

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055013 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Eisenberg Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 18855 Victory Bl Reseda, CA 91335 | |

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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39550</p> <p>Based on interview and record review, the facility failed to ensure the facility had arranged provisions of hospice (a type of medical care for residents who are in the last stages of life) services by failing to:</p> <ol style="list-style-type: none"> 1. Ensure hospice staff signed the hospice Interdisciplinary Team Sign-in Sheet upon arriving to the facility for one of three sampled residents (Resident 1). 2. Ensure a hospice Interdisciplinary Team Sign in Sheet was placed in the chart for one of three sampled residents (Resident 3). 3. Ensure the hospice agency provided training programs in hospice care for facility staff per contractual agreement. <p>This deficient practice has the potential to negatively affect Resident 1 and Resident 3's physical comfort, psychosocial (the state of mental, emotional, and social health of an individual) well-being, and has the potential to delay or have a lack of necessary care and services.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 1's Face Sheet indicated the facility originally admitted the resident on 12/2/2013 with diagnoses that included Alzheimer's disease (progressive disease that destroys memory and other important mental functions), dementia (group of thinking and social symptoms that interferes with daily functioning), psychotic disturbance (disconnection from reality), mood disturbance (disorder in which you experience long periods of extreme happiness, extreme sadness or both), anxiety (intense, excessive, and persistent worry and fear about everyday situations), and hypertensive and chronic kidney disease (high blood pressure caused by damaged kidney) with heart failure (condition in which the heart doesn't pump blood as well as it should). <p>A review of Resident 1's Minimum Data Set (MDS- an assessment and care screening tool), dated 3/30/2024, indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making was severely impaired. The MDS indicated Resident 1 was dependent (helper does all of the effort) with eating, oral hygiene, toileting, and personal hygiene.</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: 055013 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Eisenberg Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 18855 Victory Bl Reseda, CA 91335 | |
| 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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of Resident 1's Physician's Orders indicated an order to admit the resident to hospice care, dated 5/17/2024.</p> <p>During an interview and concurrent record review with the Director of Nursing (DON) on 5/29/2024 at 6:01 p. m., the DON stated when hospice staff arrive in the facility, hospice staff are to sign-in on the hospice sign-in sheet located in the residents' hospice binder. The DON stated that signing in in the hospice sign-in sheet ensures that hospice staff was physically in the facility to provide hospice care to the resident.</p> <p>During an interview and concurrent record review with the DON on 5/29/2024 at 6:19 p.m., the DON reviewed Resident 1's hospice admission orders and stated that Resident 1 was admitted under hospice care on 5/18/2024. The DON then reviewed Resident 1's hospice sign-in sheet titled Interdisciplinary Team Sign-in Sheet that was located inside Resident 1's hospice binder. The DON stated that there was no documented evidence that hospice staff was in the facility on 5/18/2024 when Resident 1 was admitted to hospice.</p> <p>2. A review of Resident 3's Face Sheet indicated the facility admitted the resident on 3/1/2023 with diagnoses that included Alzheimer's disease, dementia, and chronic (constant) pain.</p> <p>A review of Resident 3's MDS dated [DATE], indicated Resident 3's cognition with skills required for daily decision making was severely impaired. The MDS indicated Resident 3 required setup or clean-up assistance (helper sets up or clean up; resident completes activity) with eating, oral hygiene and required substantial or maximal assistance with toileting and personal hygiene.</p> <p>A review of Resident 3's Physician's Orders indicated an order to admit the resident to hospice care, dated 4/23/2024.</p> <p>During an interview and concurrent record review with the DON on 5/29/2024 at 6:30 p.m., the DON reviewed Resident 3's hospice binder. The DON stated that there was no hospice sign-in sheet titled Interdisciplinary Team Sign-in Sheet in Resident 3's hospice binder. The DON further stated that there was no documented evidence that hospice staff was in the facility to provide hospice care to Resident 3 from 4/23/2024 to 5/8/2024.</p> <p>During an interview and concurrent record review with the Medical Records Team Leader (MRTM) on 5/29/2024 at 6:45 p.m., the MRTM reviewed Resident 3's hospice binder and stated she was unable to find the hospice sign-in sheet titled Interdisciplinary Team Sign-in Sheet that hospice staff is supposed to sign upon arrival to the facility. MRTM stated that MRTM was unaware that the hospice binder had to have a sign-in sheet for hospice staff.</p> <p>During an interview with the DON on 5/29/2024 at 6:50 p.m., the DON stated that it is the responsibility of the medical records department to ensure hospice sign-in sheets are in the hospice binder so that hospice staff can sign in. The DON stated that medical records should have conducted audits to ensure sign-in sheets are present and signed in all hospice binders. The DON stated that it is important to ensure hospice sign in sheets are signed when hospice staff are in the facility because it is used to validate and confirm hospice visits.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055013 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/31/2024 |
| NAME OF PROVIDER OR SUPPLIER Eisenberg Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 18855 Victory Bl Reseda, CA 91335 | |
| 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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of the facility's policy and procedure titled Hospice with a revision date of 10/11/2021 indicated that the facility is to facility hospice services for residents in accordance with state and federal law through contracted licensed vendors.</p> <p>3. During an interview with Certified Nursing Assistant 1 (CNA 1) on 5/31/2024 at 8:40 a.m., CNA 1 stated that she (CNA 1) has cared for hospice residents in the facility. When asked if CNA 1 received any type of training from the hospice agency, CNA 1 stated that she has not received any trainings directly from the hospice agency.</p> <p>During an interview with Certified Nursing Assistant 2 (CNA 2) on 5/31/2024 at 9:35 a.m., CNA 2 stated that she (CNA 2) has cared for hospice residents in the facility. When asked if CNA 2 received any type of training from the hospice agency, CNA 2 stated that she has not received any trainings directly from the hospice agency.</p> <p>During an interview and concurrent record review with the DON on 5/31/2024 at 11:35 a.m., reviewed the hospice contract signed on 7/24/2017. DON stated that the contracted hospice agency does not provide any training programs to facility staff. The DON read the hospice contract signed on 7/24/2017. The DON stated that the DON was not aware of the Training Program aspect of the hospice contract. When asked what the importance of hospice training from the contracted hospice agency is, the DON stated that it is important for the contracted hospice agency to provide training programs to the facility staff so that the hospice agency and the facility staff can work collaboratively with the plan of care for each resident on hospice and provide quality care.</p> <p>A review of the facility's hospice contract titled Hospice and Facility Skilled Nurse Facility (SNF) Service Agreement, addendum date signed 7/24/2017, indicated under training programs: Hospice shall provide training programs in hospice care for facility staff involved in furnishing care to patients pursuant to this agreement.</p> | | |