PRINTED: 08/11/2012 FORM APPROVED OMB NO. 0938-0391

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F 000 INITIAL The follocalifornic recertific Represe Total Por Sample S 483.15(f) INTERES The facility of activitie the compute physic of each receptions.		056308	b. WING _	1	04/	22/2012
F 000 INITIAL  The folicaliformic recertific Represe  Total Por Sample S 483.15(f) INTERES  The facility of activitie the compute physic of each reception of each reception in the physic of		CENTER	4	REET ADDRESS, CITY, STATE, ZIP CO 21414 S. VERMONT AVENUE FORRANCE, CA 90502	DOE	
The follocalifornic recertifical Represe Total Pop Sample S 483.15(f) INTERES The facility of activities the comp the physic of each received by:  Based or	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF CO. (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 248 F 248 SSTD  The facility of activities the compute of each result of each r	formia Departmentification survented the Department of the Departm	ots the findings of the ent of Public Health during a epartment of Public Health:  RN, HFEN N, HFEN N, HFEN RN, HFEN RN, HFEN	F 000	This written Plan of Correction serves as the facility's credible allegation of compliance for deficiencies noted.	ole <sup>*</sup>	
according feed the n three mea daily, plac	'acility must protivities designed omprehensive in hysical, mental, ch resident.  REQUIREMENT of an observation, the facility's reference for the physical and to taplacing the resident in the placing the resident depicts and depicts and depicts and depicts of the placing the resident depicts and depicts and depicts of the placing the resident and depicts of the placing and t	TIES MEET S OF EACH RES  wide for an engoing program of to meet, in accordance with assessment, the interests and and psychosocial well-being  T is not met as evidenced on, interview, and record nursing staff failed to involve esidents (4) in activities sician's order by falling to the main dining room for all ake the resident to activities lidents at risk for decreased	F 248	<ul> <li>Resident 4 is no longer a rethis facility. Upon verbal nof the alleged deficient praction of the alleged deficient was provided with angoing meaningful progradivities based on his need individual preferences. The was fed according to the oresident's attending physicient's attending physicient's attending physician's orders are not are at risk to be affected by same noted alleged deficient practice. The Activity Direction is activity needs to residents' activity needs to</li> </ul>	otification ctice, the y he daily am of ds and e resident refer of the ian.  I not gram of hts whose followed y the ent ctor and all other	6/1/12

ny deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclossible 90 days llowing 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 sys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

Facility ID: CA910000048

 $\frac{conj}{4}$ 

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY COMPLETED	
		Walter	A BU				
		<b>056</b> 308	a. WING		·	04/	22/2012
	PROVIDER OR SUPPLIER  GE REHABILITATION	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 21414 S. VERMONT AVENUE FORRANCE, CA 90502		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULO BE	COMPLETION DATE
	observed in his room dinner. He was observed in his room dinner. He was observed and a certified numbers of the certified	I 22, 2012, Resident 4 was in during breakfast, lunch and served not leaving his room.  It 7:15 a.m. and 12:35 p.m., erved sitting in his bed being raing assistant (CNA).  It 12:45 p.m., during an di Nurse (RN) Supervisor 1 white blood count was low, staff entering his room were sk, gown, and gloves for his fection and that was the not left his room.  It 2:26 p.m., during an or of nursing (DON) stated of any reason why the ng taken to the dining room ed it was possibly due to his also and the facility on April	F	4	same noted alleged deficient	i list of main ies. th staff de sed on terests all and raining e the oted The for the servisors	
Amount of the state of the stat	of the bone marrow), right sided hemiplegithe body) and dysphapped the body) and dysphapped the following the following in the following in bed for s	ndrome (a group of diseases late effect of stroke with a (paralysis on one side of agia (difficulty swallowing).  r Resident 4, dated April 11, ollowing: main dining room. eafety.			interviews with residents and during their daily Quality Circl Rounds. The effectiveness or plan of correction will be evaluable their monthly facility visits through their monthly facility visits through direct observation, reand staff interviews and recorreviews. Significant findings a submitted to the Administrato	staff the fithe uated during ough sident dilbe	
	<b>400 800 400 400 400 400 400 400 400 400 </b>	from 10 a.m. to 2 p.m. KEEPING &		Ī	shall be forwarded to the QA		. <b>}</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	NULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		056308	B, Wil	v6 <u>*                                     </u>		22/2012	
	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER		STREET ADDRESS, CITY, STATI 21414 S. VERMONT AVENU TORRANCE, CA 90502	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE JENCY)	CCMPLETION DATE	
	maintenance service	_	The state of the s	Committee for trend recommendations, cand Continuous Qualimprovement.  The corrective action on 6/1/12.	corrective actions ality		
- damen garage	by: Based on observation maintenance and hotensure the residents maintained in a sanitimanner. This deficite quality of life for the Findings:  a. On April 20, 2012, initial tour of the facility remainder of the sun observed:	tary, safe, and orderly ent practice does not promote residents.  at 4:30 p.m., during the entry and throughout the rey, the following were	F 253	a. Upon verbal notil alleged deficient pra 1. Room 17A light be curtain was replaced behind resident bed 4/27/12. 2. Room 64C wall w 4/30/12. 3. Room 10 floor wall patio door screen wall 4/23/12. 4. Room 9 and 17 cl fixed on 4/23/12. 5. Room 39 wall nead painted on 4/25/12.	actice; ulb and privacy id and hole in wall was fixed on ras painted on is waxed and as fixed on	6/1/12	
	resident's bed was or curtain was stained a wall behind the reside 2. In Room 64 Bed C the bed was missing. 3. In Room 10, the flo screen on the patio d 4. In Rooms 9 and 17 close.	the paint on the wall next to for was sticky and the for was torn. The closet door would not g paint was observed on the		b. Upon verbal notificalleged deficient pra 1. Room 31 bathroom were replaced on 4/2. Shower room flooreplaced on 4/28/12. 3. Room 64 window replaced on 4/22/12. 4. Room 23 closet direplaced on 4/23/12. 5. Room 70 bathroom is changed and floorwere repaired on 4/2. 6. Cracked line on Room 1.	ctice; m floor tiles 27/12. or tiles were . screen was . oor hinges were m fixture cover tile and hole 24/12.		

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) I	VULT	IPLE CONSTRUCTION	(X3) DATE	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER: .	A. BU	IILDIN	<b>(</b>	COMPLETED	
		056308	9. WI	NG_		04/	22/2012
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·			REET ADDRESS, CITY, STATE, ZIP CO	DE	
HERITA	GE REHABILITATION	CENTER		1	1414 S. VERMONT AVENUE FORRANCE, CA 90502		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	Qt I	<u></u>	PROVIDER'S FLAN OF COI	RECTION	7XE)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
F 253	Continued From pa	ge 3	F:	253	was fixed on 4/24/12	r.m. ari al	
•		Vocational Nurse 3 stated			7. Wood bench was remove trashed on 4/21/12.	ed and	
	she would take care of the issues.		i <sup>*</sup>	ļ	8. Room 25 faucet was rep	laced on	}
	la romana				4/22/12.	MINNE COL	
		observation of the facility on je following were observed:		ł	9. The wheelchair armrests	s for	
	THE IT IL OLZ PAIR, III	is lonowing were observed.		ļ	Room 38B, 30C, 20A, 23A		ł
	1. One of the bathroom floor tiles in Room 31 was			İ	were all replaced on 4/23/1	12.	
	half cracked.			- (	A ()	_fn & n & _	
		next to the main dining room		<b></b>	<ul> <li>All other residents are at ri-</li> </ul>		-
	had 2 cracked floor				affected by the same noted deficient practice. The Phy		
	<ul><li>3. The window screen in Room 64 was dented.</li><li>4. The closet door hinges in Room 23 had hinges coming off the wood.</li></ul>			1	Environment Supervisor re		
				ĺ	all other resident rooms an		Ī
		it bulb in Room 70 had no		ł	equipments to identify sam	e alleged	[
		was also a missing floor tile		l	deficient practice. No simil	iar .	
	and a hole found in t			1	findings were identified.		1
·		er between the bathroom wall		ļ	- The DEC mlane with his me	. a ladount	
		4, 26, and 27 had big		ļ	<ul> <li>The PES along with his as will conduct weekly sweep</li> </ul>		
	cracked line.	able located at the front patio		l	facility to assess and identi		
	was broken and fallin			ļ	concerns and to ensure the		
		m 25's bathroom had rust		- [	residents' environment is n	naintain <b>e</b> d	}
	and a hole at the bas			1	in a sanitary, safe and orde	erly	
ļ		eft and right arm rest		ŀ	manner.		
ļ		n 38 B, 30 C, 20 A, 23 A,		ĺ	1974		
	and 28 B, were torn.				<ul> <li>The implementation of the correction will be monitored</li> </ul>		
F 281 SS=D	PROFESSIONAL ST	ICES PROVIDED MEET		į	PES and Department Head		}
33=U j	ELECTROPHY OF	/M32/1/(DD		ļ	their daily Quality Circle Ro		j
ļ	The services provide	d or arranged by the facility		ļ	The effectiveness of the plant		Ī
1		nal standards of quality.			correction will be evaluated		
1				ĺ	QA Nurse Consultant throu		. ]
ļ	THE BEAUTIPESTAN	" la wat maat wa ayddawaad		-	random direct observation		
.		is not met as evidenced			scheduled monthly facility to Significant findings will be to		1
	by: Based on observation	n, interview, and record		j	to the Administrator and sh		
	review, the facility's n	ursing staff failed to obtain a e of 24 sampled residents			forwarded to the QA Cornn	,	4

#### PRINTED: 08/11/2012 DEPARTMENT OF HEALTH AND HUM\_\_\_SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAL SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND FLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 6. WING " 056308 04/22/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 21414 S. VERMONT AVENUE HERITAGE REHABILITATION CENTER TORRANCE, CA 90502 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID tD (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAĞ DEFICIENCY) F 281 | Continued From page 4 trending analysis, recommendations. corrective actions and Continuous (19), using a correct method. Resident 19's Quality Improvement. blood pressure was taken with the blood pressure cuff applied over a thick jacket, placing the The corrective action was completed resident at risk for incorrect blood pressure on 6/1/12. readings, which could lead to inappropriate medication management. Findings: F 281 · Upon verbal notification of the 6/1/12 alleged deficient practice, Resident On April 22, 2012, at 9:48 a.m., Licensed 19 was immediately assessed by the Vocational Nurse (LVN) 4 was observed during DON. The involved licensed nurse medication pass. LVN 4 took Resident 19's blood was provided training by the DON on pressure by placing the blood pressure cuff over 4/24/12 on how to properly obtain a thick jacket that the resident wore. The blood pressure readings. The resident's blood pressure reading was 118/56 resident is closely monitored to millimeter mercury (mmHa). ensure that the resident's blood pressure is taken properly and On April 22, 2012, at 10:45 a.m., LVN 4 correctly. acknowledged, after it was brought to her attention, that taking blood pressure over thick

hypertension.

