

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on observation and interview, the facility failed to provide a safe, clean, and home like environment for 2 of 4 sampled residents (Resident 2 and Resident 4).</p> <p>This deficient practice had the potential to result in unsanitary living conditions, illness and could negatively impact Resident 2 and Resident 4 ' s psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses including Stage 4 Pressure ulcer (a deep wound that has damaged the skin, muscle, or bone) of the sacral region (located at the lower end of the spine, above the tailbone) unspecified Dementia (a progressive state of decline in mental abilities) and cellulitis (a skin infection that causes swelling and redness) of the buttocks.</p> <p>During a review of Resident 2 ' s History and Physical (H&P) dated 12/31/2024, the H&P indicated Resident 2 did not have the mental capacity to understand and make medical decisions.</p> <p>During a review of Resident 2 ' s Minimum Data Set ([MDS] a resident assessment tool), dated 1/6/2025, the MDS indicated Resident 2 was totally dependent on staff for Activities of Daily Living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</p> <p>During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 4 ' s diagnoses included Chronic Obstructive Pulmonary Disease ([COPD] a chronic lung disease causing difficulty in breathing), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction (loss of blood flow to part of the brain) and Schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 4 ' s H&P dated 4/14/2024, the H&P indicated Resident 4 had the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 4 ' s MDS dated [DATE], the MDS indicated Resident 4 was totally dependent on staff for ADLs such as toileting, showering, lower body dressing and personal hygiene.</p> <p>During an observation on 1/29/2025 at 10:20 a.m., in Resident 4 ' s room, the ceiling was observed with multiple dry brown spots.</p> <p>During an observation on 1/29/2025 at 10:30 a.m. in Resident 2 ' s room, the ceiling was observed with multiple dry brown spots. The wall column at the entrance of Resident 2 ' s room was observed with paint peeling off and black dirt in the corner of the walls as well as the floor surrounding the column.</p> <p>During an interview on 1/29/2024 at 2:18 p.m. with Certified Nursing Assistance (CNA) 3, CNA 3 stated she had seen the ceilings with stains in the resident ' s room (unspecified) today. CNA 3 stated she believed they were water stains but was not sure how the stains got there.</p> <p>During an observation and interview on 1/29/2025 at 3:20 p.m. with the Maintenance Supervisor (MS) in Resident 2 and Resident 4 ' s room, the MS stated the resident ' s ceilings had dried brown and black spots. The MS stated, he was not sure what the stains were, and he had not seen the ceiling during his rounds of the facility. The MS stated the walls with paint falling off needed to be painted. The MS stated the facility was the resident ' s home and needed to be well taking care of. The MS stated the residents ' rooms needed to be clean and maintain for resident ' s comfort.</p> <p>During an interview on 1/29/2025 at 3:55 p.m. with Registered Nurse (RN) 1, RN 1 stated staff should round on the residents ' rooms every day. RN 1 stated rounding meant, checking the floors, equipment ' s, residents ' beds, bedside table and ceilings. RN 1 stated staff needed to notify Maintenance if anything needed to be repaired and housekeeping needed to clean the facility daily. RN 1 also stated it was important for residents to have a home like environment and to make sure the facility was cleaned and maintained all year round.</p> <p>During a review of the facility ' s Policies and Procedure (P&P) titled, Homelike Environment, dated, 2023, the P&P indicated, the facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics may include clean, sanitary and orderly environment.</p> <p>During a review of the facility P&P titled, Maintenance Services, dated 2001, the P&P indicated, function of maintenance personnel included, but are not limited to maintaining the building in compliance with current federal, state and local laws, regulations, and guidelines. Maintaining the building in good repair and free from hazards.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on observation, and interview, the facility failed to implement its infection prevention and control measures for two of four sampled residents (Residents 2 and 3) by failing to:</p> <p>1.Ensure Resident 2's foley catheter ([FC] a thin, flexible tube inserted into the bladder to drain urine) bag was off the floor.</p> <p>2. Ensure Licensed Vocational Nurse (LVN) 1 and LVN 2 wore Personal Protective Equipment ([PPE] clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) while providing wound care to Resident 2, who was on Enhanced Barrier Precautions ([EBP] an approach to the use of PPE to reduce transmission of Multidrug-Resistant Organisms [MDRO] bacteria that are resistant to multiple antibiotics).</p> <p>3. Ensure LVN 1 performed hand hygiene (washing hands or using an alcohol-based hand sanitizer) during wound care after cleaning stool for Resident 2 and after cleaning the wound, as well as between gloves change for Resident 3.</p> <p>This deficient practice had the potential to result in a Urinary Tract infection ([UTI] an infection in the bladder/urinary tract) for Resident 2, cross contamination (transfer of harmful bacteria or viruses from one place, object or person to another) and increased the risk of transmitting disease-causing organisms leading to illness for Residents 2 and 3.