-95 mask (a disposable face mask that covers the user's nose and mouth which offers protection from small solid or liquid droplets found in the air) appropriately while preparing food on the tray line.</li> </ol> <p>These deficient practices had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illnesses in all residents who received food from the kitchen.</p> <p>Findings:</p> <p>During an observation of the tray line service for lunch on 10/16/2024 at 11:44 a.m., Dietary Aide (DA) 1's N-95 face mask was not covering her nose and partially covering the mouth.</p> <p>During an observation of the tray line service for lunch on 10/16/2024 at 12:20 p.m. and 12:25 p.m., DA 1 left the tray line wearing gloves to retrieve supplies from the storage area. DA 1's gloves were not changed nor did DA 1 perform hand hygiene before she returned to the tray line.</p> <p>During an observation of the tray line service for lunch on 10/16/2024 at 12:28 p.m., DA 2 left the tray line wearing gloves to retrieve a pan from a cart located outside of the tray line area. DA 2 returned to the tray line wearing the same gloves and did not perform hand hygiene before she proceeded to serve trays on the tray line.</p> <p>During an interview on 10/16/2024 at 12:38 p.m., with DA 2, DA 2 stated she should have washed her hands and changed her gloves when leaving the tray line area and returning.</p> <p>During an interview on 10/16/2024 at 12:40 p.m., with DA 1, DA 1 stated the masks were worn while preparing food to prevent germs from getting in the food. DA 1 stated she should have worn her mask to cover her nose and mouth, changed her gloves and washed her hands when she returned to the tray line. DA 1 stated it was important to wash her hands and change gloves for infection control purposes because residents could get sick if the food was contaminated.</p> <p>During an interview on 10/16/2024 at 1:07 p.m., with the Dietary Supervisor (DS), the DS stated the facility required the kitchen staff to always wear N-95 masks while in the kitchen to prevent infection and protect the residents from illness. The DS stated N95s must cover the nose and mouth and must be worn correctly to be effective. The DS stated when staff leave the tray line, the staff should wash their hands and change their gloves. The DS stated improper hand hygiene could spread infection to residents who may already have other illnesses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555865	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Huntington Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4515 Huntington Drive South Los Angeles, CA 90032	
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 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 policy and procedure (P&amp;P) titled, Handwashing/Hand Hygiene, revised August 2019, the P&amp;P indicated, This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>During a review of the facility's P&amp;P titled, Food Handling, dated 2023, the P&amp;P indicated, Food will be prepared and served in a safe and sanitary manner. The P&amp;P indicated all food and nutrition services personnel will wash their hands prior to handling food.</p> <p>During a review of the facility's P&amp;P titled, Nursing Home Dietary Tray Line Policy, dated 9/4/2024, the P&amp;P indicated, the facility aims to maintain high standards of food hygiene, presentation and timely delivery to promote the health and well-being of all residents. The P&amp;P indicated that dietary staff would maintain cleanliness and sanitation throughout the tray line process and all staff must wash hands and wear appropriate personal protective equipment such as gloves, aprons, and hairnets.</p>		