Physician's Orders, dated November 29, 2008, indicated Resident 19 was to receive amodicine.

clothing could possibly alter the results of the

A review of Resident 19's Admission Records

indicated she was readmitted to the facility on

November 29, 2008, with a diagnosis of

reading, and if the clothing was able to be

removed then it should be removed.

indicated Resident 19 was to receive ambidipine besylate (treats hypertension) 5 milligrams (mg) daily and to hold medication for systolic blood pressure (the top number in a blood pressure reading) below 110 mmHg.

According to About Com "High Blood Pressure", Proper Technique for Blood Pressure Monitoring" All other residents are at risk to be

affected by the same noted afleged

deficient practice. The DON along with Pharmacy Consultant provided training on 4/25/12 to all licensed

nurses on the Proper Technique for

Blood Pressure Monitoring, Skills

competency was done to evaluate

staff's performance to ensure that the deficient practice does not recur.

skills proficiency training for nursing

Continuation on Page 5A of 34

The DON and DSD will conduct

personnel monthly for the first 3

months then quarterly thereafter.

#### F 281

This is to ensure that services provided by nurses meet professional standards of quality. Random return demonstration will be conducted during ADL cares and daily performance of nursing procedures. Performance evaluation will be done yearly.

- The implementation of the plan of correction will be manitored by the DSD and RN Supervisors through evaluation of staff's performance during cares and treatment. The effectiveness of the plan of correction will be evaluated by the QA Nurse Consultant during her scheduled facility visits through random review of the Skills Proficiency Checklist validated by random direct observation of staff's performance. Significant findings will be submitted to the Administrator and shall be forwarded to the QA Committee for trending analysis, recommendations, corrective actions and Continuous Quality Improvement.
- The corrective action was completed on 6/1/12.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION  NG	(X3) DATE COMP	
		058308	É. WING	:	04/	22/2012
	PROVIDER OR SUPPLIER  GE REHABILITATION	CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODI 11414 S. VERMONT AVENUE FORRANCE, CA 90502		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
,	2007. Blood pressi you are seated com should be relaxed, the level of the hear	M.D., updated February 5, ure should be measured while ifortably. The arm being used uncovered, and supported at t.	F 281			
F 309 SS=E	HIGHEST WELL BI Each resident must provide the necessa or maintain the high mental, and psycho	receive and the facility must ary care and services to attain est practicable physical,	F 309	<ul> <li>a) Resident 4 is no longer a     of the facility. Upon verbal r     of the alleged deficient pract     Resident 4 was immediately     the RN Supervisor. The invo-     applied the A&amp;D ointment or     4's left knee and left foot pla     The resident was closely mo     ensure that the resident rece     treatment as ordered.</li> </ul>	notification lice, visited by olved LVN resident intar (sole). onitored to	6/1/12
	by: Based on observation review, the facility's in the necessary care as sampled residents (as selected (RS 1) resident to Resident 4's left k (sole) according to particular to the failed to clarify nutritional supplement physician's order for supplement for wour what type. These deligibles in the same as	ed to apply A and D ointment nee and left foot plantar hysician's order. They failed and followed up on the status ened eyes with discharge. physician's order for nt for RS 1. RS 1's Prostat (nutritional ed healing) did not specify ficient practices had the lay in treatment and/or	овер <sub>ен</sub> — попония — на възда на попония — на попония — на попония — на попония и поп	<ul> <li>b) Upon verbal notification of alleged deficient practice, Rewas immediately visited by the Supervisor. The resident's eleasessed and are closely may be the charge nurses daily, was immediately notified with for treatment in both eyes.</li> <li>c) RS1 is no longer a reside facility. Upon verbal notifical alleged deficient practice, the the nutritional supplement for was clarified with the resider physician. The RS1 receives 64 and was closely monitore.</li> <li>All other residents whose physical condition are not as monitored and followed throites.</li> </ul>	esident 5 he RN eyes were onitored The MD h orders ent of the eion of the e order for r RS 1 it's d ProStat d. ysician se sessed,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD!	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		2007.00			04/22/201	4
	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER		REET ADDRESS, CITY, STATE, ZIP CODE 21414 S. VERMONT AVENUE TORRANCE, CA 90502		
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	treatment observation Nurse (LVN) 5 negles ointment to Residen On April 22, 2012, a Interview, LVN 5 state overlooked the treatment of Resident Indicated he was addressed to appear to Resident 4's left known and 10, 2012. Physician's 2012, indicated to appear to Resident 4's left known and 12 observed to have reduced	t, at 11:51 a.m., during a con, Licensed Vocational acted to apply vitamin A and D to 4's left knee and left foot.  It 2:38 p.m., during an atted she must have ment order for Resident 4's at 4's Admission Records mitted to the facility on April to Orders, dated April 10, apply vitamin A and D ointment are for dry reddish d to the resident's left foot kin.  at 7:30 a.m., 9:00 a.m., p.m., and on April 22, 2012, 0 p.m., Resident 5 was these and discharge from 1:25 p.m., during an view, LVN 6, after inspecting ated she had not noticed the perform the resident's eyes.  5's Medical Records found ation the redness and sident's eyes had been and followed up.  ds indicated she was ity on October 29, 2010,	F 30	residents with unclear physicial orders are at risk to be affected same noted alleged deficient of the RN Supervisors assessed residents with changes in command those that require treatmed reviewed the physician's order clarity and accuracy to identify noted alleged deficient practice similar deficient practice was residents to ensure that a resident practicable physical, mental are psychosocial well being in accuration of care. The training emphasized the correction of the deficiencies noted here to previously for the first 3 months that quarterly thereafter.  The DON and RN Supervisor of the performance during cares and treatment daily during their Quarterly thereafter.  The DON and RN Supervisor of the performance during cares and treatment daily during their Quarterly thereafter.  The DON and RN Supervisor of the plan of correction of the performance during cares and treatment daily during their Quarterly thereafter.  The DON and RN Supervisor of the plan of correction of staff performance validated by interviews and recreviews during her scheduled in reviews during her scheduled in the plan of corrections of the plan of correction of staff performance validated by interviews and recreviews during her scheduled in reviews during her scheduled in the plan of corrections of the plan of correction of the plan of correction of staff performance validated by interviews and recreviews during her scheduled in reviews during her scheduled in reviews during her scheduled in the plan of corrections of the plan of cor	d by the practice.  ditions ent, and rs for same e. No noted.  licensed sion of to all dent ghest and ordance sment strongly the rent e done then  will the plan staff's ality  rection arse ce and cord	
		ing dementia (loss of mental		reviews during her scheduled i	nonmiy	* .

