

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

PRINTED: 05/15/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056308	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2025
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NAME OF PROVIDER OR SUPPLIER HERITAGE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 21414 S. VERMONT AVENUE TORRANCE, CA 90502
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one complaint.</p> <p>Complaint Number: CA00960251.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number CA00960251at F553.</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one complaint.</p> <p>Complaint Number: CA00960251.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number CA00960251at F553.</p>	F 000	<p>This written Plan of Correction (POC) serves as the facility's credible allegation of compliance for the deficiency noted.</p> <p>By submitting this POC, the licensee does not waive any objection to the merits of the deficiency or the allegations and the basis of the allegations contained in the deficiency.</p> <p>Moreover, the licensee does not waive its right to contest the merits of the deficiency nor does it waive its rights to pursue an appeal of the deficiency as allowed under State and Federal law.</p>	
F 553 SS=D	<p>Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3)</p> <p>§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:</p> <p>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.</p> <p>(ii) The right to participate in establishing the</p>	F 553	<p>Affected Residents</p> <p>Resident 1 is no longer a resident of the facility. Resident 2 still resides in the facility. On 5/8/2025, Resident 2 had an Interdisciplinary Team Conference (IDT) meeting. The Resident Representative, Social Services Designee, Dietary Supervisor, Activities Director, MDS RN and the Physical Therapist attended the IDT meeting. The medications, skin condition, nutrition,</p>	5/25/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Maria Gloria Costa Administrator 5/25/25

