

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  02/27/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>39550</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident with a communication board (a device that can help patients communicate with care providers and family using symbols, photos, or illustrations) for one of two sampled residents (Resident 3) whose primary and preferred language was not English.</p> <p>This deficient practice has the potential to prevent the resident from communicating with the staff and had the potential to delay receiving care/treatment the resident needed.</p> <p>Findings:</p> <p>During a review of Resident 3's Face Sheet (Admission Record), the Face Sheet indicated the facility originally admitted Resident 3 on 1/25/2024 and readmitted the resident on 10/12/2024 with diagnoses that included unspecified dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) with agitation and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) with late onset. Resident 3's Admission Record indicated primary language: Persian (foreign language).</p> <p>During review of Resident 3's Minimum Data Set (MDS- a resident assessment tool) dated 1/19/2025, the MDS indicated the resident usually made self-understood and usually had the ability to understand others. The MDS indicated Resident 3's preferred language is not English and needs an interpreter to communicate with a doctor or health care staff. The MDS indicated Resident 3's preferred language was Farsi (foreign language). The MDS indicated that Resident 3 required partial/moderate assistance with eating and required substantial/maximal assistance with oral hygiene, toileting hygiene, and dependent with personal hygiene.</p> <p>During a review of Resident 3's Care Plan (a document that summarizes a resident's needs, goals, and care/treatment) titled, Resident has Communication Impairment related to Foreign Language- Farsi speaking, edited 1/17/2025, the care plan indicated an intervention to offer alternative forms of communication such as: communication board.</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 2/27/2025 at 11:39 a.m., with Certified Nursing Assistant 2 (CNA 2), observed CNA 2 giving Resident 3 instructions in English. Observed Resident 3 speak in a foreign language. When asked what Resident 3 said, CNA 2 stated CNA 2 did not know. CNA 2 stated that Resident 3 does not speak English, Resident 3 speaks Farsi. When asked if there are staff on duty that speak Farsi, CNA 2 stated no one speaks Farsi. When asked how staff communicates with Resident 3, CNA 2 stated that she uses facial expressions and uses hand gestures to communicate with Resident 3. When asked if Resident 3 had a communication board, CNA 2 stated that Resident 3 has a communication board at Resident 3's bedside. Observed CNA 2 open Resident 3's bedside drawers and observed CNA 2 look around Resident 3's bedside. CNA 2 was unable to find/locate Resident 3's communicate board. CNA 2 stated that there should be communication boards at the nurses' station.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:41 a.m., with CNA 2, observed CNA 2 in the nurses' station looking for a Farsi communication board. CNA 2 stated she was unable to locate a Farsi communication board.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:42 a.m., with the Social Services Designee (SSD), the SSD stated that the social services department is in charge of communication boards for residents whose primary language is not English. Observed the SSD look through the facility's communication binder in the nurses' station. The SSD stated that the facility has ran out of Farsi communication boards. The SSD continued to state that the facility does not have a Farsi speaking employee working on the floor at this time.</p> <p>During an interview on 2/27/2025 at 3:09 p.m., with the Director of Nursing (DON), the DON stated that Resident 3 does not speak English and that Resident 3's primary language is Farsi. The DON stated that staff should use a communication board to communicate with Resident 3 to ensure that staff understands Resident 3's needs. The DON stated that a communication board is a tool in communicating with a resident if there is a language barrier. The DON stated that a communication board makes the communication easier between the resident and facility staff.</p> <p>During a review of the facility's policy and procedure titled, Interpreter Service, review date 10/2024, the policy indicated to provide communications for residents who do not speak English or are unable to communicate verbally. The resident's/patient's treatment plan shall include names of interpreters who can be called to assist with interpreting important information. The treatment plan may also include key words to assist staff in communicating with resident.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39550</p> <p>Based on observation, interview, and record review, the facility failed to implement their facility's policy on wheelchair use by failing to ensure staff locked residents' wheelchair brakes while residents were sitting on their wheelchair for two of three sampled residents (Resident 2 and Resident 3).</p> <p>This deficient practice had the potential to place the residents at increased risk of sustaining an injury.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Face Sheet (Admission Record), the Face Sheet indicated the facility originally admitted Resident 2 on 11/6/2023 and readmitted the resident on 7/14/2024 with diagnoses that included unspecified convulsion-seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness [the state of being awake and aware of one's surroundings), dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) with psychotic (a mental disorder characterized by a disconnection from reality) disturbance, Parkinson's disease (a movement disorder of the nervous system that worsens over time) with dyskinesia (uncontrolled, involuntary muscle movement) with fluctuations, muscle weakness, and need for assistance with personal care.