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		Į, ,	A BUILDING			COMPLETED	
		056308	ě. Wi	VG_	y	04/22/2012	
	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER	<b></b>	2	REET ADDRESS, CITY, STATE, ZIP CODE 1414 S. VERMONT AVENUE FORRANCE, CA 90502		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	assessment and can 11, 2012, indicated I impaired and was to facility's staff for her c. During the 9 a.m. 2012, Licensed Vocadministered 30 cub 101 to R\$ 1.  During an interview a 2, on April 22, 2012 a 101 is for non-diabet was for diabetic residable to explain why thindicated on the physical factor of the facility diagnoses that included damaged skin causer for too long).  A review of the physical factor of the given 10 are was no specific Prostat to be given 10 a review of the Medicated the licensed Prostat 30 cc twice day 1, without indicated a 2012, without indicated a 2012, without indicated a 3 a 4 a ccording to 4 a coording to 4 a coording to 4 a coording to 5 a c. During the medicated and can a coording to 4 a coording to 5 a c. During the coording the coording to 5 a c. During the coording to 5 a c. During the coording the coordinate the	um Data Set (MDS), an re screening tool, dated April Resident 5 was cognitively taily dependent on the activities of daily living.  medication pass on April 22, ational Nurse (LVN) 2 ic centimeters (cc) of Prostat and record review with LVN at 10:30 a.m., he said Prostat ic residents and Prostat 64 lents, however he was not nere was no specific dosage sician's order.  r RS 1 was reviewed on April n. The resident was yon March 16, 2012, with ed pressure sore (areas of d by staying in one position cian's order, dated March rostat 30 cc twice daily, indication what type of	F		facility visits. Significant find be submitted to the Administ shall be forwarded to the QA Committee for trending analy recommendations, corrective and Continuous Quality Important Continuous Quality Important Confective action was continuous 6/1/12.	rator and rsis, actions ovement.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL	TIPLE CONSTRUCTION NG	(X3) DATE COMP	SURVEY LETED	
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F. S	grams of protein and ounce). Pro-Stat 10 30 ml (one ounce) at The additional calon come from 10.2 grassweetened with such sweetener), which I 483.25(a)(3) ADL C DEPENDENT RESIDENT REQUIREMENT BASED ON OBSERVATION OF THE REQUIREMENT BASED OF THE RESIDENT BASED OF TH	SA, Inc, Pro-Stat 64 has 15 and 60 calories per 30 ml (one 11 has 15 grams of protein per and 101 calories per 30 ml. ries per dose in Pro-Stat 101 ams of fructose. Pro-Stat 64 is raiose (SPLENDA No Calorie is non-nutritive.  ARE PROVIDED FOR DENTS  hable to carry out activities of the necessary services to ion, grooming, and personal on, interview, and record nursing staff failed to ensure f 24 sampled residents (5) leaning of the body and the gion below the pelvis and highs). Failure to conduct a laces residents at risk for mall	F 312		ce, Resident 5 Supervisor. ediately ete bed bath cleaning of t perineal A was aining by the ecessary od grooming dent is now the Charge rrence of the ce.  are not ty care and d grooming hygiene are at the same practice. The practice of the conducted during ADL noted alleged similar	6/1/12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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· .	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER	5	TREET ADDRESS, CITY, STATE, ZIP CODE 21414 S. VERMONT AVENUE TORRANCE, CA 90502	NEC.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AV DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE
F 314	cleaning.  On April 22, 2012, interview, CNA 4 st may have been why completely.  A review of Resider indicated she was redicted she was redicted (loss of mental ability).  According to a Minimassessment and can 11, 2012, indicated for daily decision-mental functional limitation her upper and lower.  A facility policy on Principal area, wiping sprovide cleanliness in prevent infections are observe the resident perineal area, wiping Separate the labia a from front to back.  483.25(c) TREATME PREVENT/HEAL PREV	at 1:10 p.m., during an ated he was nervous and that y he did not clean the resident of 5's Admission Records eadmitted to the facility on with diagnoses of clostridium using diarrhea) and dementiaties).  The screening tool, dated April Resident 5's cognitive skills aking were severely impaired, sive assistance with personal and was assessed with a in range of motion (ROM) to extremities.  The arrivation, and to be skin condition. Wash the from front to back.  The skin condition wash the grown front to back.  The skin condition wash the grown front to back.		Proficiency and Competent for direct care staff to evaluate performance in providing numerical and oral hygiene. DON and DSD provided innursing staff on 5/29/12 on including complete cleaning body and perineal area. The will be done monthly for the months then quarterly there are the correction will be monitored DSD and RN Supervisors the direct observation and evaluated at the correction will be evaluated as the performance during a cares. The effectiveness of correction will be evaluated a Nurse Consultant through and monitored to the Stills competency checklist validation direct observation during Al Significant findings will be set to the Administrator and she forwarded to the QA Commitment of the QA Commitment of the Contractive actions and Continuality Improvement.  The corrective action was one 6/1/12.	uate staff's ecessary resident to nd The -service to ADL care g of the ne training e first 3 eafter.  plan of by the hrough uation of ADL f the plan ed by the gh sted by DL cares. ubmitted all be ittee for indations, inuous	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) ML A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
		056308		* * * * * * * * * * * * * * * * * * *	04/22/2012		
	(EACH DEFICIENC)	CENTER  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	GROSS-REFERENCED TO TH	ORRECTION IN SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
	pressure sores received services to promote prevent new sores in the pressure sores (are by staying in one powere at high risk for were turned every to the residents' plans practice placed the indevelopment of new non-healing of existing the prevent of the prevent in the prevent i	ble; and a resident having sives necessary treatment and healing, prevent infection and from developing.  IT is not met as evidenced from interview, and record nursing staff failed to ensure residents (5, 7, 13), who had as of damaged skin caused sition for too long) and/or developing pressure ulcers, we hours in accordance with of care. This deficient esidents at risk for skin break down and/or ng pressure sores.  at 2:30 p.m. and 5:30 p.m., purs, Resident 7 was a right side.  The Resident 7 was reviewed the Admission Face Sheet to was admitted to the facility	F 31	1) Resident 7 is no long at the facility. Upon ver notification of the allege practice, Resident 7 was immediately repositione side. The resident was monitored by the charge ensure that the resident repositioned every 2 how the charge ensure that the resident repositioned every 2 how alleged deficient practice 13 was immediately repand was reassessed by Supervisor and the treat. The skin assessment do resident's skin condition. The resident is closely in the RN Supervisors to eather resident is reposition and the skin assessment documented accurately.  3a) and 3b) Upon verbal of the alleged deficient president 5 was immediately repositioned with adequate repositioning devices to redesired position which in use of repositioning devices to repositioned properly with repositioned properly with repositioned properly with repositioning devices to redesired position.	ger a resident rbal ad deficient s ad on his left closely a nurse to a was urs.  tion of the e, resident ositioned the RN accurately, nonitored by ansure that hed timely state maintain the poliude the ces. The pred by the every 2 resident is the use of	6/1/12	

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDENSCIPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A A. BU		FLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER AGE REHABILITATION	CENTER		2	IEET ADDRESS, CITY, STATE, ZIP CODE 1414 S. VERMONT AVENUE ORRANCE, CA 90502		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	FREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	uld be	COMPLETION (XS)
F 31	damage to or necro subcutaneous tissuic of skin]) right buttock February 13, 2012, reposition the reside plan addressing the buttock pressure so indicated the staff we every two hours. An February 22, 2012, a Stage III coccyx (low indicated the facility resident every two hours add 1 (intact skin with peressure sore, indicated the resident every two implemented.  On April 22, 2012 at interview, CNA 6 staff turning schedule every two hour turning. The poresidents who are in two hour turning progwith a stage 1 or abothour turning is inadeced.  2. The clinical record re-admitted to the facility of the facility of the clinical record re-admitted to the facility of the facility of the clinical record re-admitted to the facility of the facility of the clinical record re-admitted to the facility of the facil	ckness skin loss involving sis (tissue death) of e [the third of the three layers k pressure sore, dated indicated staff would ent every two hours. The care resident's Stage II left re, dated April 6, 2012, ould reposition the resident other care plan, dated addressing the resident's ver back) pressure sore, staff would reposition the ours. The care plan, dated dressing the resident's Stage resistent redness) left hip sted the staff would reposition to hours. These were not 2:30 p.m., during an ted Resident 7 was on my two hours.  Policy and procedure titled, cated repositioning is critical lent upon staff for olicy further indicated bed should be on an every tram, and for those residents we pressure sore, every two quate.  disclosed Resident 13 was allity on 5/1/11 with ed pressure sore Stage II loss involving epidermis,	LL,		<ul> <li>All other residents who are in properly repositioned timely those not provided devices a equipment to maintain desire positions are at risk to be affithe same noted alleged deficing practice. The RN Supervisor conducted inspection across shifts to identify same noted deficient practice. No similar findings were observed.</li> <li>The DSD together with Wour Consultant provided training caregivers on 4/30/12 on the Provision of Necessary Treat and Services to residents with existing pressure sores and tresidents assessed as at risk develop pressure sores to prodevelopment of pressure sore to promote healing. The train strongly emphasized Pressur Prevention with Proper and Trepositioning with the use of repositioning devices or equipand on the correction of the deficiencies noted here. The training will be done monthly first 3 months the quarterly thereafter. The staff's perform will be periodically evaluated DSD.</li> <li>The implementation of the placementation of staff performance and staff interviewed.</li> </ul>	and and ad acted by ient s all alleged  d to direct ment to to event as and ing e Sore imely ments for the hance by the uigh	

STATEMENT OF DEFICIENCIES (XI AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTE A. BUILDING	PLE CONSTRUCTION  G '		(X3) DATE SURVEY COMPLETED	
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<u> </u>	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER	21	EET ADDRESS, CITY, STATE, ZIP CO 1414 S. VERMONT AVENUE ORRANCE, CA 90502	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLETION DATE	
	hemiplegia (paralys  A review of Resident (MDS), an assessmonth of the staff with bed side while in bed), where the side while in bed), where the staff with bed side while in bed), where the side was incontinent of bits of the staff with paste. There was a physicial cleanse Resident 13 multiple scratches where and apply but paste. A review of the Nursing 3/16/12 at 11 p.m., in noted to have right as scratches and wound ordered.  A review of the Weel Progress Notes, date 4/10/12, and 4/17/12 assessed having exist her left and right button of the Press 3/13/12, 3/20/12, 3/20/12, 3/20/12, 3/20/12, 3/20/12 indicated Response on the On 4/20/12 at 4:15 p. p.m., for more than the	is of one side of the body).  It 13's Minimum Data Set ent and care screening tool, ated the resident was severely ive skills (mental ability) for g and was totally dependent mobility (moving from side to ith transfer (to move from r), and tollet use. The resident ladder and bowel.  In sorder, dated 3/13/12, to its left and right buttocks ith soap and water, pat to dry twice daily.  Ing Progress Notes, dated adicated Resident 13 was and left buttocks multiple it treatment was provided as sting multiple scratches on ocks.  In Ulder Record, dated 7/12, 4/13/12, and 1/12, 4/10/12, 4/13/12, and	# 314	during ADL cares and diguality Circle Rounds.  effectiveness of the plan correction will be evaluated the Consultant the random review of the Consultant conservation and evaluating performance. Significant will be submitted to the And shall be forwarded to Committee for trending a recommendations, correction and Continuous Quality Improvement.  The corrective action was on 6/1/12.	The ted by the rough ompetency indom direct ion of staff t findings Administrator o the QA inalysis, ctive actions		

