

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Magnolia Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  17922 San Fernando Mission Rd 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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39550</p> <p>Based on interview and record review, the facility failed to ensure a licensed nurse documented the administration of Tylenol (medication used to relieve pain and fever) on the Medication Administration Record (MAR- a report detailing the medications administered to a resident by a healthcare professional) for one of three sampled residents (Resident 2) on 8/26/2024.</p> <p>This deficient practice had the potential to result in medication errors and had the potential to result in confusion on the delivery of care and services.</p> <p>Findings:</p> <p>During a review of Resident 2's Admission Record, the document indicated the facility originally admitted the resident on 7/22/2022 and readmitted the resident on 8/28/2024 with diagnoses that included multiple fractures (a complete or partial break in a bone) of ribs, left side, subsequent encounter for fracture with routine healing and difficulty walking.</p> <p>During a review of Resident 2's Minimum Data Set (MDS- a standardized assessment and care planning tool) dated 6/22/2024, the document indicated Resident 2 had moderately impaired cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) skills for daily decision making. The MDS indicated Resident 2 required partial/moderate assistance with personal hygiene, toileting hygiene, and oral hygiene, and required set up or clean up assistance with eating.</p> <p>During a review of Resident 2's Order Summary Report, the document indicated an order for Tylenol extra strength oral tablet 500 milligrams (mg- unit of measurement), give one tablet by mouth every six (6) hours as needed for mild pain 1-3 (numerical scale used to measure pain with 0 being no pain and 10 being the worst pain), with a start date of 8/17/2022.</p> <p>During a review of Resident 2's Change of Condition (COC- a deviation from a resident's baseline in physical, cognitive, behavioral or functional domains)/Interact Assessment form dated 8/26/2024 at 7:14 p.m. , the document indicated Resident 2 received Tylenol 500 mg by mouth.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 9/11/2024 at 1:50 p.m., with the Director of Nursing (DON), reviewed Resident 2's COC document dated 8/26/2024 and MAR dated 8/2024. The DON stated that after licensed nurses administer medications, the licensed nurse is to document in the resident's MAR. The DON stated that Resident 2's MAR did not indicate that the resident received Tylenol 500 mg on 8/26/2024. The DON stated the licensed nurse should have documented the administration of Resident 2's Tylenol 500 mg on the MAR because the MAR is where medication administration should be documented.</p> <p>During a review of the facility-provided policy and procedure titled, Medication Administration, last reviewed on 4/9/2024, the policy indicated the individual administering the medication initials the resident's MAR on the appropriate line after giving each medication. As required or indicated for a medication, the individual administering the medication records in the resident's medical record: a. the date and time the medication was administered; b. the dosage; c. the route of administration; g. the signature and title of the person administering the drug.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39550</p> <p>Based on observation, interview, and record review the facility failed to ensure Certified Nursing Assistant 1 (CNA 1) donned (put on) gloves and a gown, prior to entering a contact isolation (used when a resident has an infectious disease that may be spread by touching either the resident or other objects the resident has handled) room for one of three sampled residents (Resident 3).</p> <p>This deficient practice had the potential for the spread of infection and cross contamination among residents.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record, the document indicated the facility originally admitted the resident on 8/29/2024 with diagnoses that included unspecified atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow) and methicillin-resistant Staphylococcus aureus infection (MRSA- caused by a type of staph [type of bacteria] bacteria that's become resistant to many of the antibiotics used to treat staph infections).</p> <p>During a review of Resident 3's Minimum Data Set (MDS- an assessment and screening tool) dated 9/4/2024, the document indicated Resident 3's cognitive skills (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) for daily decision making was intact.</p> <p>During a review of Resident 3's Order Summary Report, the document indicated an order for contact precautions due to MRSA of the left foot, ordered on 8/31/2024.</p> <p>During a review of Resident 3's Care Plan (a written document that summarizes a resident's needs, goals, and care/treatment) for contact precautions due to MRSA of the left foot, initiated on 8/30/2024, the document indicated an intervention to observe contact isolation precautions.</p> <p>During an observation on 9/11/2024 at 8:00 a.m., outside Resident 3's room, observed signages indicating contact precautions.</p> <p>During an observation on 9/11/2024 at 10:30 a.m., outside Resident 3's room, observed CNA 1 enter Resident 3's room, without donning gloves and gown prior to entering Resident 3's contact isolation room.</p> <p>During an interview on 9/11/2024 at 10:32 a.m., with CNA 1, CNA 1 stated that Resident 3's room is a contact isolation room. CNA 1 stated that when entering Resident 3's room, staff are to wear a mask, gown, and gloves. CNA 1 continued to state that she did not put on gloves and a gown because she was not sure if she should wear gloves and a gown. CNA 1 stated that they are accustomed to not wearing a gown when entering a resident's room. CNA 1 further stated, she did not see the signages posted.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/11/2024 at 10:53 a.m., with the Infection Preventionist (IP), the IP stated that anyone entering an isolation room should wear personal protective equipment (PPE- specialized clothing or equipment worn by an employee for protection against infectious materials) based on the type of precautions. The IP stated for contact precautions, anyone entering a contact isolation room should wear gown and gloves and staff entering an isolation room must wear PPEs to decrease the risk of infection.</p> <p>During a review of the facility's policy and procedure titled, Policies and Procedures- Infection Prevention and Control, last reviewed on 4/9/2024, the policy indicated the facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage the transmission of diseases and infections.</p> <p>During a review of the facility's policy and procedure titled, Personal Protective Equipment, last revised 4/2023, the policy indicated the type of PPE required for a task is based on the type of transmission-based precaution (used to prevent the spread of infectious agents from residents who are known or suspected to be infected) .</p>		