| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055142 | A. Building<br>B. Wing | 08/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Magnolia Gardens Convalescent Hospital | 17922 San Fernando Mission Rd<br>Granada Hills, CA 91344 |

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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.<br><br>42275<br><br>Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 1) was provided with a discharge summary report that included information regarding Resident 1 ' s current skin condition upon discharge home.<br><br>This deficient practice had the potential to result in unsafe discharge, incomplete documentation, and communication of Resident 1's stay in the facility.<br><br>Findings:<br><br>During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 5/25/2024 with diagnoses that included acute cholecystitis (swelling of the gallbladder [small, pear-shaped organ that stores and releases bile [is the fluid the liver produces that helps digest fats in the food a person eats]) and chronic obstructive pulmonary disease (COPD - common lung disease causing restricted airflow and breathing problems).<br><br>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-planning tool) dated 5/31/2024, indicated Resident 1 ' s cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired and needed maximum assistance from staff with toileting hygiene, shower/bathing and lower body dressing.<br><br>During a review of Resident 1 ' s Dermatology (the medical field related to the skin) Consultation Note dated 8/10/2024, the Dermatology Consultation noted indicated the following:<br><br>1. Chief Complaint: Follow Up to evaluate the progress of Resident 1 ' s skin condition<br><br>2. Extremities (arms and legs): Papulosquamous (skin disorders cause papules [red, raised bumps] and plaques [a flat, thickened area of skin] that are flaky or scaly) non-bullous (early-stage impetigo [contagious skin infection that causes itchy blisters or sore that can appear anywhere on the body]) scaly erythema (abnormal skin condition with redness).<br><br>3. Diagnosis: Dermatitis (skin condition that causes that inflammation [infection], swelling, irritation and rashes)<br><br>(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 0661<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of Resident 1's Discharge Summary Report dated 8/17/2024 indicated that on 8/17/2024 at 10:45 a.m. Resident 1 was discharged to home.<br><br>During a review of Resident 1's Post Discharge Plan of Care, undated, indicated Resident 1 was discharged to home. Noted on Resident 1 ' s Post Discharge Plan of Care undated, no documentation was noted for skin condition under the Summary of Status Section.<br><br>During a concurrent interview and record review on 8/27/2024 at 9:10 a.m., Licensed Vocational Nurse 3 (LVN 3) reviewed Resident 1 ' s Post Discharge Plan of Care undated and stated that LVN 3 was unable to recall if Resident 1 still had rashes upon discharge on 8/17/2024 because the skin condition sections was blank with no information.<br><br>During a concurrent interview and record review on 8/27/2024 at 9:15 a.m., Registered Nurse 1 (RN 1) reviewed Resident 1 ' s Post Discharge Plan of Care undated and stated that the licensed nurse did not document on the Post Discharge Plan of Care for Resident 1 ' s skin condition upon discharge. RN 1 stated that Resident 1 ' s skin condition should have been documented on the Post Discharge Plan of Care when Resident 1 left the facility.<br><br>During a review of the facility ' s policy and procedure (P&P) titled, Transfer or Discharge, Resident-initiated, last reviewed on 4/9/2024, the policy indicated to document all other information necessary to meet the resident ' s needs . |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275<br><br>Based on interview and record review, the facility failed to report two suspected cases of scabies (a contagious skin condition characterized by a rash [an area of the skin that has changes in texture or color and may look inflamed or irritated] and intense itching), and one confirmed case of scabies, for three of five sampled residents (Residents 1, Resident 2, and Resident 4).<br><br>This deficient practice had the potential to result in the spread of scabies and cross contamination (the physical movement or transfer of harmful bacteria [germs] from one person, object, or place to another) among staff and other residents.<br><br>Findings:<br><br>1. During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 5/25/2024 with diagnoses that included acute cholecystitis (swelling of the gallbladder [organ that stores and release a fluid to help digest food]) and chronic obstructive pulmonary disease (COPD - a group of lung diseases that damage the airways or other parts of the lungs, making it hard to breathe).