# DEPARTMENT OF HEALTH AND HUM SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  HERITAGE REHABILITATION CENTER  SIZMANAY STATE IMPOONE  (CAS) D  SIZMANAY STATE IMPOONE  EXCUSTOR OF LIST ENFORMENT OF DEPICIFICIES  SIZMANAY STATE IMPOONE  (EXCUSTOR OR LIST ENFORMENT OF DEPICIFICIES  FOR TAX  FOUNDING AN Interview With Certified Nursing  Assistant (CNA) 1 on AIZO/12 at 8:30 p.m., she stated she was so busy attending another resident that she forgot to turn Resident 13 every 2 hours.  On 4/21/12 at 12 p.m., during a wound care observation with Licensed Vocational Nurse (LVN) 1, Resident 13 was observed with a Stage II right buttocks pressure sore measuring 1.3 cm (certifineters) in length by 1 cm in width.  During an interview with LVN 2 on 4/21/12 at 2 p.m., she agreed the icensed nurses were doing an incorrect assessment of Resident 13's skin condition.  A review of Resident 13's care plan, dated 3/3/3/12, for Stage II pressure sore on the left and right buttocks interventions included for the licensed rurses to reposition the resident at least every 2 hours and to keep the area clean and dry.  A review of the facility's policy and procedure for Pressure Ulser Management dated 9/3/11 indicated to prevent further ekin breakdown, staff must ansure rasidents are turned and repositioned in bed or thait, and skin will be assessed for the presence of developing pressure ulcers on a weekly basis or more frequently if indicated.  3. On April 21, 2012, at 9:50 a.m., during a wound treatment observation, Resident 5 was observed with excoration (superficial skin loss) and rethess to her buttocks.  On April 21, 2012, at 9:50 a.m., 10:25 e.m., 10:40	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
HERITAGE REHABILITATION CENTER  SIMMARY STATEMENT OF DEPICIENCES (PLAN DEPICE OF PULL TARK OF A 99502)  PRETRY (PART OF ALS DEPICE OF PULL TARK OF A 99502)  FROM REGULATORY OR LSC DEPITE YES PRECEDED BY FULL TARK OF A 99502  FROM REGULATORY OR LSC DEPITE YES PROCEDED BY FULL TARK OF A 99502  FROM REGULATORY OR LSC DEPITE YES PROCEDED BY FULL TARK OF A 99502  FROM REGULATORY OR LSC DEPITE YES PROPRIED TO THE PROPROPRIATE DEPICIENCY OF THE PROPRIBATE DEPICIENCY OF THE PROPROPRIATE DEPICE OF THE PROPRIATE OF	<b>.</b>		056308	é. wii	4G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	04/	22/2012
First Tag  Regulatory or Lsc mentifying information and measurement of the presence of the presence of the resident to the appropriate of the presence of the resident to the service of the presence of the resident to the first to the resident to the resi			CENTER		214	14 S. VERMONT AVENUE		
During an Interview with Certified Nursing Assistant (CNA) 1 on 4/20/12 at 8:30 p.m., she stated she was so busy aftending another resident that she forgot to furn Resident 13 every 2 hours.  On 4/21/12 at 12 p.m., during a wound care observation with Licensed Vocational Nurse (LVN) 1, Resident 13 was observed with a Stage II right buttocks pressure sore measuring 1.3 om (centimeters) in length by 1 cm in width.  During an interview with LVN 2 on 4/21/12 at 2 p.m., she agreed the licensed nurses were doing an incorrect assessment of Resident 13's skin condition.  A review of Resident 13's care plan, dated 3/13/12, for Stage II pressure sore on the left and right buttocks interventions included for the licensed nurses to reposition the resident at least every 2 hours and to keep the area clean and dry.  A review of the facility's policy and procedure for Pressure Ulcer Management dated 9/7/11 indicated to prevent further skin breakdown, staff must ensure residents are turned and repositioned in bed or chair, and skin will be assessed for the presence of developing pressure ulcers on a weekly basis or more frequently if indicated.  3a. On April 21, 2012, at 9:05 a.m., during a wound treatment observation, Resident 5 was observed with excortation (superficial skin loss) and redness to her buttocks.	PREFIX	(EACH DEFICIENC)	( MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	OULD BE	COMPLETION
5 \$20 (SD1) Z. E., Z. U. I. Z. E. W. M. D. U. B. L. L. L. L. Z. D. W. H. L. L. L. A. G. H. L.		During an interview Assistant (CNA) 1 of stated she was so be resident that she for 2 hours.  On 4/21/12 at 12 p.r. observation with Lice (LVN) 1, Resident 1: If right buttocks president from the continueters in length p.m., she agreed the an incorrect assessment on the condition.  A review of Resident 3/13/12, for Stage II right buttocks intervesticensed nurses to resevery 2 hours and to the continueters of the facility pressure Ulcer Manandicated to prevent from the pressure ulcers on a requently if indicated to assessed for the pressure ulcers on a requently if indicated to be a seed to the pressure ulcers on a requently if indicated to be a seed to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requestion to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requestion to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requestion to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requently if indicated to the pressure ulcers on a requestion to the pressure ulcers on a requestion to the pressure ulce	with Certified Nursing on 4/20/12 at 8:30 p.m., she busy attending another root to turn Resident 13 every m., during a wound care ensed Vocational Nurse 3 was observed with a Stage sure sore measuring 1.3 cm of the by 1 cm in width.  with LVN 2 on 4/21/12 at 2 a licensed nurses were doing ment of Resident 13's skin  t 13's care plan, dated pressure sore on the left and entions included for the eposition the resident at least keep the area clean and dry.  y's policy and procedure for a license of developing weekly basis or more left and skin will be sence of developing weekly basis or more  , at 9:05 a.m., during a ervation, Resident 5 was atton (superficial skin loss) attocks.	FS				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1° '	MULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED 04/22/2012	
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	PROVIDER OR SUPPLIER  GE REHABILITATION	CENTER	•	STREET ADDRESS, CITY, STA 21414 S. VERMONT AVEN TORRANCE, CA 90502	IUE		
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	total of six hours and a.m., and 9 a.m., Rin bed, on her back upper body was posinght or left, however pressing on the male On April 22, 2010, a interview, CNA 4 statevery two hours but make sure she is condicated she was recording to the MD 11, 2012, Resident Sithe facility's staff with bed mobility. Another January 3, 2012, Indiassessed with Stage ulcers.  3b, On April 21, 2012 wound treatment obsident 5's legs and under them however, (inside) heel was obsidenties. Upon close resident's right heel, if arge, silver dollar sizuary, silver dollar sizuary, and completed Resident placed pillows under the placed pillo	15 p.m., and 4:15 p.m., for a lid on April 22, 2012, at 6:55 esident 5 was observed lying . At times, the resident 's sittoned slightly turned to the r her buttocks and feet were					

		(X1) PROVIDER/SUPPLIER/GL/A IDENTIFICATION NUMBER:	A. BUI	IULTIPLE CONSTRUCTION ILDING		(X2) DATE SURVEY COMPLETED	
		056308	B. WIN	viG	- 04	/22/2012	
	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER		STREET ADDRESS, CITY, STATE, 21414 S. VERMONT AVENUE TORRANCE, CA 90502			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN X (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(XS) COMPLETION DATE	
F 315 SS=D	mattress.  On April 22, 2012, a 5's bed bath, CNA 4 resident's legs to claresident's legs were them but her heels with mattress. Observation showed redness.  On April 2, 2012, at interview, CNA 4 stated meant the resident meant the resident meant the resident meant to the Branch Pressure Sore Risk, Resident 5 was ident pressure sores.  Physician's Orders, coindicated to float both the bed. This was not 483.25(d) NO CATHIRESTORE BLADDED Based on the resident massessment, the facility resident who enters to indivelling catheter is resident's clinical concatheterization was now to is incontinent of treatment and service them.	t 9:15 a.m., during Resident removed the covers from the san her legs and feet. The observed with pillows under vere pressing on the on of the resident's freels  1:15 p.m., during an ted floating heels while in the ent's heels should not touch pressure off of them.  den Scale for Predicting dated April 11, 2012, iffied high risk for developing lated November 30, 2011, in Resident 5's heels while in t followed.  ETER, PREVENT UTI, it's comprehensive ity must ensure that a	F 31		ctice, Resident 5 RN Supervisor. IRN Supervisor. IRN Supervisor. IRN Supervisor. IRN Supervisor Sup	6/1/12	
				witeren			