</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 11/12/2024, the MDS indicated Resident 2's cognitive (mental activities including thinking, reasoning, understanding, learning, and remembering) skills for daily decision making was severely impaired. The MDS indicated under mobility devices: wheelchair. The MDS indicated Resident 2 was dependent on staff with eating, oral hygiene, toileting hygiene, and personal hygiene.</p> <p>During a review of Resident 2's Care Plan (a document that summarizes a resident's needs, goals, and care/treatment) for fall prevention, edited 2/12/2025, the care plan indicated Resident 2 is at high risk for fall/injury. The care plan indicated a goal that Resident 2 will be free of injury within safe confines of environment daily and interventions to maintain safe immediate environment and remove or identify safety hazards.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:31 a.m., with the MDS Nurse (MDSN) and Certified Nursing Assistant 1 (CNA 1), observed Resident 2 sitting on her wheelchair in the common area. The MDSN stated Resident 2's left wheelchair brake was unlocked. CNA 1 stated that when residents are sitting on the wheelchair, both wheelchair brakes should be locked so residents don't fall.</p> <p>b. During a review of Resident 3's Face Sheet, the Face Sheet indicated the facility originally admitted Resident 3 on 1/25/2024 and readmitted the resident on 10/12/2024 with diagnoses that included unspecified dementia with agitation and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions) with late onset.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3's MDS dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decision making was severely impaired. The MDS indicated under mobility devices: wheelchair. The MDS indicated that Resident 3 required partial/moderate assistance with eating and required substantial/maximal assistance with oral hygiene, toileting hygiene, and dependent with personal hygiene.</p> <p>During a review of Resident 3's Care Plan for fall prevention edited 2/20/2025, the care plan indicated Resident 3 is at risk for fall/injury related to dementia. The care plan indicated a goal that Resident 3 will be free of injury within safe confines of environment daily and interventions to maintain a safe immediate environment and remove or identify safety hazards.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:35 a.m., with the MDSN, observed Resident 3 sitting on her wheelchair in the common area. The MDSN stated Resident 3's left wheelchair brake was unlocked.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:38 a.m., with CNA 2, observed Resident 3 sitting on her wheelchair in the common area. CNA 2 stated Resident 3's left wheelchair brake was unlocked. CNA 2 stated that both wheelchair brakes should be locked for residents' safety.</p> <p>During an interview on 2/27/2025 at 2:20 p.m., with the Director of Staff Development (DSD), the DSD stated that when residents are on their wheelchairs, staff should lock both wheelchair brakes for safety. The DSD stated that it is ok to lock only one side of the wheelchair brakes if there are staff supervising residents.</p> <p>During an interview on 2/27/2024 at 3:07 p.m., with the Director of Nursing (DON), the DON stated that when residents are on their wheelchairs, wheelchair breaks should always be locked for their safety.</p> <p>During a review of the facility's policy and procedure titled, Wheelchair Use, review date 10/2024, the policy indicated that it is the policy of the facility to provide and utilize wheelchairs for residents, as appropriate, to assist with seating and locomotion as needed. Residents or staff should lock brakes when intended in remaining at the same location.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39550</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication cart was locked while the medication cart was left unattended for one of two sampled medication carts (Medication Cart A).</p> <p>This deficient practice had the potential to result in unauthorized personnel or residents accessing the medications stored in the unlocked medication cart.</p> <p>Findings:</p> <p>During an observation on 2/27/2025 at 11:24 a.m., observed Medication Cart A parked in the nurse's station, unlocked, and unattended. Observed residents and other facility staff walking by the unlocked medication cart.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:25 a.m., with the Minimum Data Set Nurse (MDSN), observed Medication Cart A parked in the nurse's station. The MDS Nurse confirmed the observation and stated that Medication Cart A was unlocked and unattended.</p> <p>During a concurrent observation and interview on 2/27/2025 at 11:30 a.m., with Licensed Vocational Nurse 1 (LVN 1), observed Medication Cart A parked in the nurse's station. LVN 1 stated that Medication Cart A was unlocked and belonged to LVN 2 who was on lunch. LVN 1 stated that the medication cart should always be locked for safety and so unauthorized staff and residents do not open the medication cart and access medications.</p> <p>During an interview on 2/27/2025 at 3:06 p.m., with the Director of Nursing (DON), the DON stated medication carts should always be kept locked when the nurses are away from the medication cart for safety.</p> <p>During a review of the facility's policy and procedure titled, Storage of Medications, updated date 1/2017, the policy indicated medications and biologicals are stored safely, securely and properly following manufacturers recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel. Pharmacy personnel or staff members lawfully authorized to administer medications. Medication rooms, cart, and medication supplies are locked or attended by persons with authorized access.</p>		