

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  10/08/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>42275</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who required assistance with nail trimming was provided care and services to maintain good personal hygiene for one of four sampled residents (Resident 1).</p> <p>This deficient practice resulted in Resident 1 having long fingernails that had the potential to result in self-injuries such as skin cuts or scratches and a negative impact on the resident's self-esteem and self-worth.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the document indicated the facility admitted the resident on 9/7/2024 with diagnoses that included urinary tract infection (an infection in any part of the urinary system) and adult failure to thrive (AFTT - a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 9/13/2024, the document indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS further indicated that Resident 1 was dependent on staff with toileting hygiene, shower/bathing and personal hygiene, and needed maximum assistance with bed mobility (movement) and transferring.</p> <p>During a review of Resident 1's untitled care plan initiated on 9/23/2024 and revised on 9/25/2024, the care plan indicated that Resident 1 had self-care deficits (when someone is unable to perform daily tasks that are related to their health and well-being) related to Resident 1's medical conditions that included cognitive deficits. The care plan indicated a goal for Resident 1 to be clean, dry, and well-groomed daily, and one of interventions was indicated to assist Resident 1 with grooming and trimming of fingernails.</p> <p>During a concurrent observation and interview on 10/8/2024 at 11:50 a.m., with Licensed Vocational Nurse 1 (LVN 1), observed Resident 1's fingernails inside Resident 1's room. LVN 1 stated that Resident 1' fingernails were long and needed to be trimmed, and there was a possibility to have self-injury like skin cuts or skin scratches from the resident's long fingernails.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/8/2024 at 12:57 p.m., with Certified Nursing Assistant 2 (CNA 2), CNA 2 stated that Resident 1's fingernails were long and needed to be trimmed. CNA 2 stated it was hard to trim Resident 1's fingernails because Resident 1 did not want to open the hands, but CNA 2 stated they did not try to trim Resident 1's fingernails with another staff member together. When asked why the residents' fingernails should be trimmed, CNA 2 stated that there was a possibility that the residents might get self-injury like skin cuts or abrasions (scrapes) from their own long fingernails.</p> <p>During an interview on 10/8/2024 at 4:15 p.m., with the Director of Nursing (DON), the DON stated that he checked Resident 1's fingernails the morning of 10/8/2024 and that Resident 1's fingernails needed to be cleaned and trimmed. The DON stated any residents with long fingernails might get self-injuries such as skin scratches or skin cuts with their own long fingernails.</p> <p>During a review of the facility's policy and procedure titled, Fingernails/Toenails, Care of, last reviewed on 4/9/2024, the policy indicated, The purposes of this procedure are to clean the nail bed, to clean nails trimmed, and to prevent infections Nail care includes daily cleaning and regular trimming. Proper nail care can aid in the prevention of skin problems around the nail beds.</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</b></p> <p>Based on interview and record review, the facility failed to ensure the History and Physical (H&amp;P - contains relevant information about the resident's past medical history, current medical concerns, including review of any pre-existing medical conditions, past hospitalization s and surgeries, allergies, medications being taken, family medical history, physical examination and assessment of mental status [ability to understand and make decisions]) Examinations for two of four sampled residents (Resident 1 and Resident 3) were completed in its entirety by the physician by failing to assess for mental status.</p> <p>This deficient practice had the potential for inconsistent care coordination due to incomplete H&amp;P and a delay in care and services.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission Record, the document indicated the facility admitted the resident on 9/7/2024 with diagnoses that included urinary tract infection (an infection in the any part of the urinary system) and adult failure to thrive (AFTT - a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 9/13/2024, indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS further indicated that Resident 1 was dependent on staff with toileting hygiene, shower/bathing and personal hygiene, and needed maximum assistance with bed mobility (movement) and transferring.</p> <p>During a review of Resident 1's H&amp;P dated 9/10/2024, the document indicated there was no documented evidence (left blank) that Resident 1's physician assessed Resident 1's mental status (assessment of current mental capacity [ability to understand and make decisions]).</p> <p>During a concurrent interview and record review on 10/8/2024 at 2:50 p.m., with the Director of Nursing (DON), reviewed Resident 1's H&amp;P dated 9/10/2024. The DON stated Resident 1's H&amp;P was incomplete because Resident 1's physician did not indicate Resident 1's mental status, which was very important as a baseline assessment when setting up the plan of care.</p> <p>b. During a review of Resident 3's Admission Record, the document indicated the facility admitted the resident on 8/27/2021 with diagnoses that included hemiplegia (total paralysis [complete or partial loss of function] of the arm, leg, and trunk on the same side of the body) and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (CI - a serious condition that occurs when blood flow to the brain is disrupted, causing brain tissue to die).</p> <p>During a review of Resident 3's MDS dated [DATE], the document indicated Resident 3's cognition was intact and required supervision or touching assistance from staff with oral hygiene, upper/lower body dressing and personal hygiene, and needed moderate assistance with bed mobility and transferring.</p> <p>(continued on next page)</p>		

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<p>F 0711</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 Nursing Facility H&amp;P Update dated 7/25/2023, the document indicated there was no documented evidence (left blank) that Resident 3's physician assessed Resident 3's mental status.</p> <p>During a concurrent interview and record review on 10/8/2024 at 2:50 p.m., with the DON, reviewed Resident 3's H&amp;P dated 7/25/2023. The DON stated that Resident 3's H&amp;P was incomplete because Resident 3's physician did not indicate the resident's cognition or a decision-making capacity.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Attending Physician Qualification and Conditions, last reviewed on 4/9/2024, the policy indicated, Any physician desiring to have attending physician privileges with this facility must provide all medical information necessary to maintain continuous medical care and treatment comply with the policies and procedures pertaining to physician responsibilities and resident care.</p> <p>During a review of the facility's P&amp;P titled, Physician Visit, reviewed on 4/9/2024, the policy indicated, Within 72 hours of the resident admission to complete a History and Physical examination if the H&amp;P received upon admission not completed by the attending physician five (5) days prior to admission.</p>		