NAME AND ADDRESS OF THE PARTY O		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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		PROVIDER OR SUPPLIER SE REHABILITATION	CENTER		2	REET ADDRESS, CITY, STATE, ZIP CODE 1414 S. VERMONT AVENUE FORRANCE, CA 90502		
~	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
		by: Based on observation review, the facility's indwelling urinary caurine from the bladd sampled residents (if the potential to caus (infections of the urine Findings:  a. On April 21, 2012, Vocational Nurse (L) wound but did not locatheter.  On April 22, 2012, at 5's bed bath, Certified cleaned the resident perineal area (the respective and between the clean the resident's in the control of	on, interview, and record staff failed to provide proper theter (tube used to drain er) care for two of 14 Resident 5 and 7), which had e urinary tract infections hary bladder).  at 8:45 a.m., Licensed /N) 6 treated Resident 5's ok at or clean her indwelling 9:15 a.m., during Resident d Nursing Assistant (CNA) 4 by wiping the top of her gion of the body below the ne thighs). CNA 4 did not indwelling urinary catheter.  1:10 p.m., during an ed he had not been elling unrinary catheter care neters.  1:25 p.m., during an ed it was the treatment to do indwelling urinary included checking for skin superficial skin loss), or, sediments and color of as her responsibility to clean		15	nurses to ensure that the resisted receives proper Foley cathete daily.  b) Resident 7 is no longer as at the facility. Upon verbal notification of the alleged defipractice, resident 7 was asset the RN Supervisor. The resident was immediately provided profindwelling catheter care and comonitored for any signs of infermation of the alleged deficient practice as was provided one-on-one training the DON on 4/23/12 on the Provisions of Foley Catheter Cand Perineal Care. The resident closely monitored by the treatments to ensure that the residence in the provided proper Foley catheter daily.  • All other residents who are not provided proper Foley catheter are at risk to be affected by the same noted alleged deficient practice. The RN Supervisors the treatment nurses visited all residents with Foley catheters identify same alleged deficient practice. No similar findings with noted.  • The facility has a Urinary Catheter Management System. This systemovides clear guidelines on horizontal catheters.	resident cient ssed by lent lent lent lesely ection was or of and hing by Care ent is ment lent r care and to ere	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	NOITOURTRINOD BJUTLI		(X3) DATE SURVEY COMPLETED	
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HERITA	PROVIDER OR SUPPLIER  BE REHABILITATION			TREET ADDRESS, CITY, STATE, ZIP CC 21414 S. VERMONT AVENUE TORRANCE, CA 90502	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETION DATE	
	indicated she was a Coctober 29, 2010, or clostridium difficile diarrhea) and demonstrate diarrhea) and demonstrate diarrhea) and demonstrate diarrhea and catter care by wipsician's Orders, indicated to do indicated to do indicated to do indicated to do indicated and continued and comment of the catter diarrhea and downward motion.  During an interview, c.m., CNA 5 stated incatter care by wipsician and downward motion.	nt 5's Admission Records readmitted to the facility on with diagnoses including (a bacterium that causes entia (loss of mental abilities).  nimum Data Set (MDS), an are screening tool, dated April 5's cognitive skills (mental ision-making were severely totally dependent on the sonal hygiene and bathing with functional limitation in DM) to her upper extremities, where functions and had an artheter.  dated October 29, 2010, elling catheter care to ing urinary catheter daily. This at 9:25 a.m., CNA 5 was sident 7's indwelling catheter ing an upward (toward the ward (away from the resident)  on April 21, 2012 at 1:45 he does indwelling urinary ing the catheter using the catheter using the motion, CNA 5 stated he		perform proper Foley cat A Foley catheter care proplace and is being imple Training on the establish was provided to reinforce by the DON and DSD to nurses on 5/29/12 and we monthly for the first 3 monopolity for the first 3 monopolity thereafter.  The implementation of the correction will be monitor RN Supervisors and DSI direct observation during catheter care across all a effectiveness of the plan correction will be evaluated QA Nurse Consultant during catheter care across all a effectiveness of the plan correction will be evaluated QA Nurse Consultant during scheduled facility visits the random direct observation evaluation of staff's performance when rendering Foley catheter and in the Administrator and informance to the QA Contrending analysis, recommon corrective actions and Conquality Improvement.  The corrective action was on 6/1/12,	mented, ed system ethe P&P licensed ill continue inths then e plan of red by the O through Foley chifts. The of ed by the ring her nrough n and ormance theter care, e submitted shall be nmittee for nendations, ontinuous		

	AND PLAN OF CORRECTION  (X1) PROVIDENSUPPLIENCLIA  (X2) PROVIDENSUPPLIENCLIA  (X3) PROVIDENSUPPLIENCLIA  (X4) PROVIDENSUPPLIENCLIA  (X5) PROVIDENSUPPLIENCLIA		A. BUILDING				COMPLETED		
[	•	056308	8 WII	NG		04/	22/2012		
	PROVIDER OR SUPPLIER GE REHABILITATION	CENTER		21	EET ADDRESS, CITY, STATE, ZIP COI 1414 S. VERMONT AVENUE DRRANCE, CA 90502	)E			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PI  REGULATORY OR LSC IDENTIFYING INFORMATION)				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
SS=D	The clinical record on April 21, 2012. indicated the reside on January 21, 2011 tract infection.  A review of a physic 2012, indicated for it indivelling urinary can on April 22, 2012 at nursing (DON) state care is to be done be 483.25(e)(2) INCRE IN RANGE OF MOTORIST CONTROLLING TRANGE OF TRANGE	for Resident 7 was reviewed The Admission Face Sheet and was admitted to the facility 2, with a diagnosis of urinary 21, the resident to receive atheter care daily.  It 1:45 p.m., the director of ad indwelling urinary catheter y licensed nursing staff.  ASE/PREVENT DECREASE TON  The indicate that a resident of motion receives and services to increase for to prevent further function.  This not met as evidenced on, interview, and record nursing staff failed to ensure 19) joints were completely ts full potential during range ercises, placing the resident ont of contractures.	F 318		<ul> <li>Upon verbal notification of alleged deficient practice, 19 was visited by the Phys Therapist and the involved The Physical Therapist ap RNA of the alleged deficient and the Physical Therapist all RNAs with training on 4 how to conduct complete a range of motion exercises resident. The resident is committed to ensure that the is provided with the proper motion exercises to preven functional decline of range.</li> <li>All other residents who do receive proper and adequate of motion exercises are at affected by the same noted deficient practice. The DSI some of the rehabilitation producted direct observation RNA's performance in rendange of motion exercises to residents to identify same a deficient practice. No similar findings were noted.</li> <li>The Director of Rehab Servation on appropriate environ.</li> </ul>	resident sical RNA. prised the nt practice t provided /26/12 on and proper to the losely se resident range of t of motion.  not te range risk to be alleged D and ersonnel on of ering o silleged ar ices /12 to all inment	6/1/12		
		8:45 a.m., Resident 19 was sitting in a wheelchair.			for residents with limited RC effective ROM exercises. The				

056308 B, WING	2/2012
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HERITAGE REHABILITATION CENTER  21414 S. VERMONT AVENUE TORRANCE, CA. 90502	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 318 Continued From page 19 Restorative Nursing Assistant (RNA) 1 attempted to provide ROM exercises to the resident's lower extremities while the resident was sitting in her wheelchair RNA 1 was not able to stretch the resident's left and right hip joints while doing abduction (away from the body) stretches because the armerst of the wheelchair would not allow full range of motion. In addition, the wheelchair's wheel would not lock and the wheelchair's wheel would not lock and the wheelchair's lower extremities.  On April 22, 2012, at 1:57 p.m., during an interview, RNA 1 acknowledged ROM exercises are best done when the resident for the lower extremities. She stated she tried to lock. Resident 19's wheelchair but it would not lock.  A review of Resident 19's Admission Records indicated she was readmitted to the facility on November 29, 2008, with a diagnosis of altered montal status.  Physician's Orders, dated November 29, 2011, indicated Resident 19 was to receive active assisted ROM exercises (the resident performs the exercise but requires some help) to both of her lower extremities seven days a week, daily, as tolerated.  F 323 SS=E  The facility's Restorative Nursing Management System was reviewed and necessary revisions were made with regard to Provision of Range of Motion exercises to the residents accurately. The Physical and Occupational therapists will provide training to nursing personnel on Range of Motion exercises to the residents accurately. The Physical and Occupational therapists will provide training to nursing personnel on Range of Motion exercises the resident on Range of Motion exercises to the residents accurately. The Physical and Occupational therapists will provide training to nursing personnel on Range of Motion exercises to residents accurately. The Physical and Occupational therapists will provide training to nursing personnel on Range of Motion exercises to the correction of the deficiency noted here. The training will be done at least quarterly.  The implementation of the plan o	

AND PLAN OF CORRECTION IDENT	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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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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This REQUIREMENT is not by: Based on observation, interview, the facility's nursing state safety of four of 24 sample and 11).  Resident 4, who had dysphag swallowing), was fed in his be physician's order to feed the nathree meals in the dining room deficient practice had the pote aspiration (foreign materials (a vomit, or fluids from the mouth the lungs).  Resident 5, who had the habit scratching her face, nose, and fingernalls that were not maint length. This deficient practice is cause skin tears and potential.  Resident 11, when he held ont television cart, caused him to frails of the bed sustaining a lact forearm.  The facility failed to secure telestop of the table. Some tables we touched and/or were on rollers to ensure items on top of the sithe walls) were secured. This potential for the television and the residents causing injuries.	iew, and record taff failed to ensure ed residents (4, 5, ia (difficulty d despite a esident with all of for safety. This initial to cause isually food, liquids, if are breathed into of rubbing and eyes, had alned at a safe mad the potential to eye injury.  To a rolling all against the side erration to his right evisions placed on robbled when. The facility failed belves (affixed to practice had the	F 32	<ul> <li>a) Upon verbal notification alleged deficient practice, r 5's fingernails were trimme filed. The resident's behave of pulling and twisting her has scratching her face, nose a area was assessed by the Supervisor. A plan of care developed and is implement prevent and reduce the risk injury. The resident is closs monitored.</li> <li>b) Upon verbal notification alleged deficient practice, the shelves in room 17 and properly secured by the Phy Environment Supervisor. To observed television on top of table/carts in rooms 9, 10, 116, 18 and 68 are now propisecured. The wheels of the are provided with locks to pufrom wobbling when touched at the facility. Upon verbal notification of the alleged depractice, resident 4 was immassessed by the RN Superv The resident was being fed in a chair during all meals. resident was assisted and comonitored for signs and symof aspiration during meals.</li> </ul>	esident d and ior habit air, nd eyes RN was ted to for ely of the ns on 20 were rsical ne d, 14, erly carts event d. resident inediately isor. sitting up the osely	6/1/12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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The state of the s	a.m., 9:05 a.m., 10:: p.m. and on April 22 a.m., Resident 5 wa hand to pull and twis nose, and eye area. the creases of the re fingernails were obs resident with this kin On April 22, 2012, a interview, Licensed \(\) stated it was Reside pulling her hair and r hand. LVN 6 stated the resident's fingern to her skin or eyes.  A review of Resident indicated she was re October 29, 2010, wi (loss of mental abilitie  According to the Mini assessment and care 11, 2012, indicated R (mental capability) for severely impaired and assistance for person  5. On April 20, 2012, nitial tour of the facilitie shelves attached to tr multiple miscelfaneou	at 9:05 a.m., 7:30 a.m., 8:40 25 a.m., 10:40 a.m., and 2:15 2012, at 6:55 a.m., and 9:15 s observed using her left of her hair, scratch her face. Red lines could be seen in esident's nose. The resident's erved to be long for the d of behavior.  11:25 p.m., during an /ocational Nurse (LVN) 6 nt 5's habit of fidgeting, ubbing her face with her left she had not thought about ails possibly causing injury  5's Admission Records admitted to the facility on th a diagnosis of dementia es).  mum Data Set (MDS), an escreening tool, dated April esident 5's cognitive skills daily decision-making were if she required extensive	F 323	d) Upon verbal notificationalleged deficient practice, observed TV set that was top of the TV cart for residence wheels of the TV cart was immediately secured wheels of the TV cart was The facility staff was instructed always lock the wheels of cart to keep it steady to proper and/or decrease risk of accident's propensity for that includes but not limite risk factors or possible cart factors, how the resident is monitored to reduce risks accidents and prevent injury.  All other residents whose environment is not free of hazards and those resident not receive adequate superand assistive devices to practice. The Administrator PES conducted environment rounds to identify same all deficient practice. No similifindings were observed.  The facility reviewed the environment of the facility of the facil	the placed on lent 11 and the locked, acted to the TV revent scident or care plan or accidents and to the use is being for liv.  accident, ints who do ervision revent affected it deficient or and ental eged illar is a sand	

