STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056008	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Guardian Rehabilitation Hospital	533 S. Fairfax Ave Los Angeles, CA 90036

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (continued on next page)

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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement a comprehensive care plan that met the care/services based on the resident's individual assessed needs for one of four sampled residents (Resident 1) when Resident 1 was admitted with a medical device called a Leaf Sensor (uses a wearable sensor and display monitor for turn status and alert that provides point-of-care turn reminders and measures turn quality). This deficient practice had the potential to result negative impact on residents' health and safety, as well as the quality of care and services received. During a review of the admission Record, the admission record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), actinic keratosis (AK - is a rough, scaly patch on your skin caused by too much sun or UV exposure), and rosacea (a common skin condition that causes flushing or long-term redness on your face). The admission Record also indicated Resident 1 was discharged on11/11/2025.During a review of the Minimum Data Set (MDS - resident assessment tool) dated 11/11/2025, the MDS indicated Resident 1's cognitive (relating to mental action or process of acquiring knowledge and understanding) skills for daily decisions was moderately impaired. The MDS indicated Resident 1 required moderate to moderate assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's Braden Scale Assessment (a tool used to evaluate a patient's risk of developing pressure ulcers [localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence]), dated 10/7/2025, the Braden Scale Assessment indicated a score of 18 (mild risk for developing pressure ulcer).During a review of Resident 1's Licensed Personnel Progress Notes (LPPN), dated 10/7/2025, the LPPN indicated that Resident 1 was admitted with a Leaf Sensor on the mid-chest.During a review of Resident 1's Order Summary Report, dated 10/7/2025, the Order Summary Report indicated that the physician ordered, Reinforce leaf sensor with Tegaderm (a clear, thin, sticky film dressing that over the skin) if dislodge or falls off.During a review of Resident 1's Care Plan (CP) for risk of skin breakdown, initiated on 10/8/2025, the CP indicated that Resident 1 had a left chest leaf sensor and was at risk for potential infection and skin breakdown. The CP indicated a goal of Resident 1, will not have any signs and symptoms of infection, and will not have any skin breakdown left chest leaf sensor site. The same CP included interventions such as:i. Provide good skin care during showers and when giving bed baths,ii. Assess skin integrity when giving careiii. Assess for presence of pain and provide appropriate intervention as needed,iv. Reinforce leaf sensor with Tegaderm if dislodge or fall off.During an interview with Certified Nursing Assistant 1 (CNA 1) on 12/9/2025 at 12:49 p.m., CNA 1 stated, Resident 1 had a leaf sensor patch on his chest. CNA 1 stated, they had given showers to Resident 1 with his leaf sensor patch on. CNA 1 stated, she was told that it (the sensor) can get wet, but she was not informed how to care for the patch or what it was for.During an interview with Treatment Nurse 1 (TXN 1) on 12/9/2025 at 1:01 p.m., TXN 1 stated, Resident 1 had a leaf sensor patch on his chest area upon admission which monitors Resident 1's positioning. TXN 1 stated, he had not taken care of a resident with a leaf sensor device and there were no in-services or education done for residents on this type of device. TXN 1 stated, they are to reinforce the Tegaderm if leaf sensor device gets dislodged or falls off, but he never had to reinforce the Tegaderm. TXN 1 stated he never fully assessed Resident 1's skin underneath the device. TXN 1 further stated, he does not know how it monitors Resident 1's positioning as the leaf sensor monitoring device that the antenna was connected to was not in the facility throughout Resident 1's admission.During a follow-up interview and concurrent record review of Resident 1's CP with TXN 1 on 12/9/2025 at 1:22 p.m., TXN 1 reviewed Resident 1's CP for the leaf sensor device and stated, there was no assessment for Resident 1's pain, no assessment was done for Resident 1's skin integrity and they did not reinforce the leaf sensor because the Tegaderm did not fall off or dislodged throughout Resident 1's stay. TXN 1 stated, he did not assess Resident 1's skin integrity underneath the leaf sensor and was unable to evaluate any signs of skin infection such as skin tears, skin damage and any allergic reaction. TXN 1 further stated, if the skin was not assessed and evaluated according to Resident 1's CP, it was a neglect on their part as this could lead to skin redness, infection and possibly sepsis (a life-threatening blood infection) During an interview with Director of Nursing

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to follow professional standards of practice by failing to manage, assess and monitor resident and implement the facility policy and procedure (P&P) titled, Licensed Nurses - Assessments and Notes, for one of four sampled residents (Resident 1), when resident was admitted with a medical device called a Leaf Sensor (uses a wearable sensor and display monitor for turn status and alert that provides point-of-care turn reminders and measures turn quality).This deficient practice placed Resident 1 at risk of developing skin-related risks such as skin irritation or damage, allergic reactions, skin tears, bruising and infection.Cross Reference F656During a review of the admission Record, the admission record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), metabolic encephalopathy (a chemical imbalance in the blood affecting the brain), type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), actinic keratosis (AK - is a rough, scaly patch on your skin caused by too much sun or UV exposure), and rosacea (a common skin condition that causes flushing or long-term redness on your face). 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