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 553	<p>Continued From page 1</p> <p>expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.</p> <p>(iii) The right to be informed, in advance, of changes to the plan of care.</p> <p>(iv) The right to receive the services and/or items included in the plan of care.</p> <p>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.</p> <p>§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure two of five sampled residents (Resident 1 and 2) participated in care plan meetings to discuss her care and discharge goals.</p> <p>This deficient practice had the potential to violate Resident 1 and 2's right to be an active participant in her care.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on 4/4/2025 and was readmitted on 4/10/2025 with</p>	F 553	<p>activities, rehabilitation and discharge planning were discussed. The resident representative had no concerns regarding care and services.</p> <ul style="list-style-type: none"> • Other Residents Other residents have the potential to be affected by the same alleged deficient practice. On 5/8/2025, the Social Services Department did a compliance IDT meeting audit on all residents who are under skilled services. All other residents have completed IDT evaluations. No similar findings were noted. • Systemic Changes The Director of Nursing and Director of Staff Development gave an in-service on 5/9/2025 to the case manager, social services director, rehab department, dietary supervisor activities director and MDS Nurse on the responsibility of the facility in initiating the IDT meetings within seven (7) days upon admission. Discussions regarding care issues or on-going concerns and discharge planning will be discussed during the IDT meetings. <p>During facility morning stand-up meetings, the team will discuss the IDT Conference Meetings scheduled for that day.</p>	5/25/25
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F 553	<p>Continued From page 2</p> <p>diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (one sided muscle weakness) following cerebral infarction (blood flow to a part of the brain is blocked that leads to tissue death) affecting right dominant side and aphasia.</p> <p>During a review of Resident 1's History and Physical (H&P) dated 4/5/2025, the H&P indicated Resident 1 has limited decision-making capacity.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 4/14/2025, the MDS indicated Resident 1's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and senses) were mildly impaired. The MDS indicated Resident 1 was dependent on chair/bed-to-chair transfer, toilet transfer, toileting hygiene, bathing, putting on shoes, lower body (below waist) dressing, and required moderate assistance (provide less than half the effort) for eating, oral hygiene, personal hygiene, and upper body (above waist) dressing.</p> <p>During an interview on 5/6/2025 at 2:44p.m. at Social Service Assistant (SSA), SSA stated the family decided to take her home on 5/5/2025.. SSA stated the doctor tried explaining it to FM 1, but stated she wasn't understanding and indicated if Resident 1 continued to make progress during rehabilitation, they can continue billing the insurance, but if not, they cannot continue to bill the insurance as it would be considered fraudulent.. SSA stated IDT meeting discusses how the resident is doing and the Social Service (SS), nursing, activities, and</p>	F 553	<ul style="list-style-type: none"> • Monitoring The Medical Records Designee will monitor compliance by doing a weekly IDT meeting audit on all new admissions to ensure compliance. Findings will be discussed with the Director of Nursing and Social Services Director to be addressed and corrected promptly. Significant findings will be submitted to the Administrator and shall be forwarded to the QA & A Committee quarterly for trending analysis, recommendations, corrective actions and continuous quality improvement. • Completion Date The corrective action will be completed on 5/25/25. 	5/25/25
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F 553	<p>Continued From page 3</p> <p>dietary attend the meeting. SSA stated she would document when a resident had an IDT meeting, but indicated there were no IDT meetings done for Resident 1 as they did not want to appoint one person to be in charge. SSA stated IDT meetings are important when families are not decisive and would like all the residents to have one to eliminate any confusion.</p> <p>During an interview on 5/6/2025 at 3:38p.m. with FM 1, FM 1 stated GACH told her sister that Resident 1 was supposed to get four to six weeks of rehabilitation service at the facility. FM 1 stated when she spoke to the doctor from the facility, she informed her Resident 1 was not progressing. FM 1 stated her understanding that Resident 1 had four to six weeks at the facility, but it has only been there for three weeks and four days. . FM 1 stated since the doctor from GACH said four to six weeks, the plan was to have Resident 1 stay for six weeks and bring her home. FM 1 stated the tone the doctor used was disrespectful, she was tapping on her screen, very contentious. FM 1 stated they felt like the doctor would not treat Resident 1 with dignity and respect that she deserves. FM 1 stated she does not know regarding the first IDT meeting as it was not offered and was mentioned to her, but it could have been mentioned to her other family members that live within the vicinity.</p> <p>b. During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was admitted to the facility on 4/21/2025 with diagnoses including muscle wasting, spinal stenosis (condition occurs when the space in the backbone narrows), and radiculopathy (nerve root in the spine is compressed or irritated).</p>	F 553		
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F 553	<p>Continued From page 4</p> <p>During a review of Resident 2's H&P dated 4/22/2025, the H&P indicated Resident 2 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2's MDS dated 4/24/2025 the MDS indicated Resident 2's cognitive skills were mildly impaired. The MDS indicated Resident 2 was dependent in toileting hygiene, lower body dressing, putting on footwear, required maximal assistance (provides more than half the effort) for chair/bed-to-chair transfer, toilet transfer, bathing, and required supervision for eating, oral hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 1 utilized a walker and a wheelchair.</p> <p>During an interview on 5/6/2025 at 3:23p.m. with SSA, SSA stated she does not recall doing an IDT meeting for Resident 2 and does not see any IDT meeting documentation. SSA stated she should have had an IDT meeting and realistically, all residents should have one.</p> <p>During an interview on 5/6/2025 at 3:10p.m. with Director of Nursing (DON), DON stated IDT meeting is composed of several different department heads to discuss care issues, concerns, or speak with the resident or family with plans or any ongoing concerns. DON stated they need to have IDT meetings for each resident in the facility and at minimum would do it quarterly or as needed if there are any concerns that have been identified. DON stated IDT meeting is done upon admission within 14 days. DON stated if the family prefers to have the IDT meeting earlier, they will accommodate as needed. DON stated discharge planning is</p>	F 553		
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F 553	<p>Continued From page 5</p> <p>discussed between IDT meetings and options are given. DON stated for custodial care (non-medical assistance provided to individuals who require help with daily activities due to physical, mental, or cognitive limitations) IDT meetings are done quarterly, however for residents who require skilled needs are here for a short period of time, so they do IDT meetings within the first 14 days with an active discussion about how the residents will be discharged. DON stated if there are no IDT meetings, the plan of care would not be as cohesive as they want it to be, questions or concerns would not be addressed in a timely manner, and expectations about care would not be discussed.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, "Interdisciplinary Team Participation," undated, the P&P indicated it is the policy of this facility to have the Social Service Department participate in the Interdisciplinary team. According to CFR §483.20(k)(2), "Interdisciplinary" means that professional disciplines, as appropriate, will work together to provide the greatest benefit to the resident.</p> <p>Social Service staff. participate in all IDT functions, including but not limited to:</p> <ol style="list-style-type: none"> 1) MOS 3.0 Assessment 2) Care Planning 3) Behavior Management 4) Weight Variance, if requested 5) Restraint Review 6) All-Staff in-service education 7) "Rehab" Meeting, if requested 8) Discharge Planning meetings 9) Bioethics 10) Quality Assurance/Utilization Review 	F 553		
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F 553	<p>Continued From page 6</p> <p>During a review of the facility's P&P titled, "Resident Rights," undated, the P&P indicated residents are entitled to exercise their rights and privileges to the fullest extent possible.</p> <p>During a review of the facility's P&P titled, "SOCIAL SERVICE DEPARTMENT ROLE & FUNCTION/Medically-related Social Services," undated, the P&P indicated life in a skilled nursing facility, even for a short stay, can present psychosocial challenges which can impact a resident's ability to attain and maintain his or her highest level of psychosocial functioning. Social Service staff support residents in a variety of ways to prevent and minimize psychosocial decline and empower residents. Social Service interventions will be documented in the resident's care plan, with accompanying documentation in the Social Service progress notes in the medical record</p>	F 553		