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televisions table/carts and/or had a review of tables/cart tables/	9, 10, 12, a were observed to that either the server not server no	14, 15, 16, 18, and 65, served placed on top of er wobbled when touched and rolled during contact. It secured on top of the touched en touched	F 32	st for the re the core of the	the newly revised Accide revention will be provided aff by the DSD and PE or the first 3 months there are after. The IDT will of view all incident reports eir stand up meeting to sidents with incidents. The implementation of the partment Supervisors is ect observation or inspect observation or inspect observation or inspect of the partment Supervisors is est observation or inspect observation or inspect of the partment of the effectiveness of the partment of the consultant throughout the effectiveness of the partment of the effectiveness of the effectiveness of the partment of the effectiveness of the effectiveness of the partment of the effectiveness of the effectiveness of the partment of the effectiveness of the effectiveness of the partment of the effectiveness of the e	ed to facility S monthly I quarterly continue to during address all e plan of ed by the through action of it during tounds to ive actions. Idan of ed by the ugh ir during s. submitted hall be mittee for iendations, intinuous	

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	of the bone marrow, right sided hemipleg the body) and dysph Physician's orders for 2012, indicated the I Feed all meals in the No eating in bed for d. On 4/21/12 at 9 a. observed sitting on hwatching television (on top of the TV cart TV cart was unlocked pushed. Resident 11 dressing on the right A review of the admission that in weakness.  The Admission Minimassessment and care 2/6/12, indicated Resident 11 was admitted ability) for daily decision to the powith one powith bed mobility, transpiene, and bathing. Review of the investigatevealed that on 4/15/	proses including yndrome (a group of diseases ), late effect of stroke with pla (paratysis on one side of lagia (difficulty swallowing).  Proceeding (difficulty swallowing).  Proceding (difficulty swallowing).	i.i.	32			

		(X1) PROVIDER/SUPPLIER/CLM IDENTIFICATION NUMBER:	A BUILD		(X3) DATE SURVEY COMPLETED	
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F 363 SS=E	bed, held on the To to move him agains sustained a skin law Further review of R revealed the facility after the incident ad Injury, monitoring or set secured and To usage.  During an interview 4/21/12 at 2 p.m.; s TV cart safe and strain without causing an 483.35(c) MENUS MEN	s tab alarm in bed, got out of a cart with rollers and caused at the side rails where he ceration on his right forearm.  Itesident 11's clinical chart failed to develop a care pland dressing the cause of the fithe resident, keeping the TV cart stable for resident's  with the director of nursing on he stated she will make the able for use by the resident injury.  MEET RES NEEDS/PREP IN	F 324	<ul> <li>Upon verbal notification of alleged deficient practice, Service Supervisor and the cook was apprised of the deficient practice. The Fosupervisor provided training dietary cooks on 4/24/12 (Preparation with strong enstrictly following the dietary sheet menu and on the coof the deficiency noted here.</li> <li>All other residents who are provided with the right amortight portion sizes of food a to be affected by the same alleged deficient practice. conducted a tray line observed.</li> <li>5/1/12 to identify same alleged deficient practice. No similar findings were observed.</li> </ul>	the Food le involved alleged le dod Service le ged all le food mphasis on y spread rections re.  I not lount or lare at risk le noted The FSS rection on ged	6/1/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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F 425 SS=D	Findings:  On 4/22/12 at 12: p. observation, Cook 1 prepares the regular the pot roast beef. Comeal, she serves 2: and 3 slices for a lar weigh regular slices roast beef, the follow obtained:  Regular cut sliced of 1. 4.1 ounces (oz) 2. 3.7 oz 3. 4.3 oz  Large cut sliced of police for the facility of the facility spread sheet, dated staff should be serving and 4 ½ oz for a large for the facility of the facility staff should follow the based on the dietary (483.60(a),(b) PHARM ACCURATE PROCE	m., during the tray line was asked how she r serving and large servings of cook 1 stated for the noon slices for a regular serving ge serving. When asked to and large slices of the pot ving weight results were  pot roast beef:  ity's weekly lunch meal 4/22/12, indicated the dietary as 3 oz for a regular portion be portion.  ith a dietary supervisor on the agreed the dietary correct weight per serving spread sheets. IACEUTICAL SVC - DURES, RPH ide routine and emergency	F 36	The Dietary Consultant of training to all Dietary Consultant of training to all Dietary Consultant of the preparation with strong of following strictly the assist spread sheet menu when the residents" foods and correction of the deficient here. The training will be monthly for the next 3 may quarterly thereafter. The Service Supervisor will of line observations daily to immediate corrective act identified deficient practic regard to food preparation.  The implementation of the correction is monitored by through tray line observation will be by the Registered Dietitisher scheduled weekly vis facility through direct tray observation and interview dietary cooks. Significant will be submitted to the A and shall be forwarded to Committee for trending a recommendations, correct and Continuous Quality Improvement.  The corrective action was on 6/1/12.	oks on Food emphasis on gned dietary in preparing on the cy noted endone onths then e Food onduct tray ensure ions for any ce with in.  The plan of the evaluated enduring sits to the vine tray with the transfer to the QA nafysis, citive actions	
	and 3 silices for a lair weigh regular slices roast beef, the follow obtained:  Regular cut sliced of 1. 4.1 cunces (oz) 2. 3.7 oz 3. 4.3 oz  Large cut sliced of pollowing to the facilispread sheet, dated staff should be serving and 4 ½ oz for a large During an interview waster should follow the based on the dietary (483.60(a),(b) PHARM ACCURATE PROCE	ge serving. When asked to and large slices of the pot ving weight results were pot roast beef:  Introduction to the pot ving weight results were pot roast beef:  It's weekly lunch meal 4/22/12, indicated the dietary ag 3 oz for a regular portion portion. In the agreed the dietary experies or on the portion of the dietary experies the dietary e		quarterly thereafter. The Service Supervisor will of line observations daily to immediate corrective act identified deficient practice regard to food preparation.  The implementation of the correction is monitored by through tray line observation will be by the Registered Dietitisher scheduled weekly visited facility through direct tray observation and interview dietary cooks. Significant will be submitted to the A and shall be forwarded to Committee for trending a recommendations, correct and Continuous Quality Improvement.	e Food onduct tray ensure ions for any ce with in. e plan of y the FSS tions es of the evaluated an during sits to the v with the t findings dministrator the QA nalysis, ctive actions	Transition of the state of the

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	unlicensed personned aw permits, but only supervision of a licel A facility must provid (Including procedure acquiring, receiving, administering of all of the needs of each retrieved a licensed pharmack on all aspects of the services in the facility.  This REQUIREMENT by: Based on observation review, the facility's neadminister medication physician and according to the concedure for two of 20 (16). Resident 5 receives administered eye dropes administered eye dropes administered eye dropes accordance with the forecedure. This deficient at risk for demedication administered of health conditions.	ament described in art. The facility may permit all to administer drugs if State winder the general meed nurse.  It pharmaceutical services is that assure the accurate dispensing, and lrugs and biologicals) to meet sident.  It provides consultation provision of pharmacy  It is not met as evidenced in interview, and record ursing staff failed to a sprescribed by the ing to the facility's policy and all the policy and the provides should have the sident 16 was as that were not in acility's policy and		5	<ul> <li>a) Upon verbal notification of alleged deficient practice, respectively assessed. RN Supervisor for any possing adverse effects such as risk decreased effect of the mediadministered. The involved was apprised by the DON of alleged deficient practice. To provided one-on-one training involved LVN on proper administration of eye drops of 4/22/12. The resident is now monitored.</li> <li>b) Upon verbal notification of alleged deficient practice, resulting assessed be DON. The involved LVN was immediately assessed be DON. The involved LVN was apprised of the alleged deficient practice and was provided or one training by the DON on the proper and accurate administ of medication. The resident closely monitored.</li> <li>All other residents whose means are not administered correctly accurately are at risk to be a by the same noted alleged depractice. The DON, DSD an Pharmacy Considered or medication pass observation 4/27/12 to identify same alleged deficient practice. No similar findings were observed.</li> <li>The DON, DSD, RN Supervite.</li> </ul>	sident and by the pole for cation LVN the he DON to the pole of the sident 5 by the sident 5 b	6/1/12
# #	findings:				conduct unannounced medic	auoi:	