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE], with diagnoses including Stage 4 Pressure ulcer (a deep wound that has damaged the skin, muscle, or bone) of the sacral region (located at the lower end of the spine, above the tailbone) unspecified Dementia (a progressive state of decline in mental abilities) and cellulitis (a skin infection that causes swelling and redness) of the buttocks.</p> <p>During a review of Resident 2's History and Physical (H&P) dated 12/31/2024, the H&P indicated Resident 2 did not have the mental capacity to understand and make medical decisions.</p> <p>During a review of Resident 2's Physician's Order dated 12/31/2024 the Physician's Order indicated Resident 2 to have a FC Fr 16/10ml (catheter size) attached to bedside drainage bag due to wound management and intractable pain every shift.</p> <p>During a review of Resident 2's Minimum Data Set ([MDS] a resident assessment tool), dated 1/6/2025, the MDS indicated Resident 2 was totally dependent on staff for Activities of Daily Living (ADLs) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 2's Physician's Order dated 1/27/2025, the Physician's Order indicated to perform wound treatment to Resident 2's Sacro coccyx: cleanse with Dakin's (solution used to treat wounds and prevent infections) air dry, apply Santyl (used to remove damaged tissue from skin ulcers), collagen alginate then cover with dry dressing daily for 30 days.</p> <p>During a concurrent observation on 1/29/2025 at 10:30 a.m. with Registered Nurse (RN) 1, in Residents' 2 room, Resident 2's FC bag was observed on the floor.</p> <p>During a concurrent observation and interview on 1/29/2025 at 10:40 a.m. with LVN 1 in Resident 2's room, an EBP sign was observed outside Resident 1's room. LVN 1 and LVN 2 was observed entering Resident 2 room without donning (putting on) an isolation gown. LVN 1 stated she did not follow the EBP precautions. LVN 1 was also observed to clean small amounts of stool with a gauze and proceeded to clean Resident 2's Sacro coccyx wound with Dakin's solution without changing gloves and performing hand hygiene.</p> <p>During an interview on 1/29/2025 at 3:55 p.m. with RN 1, RN 1 stated Resident 2's FC should have been hanging on the bed and not touching the floor. RN 1 stated, keeping Resident 2's FC bag off the floor was important to reduce the risk of the resident having an infection or UTI. RN 1 stated EBP precautions were used with any direct contact with Resident's 2 body fluids, ADL care, FC care, and wound care. RN 1 stated the nurses must use PPE for EBP to reduce the risk of contact and transmission of MDRO for Resident 2. RN 1 also stated, nurses must perform hand hygiene and while providing wound care to Resident 2.</p> <p>b. During a review of Resident 3's Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE], with diagnoses including Stage 4 Pressure ulcer of sacral region, chronic kidney disease (a mild to moderate loss of kidney function) and difficulty walking (gait disturbance).</p> <p>During a review of Resident 3's Physician's Order, dated 10/2/2024 the Physician's Order indicated to perform wound treatment to Resident 3's Sacro coccyx: cleanse and pat dry with Normal Saline ([NS] mixture of sodium chloride and water) and apply Santyl, cover with dry dressing daily.</p> <p>During a review of Resident 3's H&P dated 10/14/2024, the H&P indicated Resident 3 had fluctuating mental capacity to understand and make medical decisions.</p> <p>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3 was dependent on staff for ADLs such as toileting, lower body dressing and personal hygiene.</p> <p>During an observation on 1/29/2025 at 11:10 a.m. in Residents' 3 room, LVN 1 was observed performing wound care for Resident 3. LVN 1 cleaned Resident 3's Sacro coccyx wound with NS, removed old gloves and donned new gloves without performing hand hygiene. LVN 1 then applied Santyl ointment and covered the resident's wound with a dry gauze.</p> <p>During an interview on 1/29/2025 at 2:45 p.m. with LVN 1, LVN 1 stated it was important to change gloves or wash hands to prevent bacteria from entering the residents wound when changing gloves. LVN 1 also stated, nurses needed to promote wound healing by following infection control practice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 1/29/2025 at 3:55 p.m. with RN 1, RN 1 stated, nurses must change gloves while providing wound care to Resident 3. RN 1 stated hand hygiene was an infection control practice between changing gloves to avoid transmission of bacteria to the resident.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Handwashing/ Hand Hygiene dated 8/2019, the P&P indicated, the facility considers hand hygiene as the primary means to prevent the spread of infections. The P&P indicated the use of an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for situations including before handling clean or soiled dressing, gauze pads, after handling used dressings, contaminated equipment and after removing gloves.</p> <p>During a review of the facility's P&P titled, Catheter Care, Urinary dated 8/2022, the P&P indicated for infection control, ensure the catheter tubing and drainage bag are kept off the floor.</p> <p>During a review of the facility's P&P titled, Enhance Barrier Precautions dated 6/5/2024, the P&P EBPs employ targeted gown and glove use during high contact resident care activities. The P&P indicated gloves and gown are applied prior to performing the high contact resident care activities as opposed to before entering room.</p>		