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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055119 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2025 |
| NAME OF PROVIDER OR SUPPLIER West Pico Terrace Healthcare & Wellness Centre LP | | STREET ADDRESS, CITY, STATE, ZIP CODE 6070 W. Pico Boulevard Los Angeles, CA 90035 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to ensure the medical records were complete and accurate for two of two sampled residents (Resident 1 and Resident 2).</p> <p>1.For Resident 1, the facility failed to verify that the physician obtained the informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) from Resident 1 on 4/1/25 before starting Resident 1 on Buspirone (medication that treats anxiety) 30 milligrams (mg. - metric unit of measurement, used for medication dosage and/or amount) two times a day.</p> <p>2. For Resident 2, the facility failed to verify that the physician obtained informed consent from Resident 2 ' s responsible party on 4/9/25 before giving Resident 1 Mirtazapine (medication to treat depression) 15 mg., Quetiapine (medication that treats certain mental condition) 50 mg. and Buspirone 20 mg.</p> <p>This deficient practice resulted in inaccurate and incomplete medical records for Resident 1 and Resident 2.</p> <p>Findings:</p> <p>1. During a review of the Admission Record indicated the facility admitted Resident 1 on 3/14/25 with diagnoses including anxiety disorder and generalized muscle weakness.</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 3/21/25, indicated Resident 1 had moderately impaired cognitive skills (the mental ability that enables a person to think, learn, remember, and solve problems). Resident 1 was dependent on toileting hygiene, needed maximal assistance (helper does more than half the effort) with shower/bathe self, lower body dressing, needed moderate assistance (helper does less than half the effort) with oral hygiene, upper body dressing, putting on/off footwear, personal hygiene and supervision with eating.</p> <p>During a review of Resident 1 ' s Verification of Informed Consent dated 4/1/25 indicated Resident 1 was on Buspirone 30 mg. two times a day for anxiety. The Verification of Informed Consent did not indicate the physician ' s name that prescribed the Buspirone. The same Verification was signed by Resident 1; however, the Verification did not indicate if the prescriber obtained informed consent from Resident 1.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>2. During a review of the Admission Record indicated the facility admitted Resident 2 on 4/9/25 with diagnoses including major depression and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of the Minimum Data Set, dated dated dated [DATE] indicated Resident 2 had severe cognitive impairment. Resident 2 was dependent on shower/bathe self, lower body dressing, putting on/taking off footwear, maximal assistance with oral hygiene, toileting hygiene, personal hygiene and moderate assistance with eating and upper body dressing.</p> <p>During a review of Resident 2 ' s Verification of Informed Consent dated 4/9/25 indicated Resident 2 was on Mirtazapine 15 mg., Quetiapine 50 mg. and Buspirone 20 mg. The Verification of Informed Consent did not indicate the prescriber. The same Verification indicated Resident 2 ' s next of kin (NOK) signed the Verification, however the Verification did not indicate that the prescriber obtained informed consent from Resident 2 ' s NOK.</p> <p>During a concurrent interview and record review on 4/30/25 at 10:47 a.m., Resident 1 ' s Verification of Informed Consent dated 4/1/25 and Resident 2 ' s Verification of Informed Consent dated 4/9/25 were reviewed with the registered nurse supervisor (RNS) 1. RNS 1 stated Resident 1 and Resident 2 ' s Verification of Informed Consent did not indicate if the prescriber obtained consent from Resident 1 and from Resident 2 ' s NOK. RNS 1 stated the Verification Form was incomplete and RNS 1 stated this can lead to miscommunication.</p> <p>During a concurrent interview and record review on 4/30/25 at 1:39 pm., Resident 1 ' s Verification of Informed Consent dated 4/1/25 and Resident 2 ' s Verification of Informed Consent dated 4/9/25 were reviewed with the director of nursing (DON). DON confirmed that Resident 1 and Resident 2 ' s Verification of Informed Consent were incomplete. DON stated the Verification Forms should have a check mark to indicate that the physician obtained informed consent from Resident 1 and Resident 2's NOK.</p> <p>During a review of the facility Policy and Procedures (P&P) titled Completion & Correction reviewed on 6/20/24, indicate, entries will be recorded promptly as the events or observations occur. The same Policy indicated no blank spaces are to be left on forms. If something does not apply to the resident enter N/A so that is clear the category was purposely not answered.</p> <p>During a review of the facility P&P titled Informed Consent reviewed on 6/24, indicated, the facility will confirm that the resident ' s medical record contains documentation that the physician has obtained informed consent prior to initiating medical intervention.</p> | | |