<br><br>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-planning tool) dated 5/31/2024, the MDS indicated that Resident 1's cognition (ability to think and make decisions) was severely impaired. The MDS further indicated that Resident 1 needed maximum assistance from staff for showers; and supervision or touching assistance from staff for personal hygiene.<br><br>During a review of Resident 1's physician order dated 6/26/2024, an order was noted to apply Elimite (- a medication used to treat scabies) external (any medication applied to a body surface, including the skin) five [5] percent (%- unit of measure) cream to generalized body in the evening every Thursday as skin prophylaxis (any action taken to guard or prevent beforehand) from head to toe for two weeks and stay on 12 to 14 hours then shower off the next day.<br><br>2. During a review of Resident 4's Admission Record, the Admission record indicated the facility admitted Resident 4 on 12/12/2019; and readmitted Resident 4 on 10/11/2022 with diagnoses that included hypothyroidism (a condition where the thyroid [a small, butterfly-shaped gland in the neck that produces hormones that regulate metabolism, growth, and development] doesn't create and release enough thyroid hormone into your bloodstream and can make you feel tired, gain weight and be unable to tolerate cold temperatures).<br><br>During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 had intact cognition and needed supervision or touching assistance from staff for shower and personal hygiene.<br><br>During a review Resident 4's Change of Condition (COC- a sudden change in a resident's health status) Assessment Form dated 7/22/2024, the COC form indicated that Resident 4 was noted with a rash on right hip and groin (the area where the thigh meets the abdomen) area and Resident 4's physician was notified.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During a review of Resident 4's physician order dated 7/26/2024, an order was noted for permethrin five (5) % cream, apply to the whole body topically one time only for general dermatitis prophylaxis for one day.<br><br>3. During a review of Resident 2's Admission Record, the Admission Record indicated that the facility admitted Resident 2 on 2/22/2024 with diagnoses that included COPD.<br><br>During a review of Resident 2's MDS dated [DATE], the MDS indicated that Resident 2 had intact cognition and needed moderate assistance from staff for showers; and supervision or touching assistance from staff for personal hygiene.<br><br>During a review of Resident 2's Progress Notes dated 8/15/2024, timed at 4:45 p.m., the Progress Note indicated that Resident 2 had new orders of ivermectin (medication to treat scabies) oral medication and permethrin external 5% cream.<br><br>During a review of Resident 2's Physician's Consultation Note dated 8/15/2024 received on 8/27/2024, the Physician's Consultation Note indicated the following:<br><br>Diagnosis: Scabies<br><br>Medications included, to administer ivermectin three (3) milligram (mg - unit of measure) six (6) tablets by mouth once, then six (6) tablets again in two weeks; and to apply permethrin external five (5)% cream once from neck and down for eight (8) hours then rinse off.<br><br>During a concurrent observation and interview with Resident 2 on 8/26/2024 at 2:35 p.m., observed Resident 2 inside the resident's room. Resident 2 stated that Resident 2 had rashes all over the body. Resident 2 stated that a physician diagnosed Resident 2 with scabies. In the presence of Treatment Nurse 1 (TN 1), observed Resident 2's with skin rashes on abdomen, back, both legs, and both arms.<br><br>During an interview with the Infection Prevention Nurse (IPN) on 8/27/2024 at 10:32 a.m., the IPN stated that the facility did not report to the Acute Communicable Disease Center (ACDC) line the suspected scabies for Resident 1 and Resident 4. The IPN stated that for the confirmed scabies diagnosis of Resident 4, the facility also did not report to the ACDC line. The IPN further stated that that facility is to report to ACDC even suspected cases of scabies if two or more residents are suspected.<br><br>During a review of the facility's policy and procedures (P&P) titled, Infection Control, last reviewed on 4/9/2024, the policy indicated that Reportable Disease and Conditions, per accompanying Communicable Disease Reporting System, will be followed for reporting purposes.<br><br>A review of the ACDC Reportable Diseases and Conditions revised 3/8/2024, indicated, outbreaks of any disease . report immediately by telephone for both confirmed and suspected cases. Listed under the diseases is scabies. |