

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  03/03/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39550</p> <p>Based on interview and record review, the facility failed to ensure the facility ' s social services department conducted residents ' psychosocial assessments upon admission for two of three sampled residents (Resident 2 and Resident 3) and failed to make follow up calls to residents after they were discharged home for three of three sampled residents. (Resident 1, Resident 2 and Resident 3)</p> <p>These deficient practices had the potential to result in negative psychosocial outcomes a for Resident 2 and Resident 3 and had the potential to result in an unsafe discharge for Resident 1, Resident 2 and Resident 3.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted Resident 1 on 1/20/2025 with diagnoses that included non-displaced fracture (broken bone) of base of neck of the right femur (hip), history of falling, and difficulty in walking.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool) dated 1/6/2025, the MDS indicated Resident 1 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was severely impaired. The MDS indicated Resident 1 required partial/moderate assistance with oral hygiene and required substantial/maximal assistance with toileting hygiene and shower/bathing self.</p> <p>During a review of Resident 1 ' s physician ' s order dated 2/5 2025, it indicated an order to discharge Resident 1 home with 24-hour care giver, on 2/13/2024. Noted on 2/11/2025.</p> <p>During a concurrent interview and record review with the Social Services Director (SSD) 3/3/2024 11:46 p.m. , the SSD stated that after resident is discharged back into the community the SSD will make follow up phone calls to the resident to ensure that the resident made it home safe, to ensure the resident is adjusting well, and to ensure that home health has reached out to the resident. The SSD stated that Resident 1 was discharged home on 2/14/2025 with Resident 1 ' s family member. The SSD reviewed Resident 1 ' s social services progress notes and stated that there was no documented evidence of a follow up note after the discharge. The SSD stated that she did not make the follow up discharge phone call and that the SSD missed it.</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 2 ' s Admission Record, the Admission Record indicated the facility admitted Resident 2 on 1/2/2025 with diagnoses that included metabolic encephalopathy (a broad term for any brain disease that alters brain function or structure), difficulty in walking, and abnormal posture.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS - a standardized assessment and screening tool) dated 1/8/2025, the MDS indicated Resident 2 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was severely impaired. The MDS indicated Resident 2 required supervision or touching assistance with oral hygiene and required partial/moderate assistance with toileting hygiene and shower/bathing self.</p> <p>During a review of Resident 2 ' s physician ' s order dated 1/18/2025 at 3:35 p.m. it indicated an order for discharge on 1/20/1025.</p> <p>During a concurrent interview and record review with the SSD 3/3/2024 11:48 a.m., the SSD stated that Resident 2 was discharge home on 1/20/2025. The SSD reviewed Resident 2 ' s social services progress notes and stated that there was no documented evidence of a follow up note after the discharge. The SSD stated that a follow up discharge phone call should have been done. The SSD further stated that the SSD needs to do better with discharge documentation.</p> <p>During a concurrent interview and record review with the SSD 3/3/2025 at 2:14 p.m., the SSD reviewed Resident 2 ' s medical records. The SSD stated that there was no documented evidence that a psychosocial assessment was done for Resident 2. The SSD stated that Resident 2 ' s psychosocial assessment should have been done upon admission by the social services designee.</p> <p>c. During a review of Resident 3 ' s Admission Record, the Admission Record indicated the facility admitted Resident 3 on 1/13/2025 with diagnoses that included fracture of unspecified part of neck of right femur, unspecified fracture of right pubis (bone that forms the lower part of the hips), difficulty in walking, and muscle weakness.</p> <p>During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was intact. The MDS indicated Resident 3 required partial/moderate assistance with oral hygiene and required substantial/maximal assistance with toileting.</p> <p>During a review of Resident 3 ' s physician ' s order dated 1/27/2025 at 10:33 a.m., it indicated LCD (Last Cover Date-is the date one's insurance coverage ends) 1/29/2025 discharge to home on 1/30/2025.</p> <p>During an interview and concurrent record review with the SSD 3/3/2024 11:50 a.m., the SSD stated that Resident 3 was discharge home on 1/30/2025. The SSD reviewed Resident 3 ' s social services progress notes and stated that there was no documented evidence of a follow up note after discharge. The SSD stated that she did plave a call and that the SSD needs a better habit of getting discharge documentation done. The SSD further stated that calling residents after their discharge home is import for their safety.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review with the SSD 3/3/2024 at 2:18 p.m., the SSD reviewed Resident 3 ' s medical records. The SSD stated that there was no documented evidence that a psychosocial assessment was done for Resident 3. The SSD stated that a psychosocial assessment should have been done upon admission of a resident. The SSD continued to state that a psychosocial assessment should be done upon admission of a resident to the facility so that the facility will be aware of how the resident lived prior to their admission to the facility and so that the facility can assist the residents and their families on their transition</p> <p>During a review of the facility ' s policy and procedure titled Social Services, revised 9/2021, indicated our facility provides medically related social services to assure that each resident can attain or maintain his/her highest practicable physical, mental, or psychosocial well-being. The social worker/social services staff are responsible for a. (3) transitions of care; c. upon admission Social Services will complete the SS-psycho-social Assessment form and as needed.</p>		