

POC accepted on 4/11/2025
49390

LA BREA REHABILITATION CENTER

CA00960678

La Brea Rehabilitation Center submits this response and plan of correction as part of the requirements under the state and federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, director or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance.

"Preparation, submission and/or execution of this Plan Of Correction does not constitute admission or agreement by the provided of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/ or executed solely because it is required by the provision of federal and state law.

F-557 Respect, Dignity/Right to have Prsnl Property

How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:

On 5/19/25 the resident #1 shoes were immediately replaced. Resident expressed satisfaction and contentment with the replacement.

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How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken :

- On 5/16/25 & 5/19/2025 Facility staff and nursing assistants made their rounds and checked with residents for any missing items and found no other resident was affected by the same deficient practice.
- On date 5/27/25-6/5/25 Director of Nursing/Designee in-serviced all nursing staff regarding Policy and procedure titled " Personal property" focusing on resident rights for respect and dignity to have personal property and inventory list upon admission, safeguarding and replacement of personal affects that are missing.

What measure will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur

- On date 5/27/25-6/5/25 Director of Nursing/Designee in-serviced all nursing staff regarding the Policy and procedure titled "Personal Property". focusing on resident rights for respect and dignity to have personal property and inventory list upon admission, safeguarding and replacement of personal items that are missing
- During the stand up meeting the SSD will report any theft and loss/missing items
- During admission, transfer and discharge resident belongings taken with him will be noted in his inventory list to ensure that these items for tracking and documentation. Resident personal belongings and clothing that are inventoried will be updated as necessary by nursing department.
- Medical records will continue to audit upon admission, discharge and transfer that inventory list are completed.

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- Any report of resident's missing/loss items will be promptly investigated and reported to the Director of Nursing and Administrator for resolution.

How facility plans to monitor its performance to make sure the solutions are sustained and to ensure deficient practice will not recur

- The Medical Record Director/designee will conduct a random audit bi monthly x 3 months of the Resident inventory list if completed upon admission , discharge and transfer. Any issues identified will be reported to the Administrator or DON/Designee for immediate resolution as warranted. The results of the audit will be presented to the QAPI committee monthly x3 months for further review & recommendations.

Completion date: 6/9/25

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/15/2025
NAME OF PROVIDER OR SUPPLIER LA BREA REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N. LA BREA AVENUE LOS ANGELES, CA 90036		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an investigation of a Facility Reported Incident. Facility Reported Incident Number: CA00960678. The inspection was limited to the specific complaint and Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the Facility Reported Incident: CA00960678 (Refer to Ftag 557).	F 000			
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to treat one of three sampled residents (Resident 1) with dignity and respect by failing to safeguard Resident 1 ' s personal belongings. This failure resulted in the loss of Resident 1 ' s shoes which caused his feelings of being upset.	F 557			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Marc [Signature] ADMINISTRATOR
TITLE
6/6/25
(X6) DATE

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.

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F 557	<p>Continued From page 1</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted the resident on 2/18/2025, and readmitted the resident on 5/7/2025, with diagnoses including dementia (a progressive state of decline in mental abilities), depression (a common mental health condition characterized by persistent feelings of sadness, loss of interest and changes in thoughts, behavior, and physical well-being) and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 1 ' s Inventory of Personal Effects, dated 2/18/2025, the Inventory of Personal Effects indicated Resident 1 had one pair of shoes (unidentified description).</p> <p>During a review of Resident 1 ' s History and Physical (H&P) dated 2/21/2025, the H&P indicated the resident had the capacity to make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a resident assessment tool) dated 2/25/2025, the MDS indicated the resident had moderate impairment, meaning the individual may need assistance with daily activities or specific tasks due to cognitive (ability to think, understand and reason) decline. The MDS indicated Resident 1 did not have difficulty in normal conversation, social interaction, listening to TV, distinct intelligible words and clear comprehension.</p> <p>During a review of Resident 1 ' s Inventory of Personal Effects, dated 5/7/2025, the Inventory of Personal Effects did not indicate Resident 1 had</p>	F 557			

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F 557	<p>Continued From page 2 shoes.</p> <p>During an interview on 5/14/2025 at 11:19 AM with the Certified Nurse Assistant (CNA) 1, CNA 1 stated Resident 1 had a pair of shoes on 5/1/2025.</p> <p>During a concurrent observation and interview on 5/15/2024 at 2:30 PM with CNA 1 in Resident 1 ' s bedroom closet, CNA 1 stated she (CNA1) could not find the resident ' s shoes.</p> <p>During an interview on 5/15/2024 at 2:31 PM with Resident 1, Resident 1 stated that the tennis shoes were black and red and would wear a size 13. Resident 1 was stated he was upset that the shoes were lost and that he did not have any shoes to wear.</p> <p>During an interview on 5/15/2025 at 2:46 PM with the Director of Nursing (DON), the DON stated that on 5/1/2025 Resident 1 had shoes on his feet and the laces were tied.</p> <p>During an interview on 5/15/2025 at 2:57 PM with the DON, the DON stated that Resident 1 ' s rubber shoes were the colors orange and yellow and did not find them in the resident ' s room. The DON stated that Resident 1 likely left them in the hospital but never told anyone.</p> <p>During an interview on 5/15/2025 at 2:59 PM with the DON, the DON stated that they could try and call the hospital and inquire about his shoes but that they would likely need to replace Resident 1 ' s shoes. The DON stated she (DON) saw a lot of non-skid hospital socks in Resident 1 ' s drawer that he would wear.</p>	F 557			

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F 557	Continued From page 3 During an interview on 5/15/2025 at 4:01 PM with the DON, the DON stated it was important to get an account on what was brought in by the resident because any missing items were to be accounted for if there was a theft or loss. During a review of the facility ' s policy and procedure titled, "Personal Property," dated December 2024, indicated, "The resident ' s personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished." During a review of the facility ' s policy and procedure titled, "Personal Property," dated December 2024, indicated, "The resident ' s personal belongings and clothing are inventoried and documented upon admission and updated as necessary."	F 557			