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F 441 SS=E	2012, Licensed Voc two drops (one after Resident 16's right of two drops into the re During an interview of at 10:30 a.m., he sa medication pass.  The clinical record for physician's order, da tears two drops each "Administration of ey indicated to wait three each drop and each during the instillation not followed.  b. On April 22, 2012, observed administered LVN 7 administered a including a multiple via observation, all medic Resident 5 were recophysician's orders.  Physician's Orders, dindicated to give Resi with minerals. The revitamin without mineral 483.65 INFECTION C SPREAD, LINENS	medication pass on April 22, ational Nurse (LVN) 2 instilled another) of artificial tears into eye then proceeded to instill esident's left eye.  with LVN 2, on April 22, 2012 id he was nervous during the proceeding the extending the procedure titled attending the extending which was not followed of the eye drops. This was not followed the eye drops. This was not followed the eye drops. This was not followed to find the eye drops. This was not followed the eye drops. This was not followed to find the eye drops. This was not followed to find the eye drops. This was not followed to find the eye drops. This was not followed to find the eye drops. This was not followed to find the eye drops.	F 42	pass observation across evaluate staff's performandication administration service was provided by Pharmacy Consultant or all licensed staff on the Administration of Eye Dr Prescribed Medications multi-vitamins. In addition Pharmacy Nurse Consultant provide training to license on Medication Administration of the consultant procedure with strong on the correction of the consultant procedure with strong the correction of the consultant through the implementation of the correction will be monitor DON and DSD through madirect observation, staff is and record review during passes on a monthly base effectiveness of the plant correction will be evaluated QA Nurse Consultant through madiring scheduled monthly visits. Significant findings submitted to the Administ shall be forwarded to the Committee for trending and continuous Quality Improvement.  The corrective action was on 6/1/12.	ance in  In. An in- the  Ithe		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER;		V BRITE	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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		TEMENT OF DEFICIENCIES	S 10	STREET ADDRESS, CITY, STATE, ZIP CO 21414 S. VERMONT AVENUE TORRANCE, CA 90502 PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETION:
	Infection Control Prosafe, sanitary and control to help prevent the confidence of disease and infection Control The facility must est Program under which (1) Investigates, confin the facility; (2) Deckles what proshould be applied to (3) Maintains a reconsactions related to infection determines that a respect the spread of isolate the resident. (2) The facility must promunicable disease from direct contact will train (3) The facility must rehands after each direct contact will train (3) The facility must rehands after each direct contact will train (3) The facility must rehand washing is indicated to the resident of the professional practice.	ogram designed to provide a comfortable environment and development and transmission ation.  Program ablish an infection Control h it - trols, and prevents infections are individual resident; and an individual resident; and corrective ections.  In the disease with a see or infected skin lesions ith residents or their food, if its in the disease, equire staff to wash their atted by accepted	F 44	<ul> <li>a) Upon verbal notificational alleged deficient practice involved CNA who provide to resident 8 was apprised DSD of the alleged noted practice. The involved CNA provided 1-on-1 training on 4/23/12 on Infection CNA procedures with strong ethe alleged deficient practice unlabeled urinal in bathrolim displayed deficient practice unlabeled urinal in bathrolim displayed deficient practice involved CNA was apprised DSD of the alleged deficient practice. The involved CNA provided 1-on-1 training I on 4/23/12 on Infection CNA procedures with strong ethand washing and on the of the deficiency noted here.</li> <li>d) Upon verbal notificational leged deficient practice, involved CNA was apprised the deficiency noted here.</li> <li>d) Upon verbal notificational leged deficient practice, involved CNA was apprised the deficiency noted here.</li> <li>d) Upon verbal notificational leged deficient practice, involved CNA was apprised the involved CNA was apprised to the involve</li></ul>	c, the ded the care ded by the deficient NA was by the DSD control emphasis on cliency noted on of the the noted form 38 was on of the ent NA was by the DSD control emphasis on correction ere.  In of the ed by the ent the ed by the ent NA was by the DSD control ere.  In of the ed by the ent the ed by the ent NA was by the DSD control ere.	6/1/12
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	review, the facility's personal protective of direct care to one of (Resident 8), who wand washed hands; resident's urinals washed hands and before pictean linen cart. The the potential to spread in the facility.  Findings:  a. On April 21, 2012 in the room of Resident and was moving object without wearing PPE, CNA 7 then exited the from the hydration can be did and assisted cup.  During an interview of a.m., CNA 7 stated she went inside Residestated she did not see the room because the obstructing her view.  The clinical record for an April 21, 2012. The ndicated the resident on April 1, 2012.	on, interview, and record nursing staff failed to wear equipment (PPE) while giving 24 sampled residents as on isolation precautions, they failed to ensure a labeled; they failed to wash adding soiled linen with bare cking up clean linen from the ese deficient practices had ad infection to other residents at 10:25 a.m., Certified NA) 7 was observed inside 8, who was on isolation, ects on the overbed table such as a gown and gloves. It is not to the resident's the resident to drink from a compact of the property of the pr			hand washing and on the co of the deficiency noted here.  e) Upon verbal notification of alleged deficient practice, the involved CNA was apprised DSD of the alleged deficient practice. The involved CNA provided 1-on-1 training by the on 4/23/12 on Infection Contection Procedures with strong emplied hand washing and on the contection of the deficiency noted here.  • All residents are at risk to be affected by the same noted at deficient practice. The Depa Supervisors will observe the caregivers performance during cares to identify same alleged deficient practice during their Circle Rounds to ensure that alleged deficient practice does recur.  • The Department Supervisors including licensed nurses will constantly remind all direct of givers to observe good Infection Control Practices by following established policies and process when caring for residents on Isolation which include but no limited to wearing PPE and to prevent spread of infection by handwashing in between residents and labeling of bedpans.	of the state of the state on the state of th	
		igner or a sensety management & Spellit 1856;		1			1

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NAME OF PROVIDER OR SUPPLIER HERITAGE REHABILITATION C	ENTER		STREET ADDRESS, CITY, STATE, ZIP 21414 S. VERMONT AVENUE TORRANCE, CA 90502			
PREFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE	
isolation for Clostridius causing symptoms the diarrhea to life-threate large intestines]).  A review of Resident & C-diff, dated April 10, 3 staff would implement caring for the resident.  On April 22, 2012 at 1: interview, the director of PPE ought to be worn as long as the resident having diarrhea and with the resident, stated the resident, stated the resident, stated the resident, indicated the resident, indicated the resident of 14 days.  The undated facility pol "Infection Control," gloworn when giving direct with the resident's envir b. On April 20, 2012 at facility's room-to-room in urinal was observed in the state of the state of the physician control, and the physician control of the physician control	ent 8 was placed on strict in difficile ([C-diff] bacteria at range from watery ining colitis [swelling of the B's care plan addressing 2012, indicated the facility's isolation precautions while 20 p.m., during an of nursing (DON) stated by staff giving direct care it is symptomatic, that is as receiving antibiotics.  30 p.m., during an was assigned to the ident has diarrhea episode an's order, dated April 10, ident was to receive and Flagyl for the C-difficity and procedure titled was and a gown should be care or having contact forment.  4:30 p.m., during the nitial tour, an unlabeled the bathroom of Room 38, issidents living in the room.	F 44	urinals. The Infection Consultant with DSD I to facility staff on 5/1/1 Infection Control Prog strong emphasis on P Control and Spread of on the correction of the noted here to prevent: The training will be do the first 3 months then thereafter.  The implementation of correction will be monit DON and RN Supervis direct observation of st performance during the Circle Rounds. The eff the plan of correction w evaluated by the QA Ni Consultant through ran observation of staff's pe and random inspection personal items during s facility visits. Significan be submitted to the Adr and shall be forwarded Committee for trending recommendations, corre and Continuous Quality improvement.  The corrective action wa on 6/1/12,	held a training 12 on the ram with revention, Infections and e deficiencies recurrence, ne monthly for quarterly  the plan of tored by the ors through aff's eir Quality fectiveness of vill be urse dom direct erformance of resident's icheduled at findings will ministrator to the QA analysis, ective actions		

NAME OF PROVIDER OR SUPPLIER  HERITAGE REHABILITATION CENTER  SUMMANY STATEMENT OF DEFIDENCIES  PREFIX ADDRESS, CITY, STATE, 2IP DODE 21414 3. VERMONT AVENUE TORRANCE, CA 90502  PREFIX TAR  F 441  Continued From page 31  interview, Registered Nurse (RN) 5 observed the urinel and stated normally urinals were labeled with the room and bed information.  The undated facility policy and procedure titled "Disinfection of Bedpans and Lidnals," Indicated disposable urinals are for single resident use only, and to mark with the resident's name and discard upon discharge.  c. On 4/20/12 at 5:45 p.m., CNA 1 was observed holding a solled wet towel with her bare hands. CNA 1 placed the solled wet towel with nets bare hands. CNA 1 placed the solled wet towel with sole sheets from a clean linen cart parked next to Room 17 without washing her hands. CNA 1 placed the clean towels and bed sheet on top of Room 77 A's bad.  During an interview with CNA 1 on 4/20/12 at 5:555 p.m., she stated she was busy and forgot to wash her hands after holding a beg of soiled linen with his bare hands. CNA 2 placed fine bag of soiled linen in the chule, CNA 2 went back to Room 31 and plaked up a clean sheet on top of an overbed table and prepared Room 31 A's bed without washing his hands.  During an interview with CNA 2 on 4/21/12 at 10 a.m., he stated he was busy and forgot to wash his hands after holding the soiled linen.  e. On 4/22/12 at 9:30 a.m., CNA 3 was observed coming out from Room 24 B holding a bag of	STATEMENT OF DEFICIENCIES (X*) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
PRETTAGE REHABILITATION CENTER  21414 S. VERMONT AVENUE TORRANCE, CA 90502  (PACH DEPICIENCY MUST PREPEDEDED OF PULL TAG  FREGULATORY OR LSC IDENTIFYING INFORMATION)  FACT  Continued From page 31  Interview, Registered Nurse (RN) 5 observed the urinal and stated normally urinals were labeled with the room and bed information.  The undated facility policy and procedure titled "Disinfection of Bedpans and Urinals," indicated disposable urinals are for single resident use only, and to mark with the resident's name and discard upon discharge.  c. On 4/20/12 at 5:45 p.m., CNA 1 was observed holding a solled wet towel with her bare hands. CNA 1 placed the solled wet towel inside a solled bin container that was parked near Room 20. CNA 1 then proceeded to pick up towels and bed sheets from a clean linen cart parked next to Room 17 without washing her hands. CNA 1 placed the clean towels and bed sheet on top of Room 17 A's bed.  During an interview with CNA 1 on 4/20/12 at 5:55 p.m., she stated she was busy and forgot to wash her hands after holding a bag of soiled linen with his bare hands. CNA 2 placed the bag of soiled linen in the chute. CNA 2 went back to Room 31 and picked up a clean sheet on top of an overhed table and prepared Room 31 A's bed without washing his hands.  During an interview with CNA 2 on 4/21/12 at 10 a.m., he stated he was busy and forgot to wash his hends after holding the soiled finen.  e. On 4/2/2/12 at 9:30 a.m., CNA 3 was observed  coming out from som 31 A's bed without washing his hands.			056308	B. WING		04/	22/2012
FREFIX TAG  RECULATORY OR LSC IDENTIFYING INFORMATION)  F 441  Continued From page 31 interview, Registered Nurse (RN) 5 observed the urineal and stated normally urinals were labeled with the room and bed information.  The undated facility policy and procedure titled "Disinfection of Bedpans and Urinals," Indicated disposable urinals are for single resident use only, and to mark with the resident's name and discard upon discharge.  c. On 4/20/12 at 5-45 p.m., CNA 1 was observed holding a solled wet towel with her bare hands. CNA 1 placed the solled wet towel inside a solled bin container that was parked near Room 20. CNA 1 then proceeded to pick up towels and bed sheets from a clean linen cart parked next to Room 17 without washing her hands. CNA 1 placed the clean towels and bed sheet on top of Room 17 A's bed.  During an interview with CNA 1 on 4/20/12 at 5:55 p.m., she stated she was busy and forgot to wash her hands after holding the soiled linen with his bare hands. CNA 2 placed the bag of soiled linen with his bare hands. CNA 2 was observed coming out from Room 31 holding a bag of soiled linen with his bare hands. CNA 2 was bake to Room 31 and picked up a clean sheet on top of an overbed table and prepared Room 31 A's bed without washing his hands.  During an interview with CNA 2 on 4/21/12 at 10 a.m., he stated he was busy and forgot to wash his hands after holding the soiled linen.  e. On 4/22/12 at 9:30 a.m., CNA 3 was observed	,				21414 S. VERMONT AVENUE	ØE	
interview, Registered Nurse (RN) 5 observed the urinal and stated normally urinals were labeled with the room and bed information.  The undated facility policy and procedure titled "Disinfection of Bedpans and Urinals," indicated disposable urinals are for single resident use only, and to mark with the resident's name and discard upon discharge.  c. On 4/20/12 at 5:45 p.m., CNA 1 was observed holding a soiled wet towel with her bare hands. CNA 1 placed the soiled wet towel wide a soiled bin container that was parked near Room 20. CNA 1 then proceeded to pick up towels and bed sheets from a clean linen cart parked next to Room 17 without washing her hands. CNA 1 placed the clean towels and bed sheets from a clean linen cart parked next to Room 17 without washing her hands. CNA 1 placed the clean towels and bed sheet on top of Room 17 A's bed.  During an interview with CNA 1 on 4/20/12 at 5:55 p.m., she stated she was busy and forgot to wash her hands after holding the soiled linen.  d. On 4/21/12 at 9:50 a.m., CNA 2 was observed coming out from Room 31 holding a bag of soiled linen with his bare hands. CNA 2 placed the bag of soiled linen in the chute. CNA 2 went back to Room 31 and picked up a clean sheet on top of an overbeet table and prepared Room 31 A's bed without washing his hands.  During an interview with CNA 2 on 4/21/12 at 10 a.m., he stated he was busy and forgot to wash his hands after holding the soiled linen.  e, On 4/22/12 at 9:30 a.m., CNA 3 was observed	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION
- Pointing out that type the trought a reak or		interview, Registered urinal and stated not with the room and but The undated facility "Disinfection of Bedidisposable urinals a only, and to mark with discard upon dischastic. On 4/20/12 at 5:44 holding a soiled wet CNA 1 placed the scholing of the scholing and interview with the clean town 17 A's bed.  During an interview with the bare hands after hands after holding an interview with his bare hard soiled linen in the Room 31 and picked an overbed table and without washing his from the clean town, he stated he washis hands after holding. On 4/22/12 at 9:30	d Nurse (RN) 5 observed the smally urinals were labeled and information.  policy and procedure titled pans and Urinals, "Indicated re for single resident use the the resident's name and rge.  5 p.m., CNA 1 was observed towel with her bare hands. oiled wet towel inside a solled as parked near Room 20. and to pick up towels and bed linen cart parked next to shing her hands. CNA 1 also and bed sheet on top of with CNA 1 on 4/20/12 at 1 she was busy and forgot to rholding the soiled linen.  I a.m., CNA 2 was observed and 31 holding a bag of soiled ands. CNA 2 placed the bag chute. CNA 2 went back to up a clean sheet on top of prepared Room 31 A's bed lands.  With CNA 2 on 4/21/12 at 10 as busy and forgot to washing the soiled linen.  a.m., CNA 3 was observed	F 44.			

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPL/ER/CLIA DENTIFICATION NUMBER:		(X2) MR A. BUIL	ILTIPLE CONSTRUCTION DING	(X3) DATE COMP	SURVEY
		056308	B. WING	3 -	04	/22/2012
	E OF PROVIDER OR SUPPLI RITAGE REHABILITATI		***	STREET ADDRESS, CITY, STATE, ZIP C 21414 S. VERMONT AVENUE TORRANCE, CA 90502	XXXX	
PR	EFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC ID ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	XV SHOULD BE IE APPROPRIATE	COMPLETION DATE
F	the bag of soiled CNA 3 went bac resident, who was without washing wheelchair and to room.  During an interview a.m., she stated wash her hands a coording to the procedure titled wash their hands direct resident coulinens.  483.75(j)(1) ADM The facility must procedure titled services to meet facility is responsite of the services.  This REQUIREMINES by: Based on interview nursing staff failed ordered by a physical residents (5), place in diagnosis and the findings:  A review of Reside indicated she was	her bare hands. CNA 2 placed linen inside a soiled linen cart. It to Room 24 B and touched the is seating in her wheelchair, her hands. CNA 3 pushed the look the resident to the activity lew with CNA 3 on 4/22/12 at 10 she was in a hurry and forgot to after holding the soiled linen. If acility's undated policy and Hand Washing", the staff should with water and soap after each intact and after handling soiled linestend or obtain laboratory the needs of its residents. The ble for the quality and timeliness linestend in the resident at risk for delay ing the resident at risk for delay	F 44	Upon verbal notification of the second control of the second	c resident 5 Supervisor. physician The pred by the that all are done as laboratory ered are at same actice. The conducted idit to	6/1/12

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		056308	E WING.	2	04/22/2012	
į	OF PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COD 21414 S. VERMONT AVENUE TORRANCE, CA 90502		
	FIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES PY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	COMPLETION DATE
	Physician's Orders indicated to draw ke determine protein of A review of Reside indicated no pre-all March 13, 2012, as On April 22, 2012, interview, Registers	reas of damaged skin caused osition for too long).  , dated March 13, 2012, ab for pre-albumin (a test to deficiency).  nt 5's laboratory test results pumin were completed on	F 502	<ul> <li>The DON provided in-servicensed nurses on 5/2/12 the quality and timeliness of laboratory services. The Naccords Department development of the laboratory test and system on conducting qualitative laboratory test and system provides clear guidelines to the ward clerk conducting daily laboratory audits and prompt and time notification of the licensed if any missed or omitted laborates to ensure immediate conductions.</li> <li>The implementation of the properties of the plan of Correction will be monitored MRD and RN Supervisor by checking the laboratory test books daily every shift. The effectiveness of the Plan of Correction will be evaluated QA Nurse Consultant through random review of the laboratests audits validated by ran record reviews during month scheduled facility visits. Sig findings will be submitted to Administrator and shall be for the QA Committee for trenantlysis, recommendations, corrective actions and Continguality Improvement.</li> <li>The corrective action was conformation.</li> <li>The corrective action was conformation.</li> </ul>	regarding of fedical oped a udit. This is in test ily nurses of ratory orrective  blan of by the flog  by the inficant the inwarded inding nuous	