

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  05/16/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>38549</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's call light (a device used by a patient to signal his/her need for assistance from staff) was within reach for one of 20 sampled residents (Resident 188).</p> <p>This deficient practice had the potential to cause a delay in resident care and for the resident's needs to remain unmet.</p> <p>Findings:</p> <p>A review of Resident 188's Admission Record indicated the facility admitted the resident on 5/6/2024 with diagnoses including acute respiratory failure with hypoxia (a condition where you don't have enough oxygen in the tissues in your body), difficulty in walking, generalized muscle weakness, and repeated falls.</p> <p>A review of Resident 188's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 1/31/2024, indicated the resident had moderately impaired cognition (thought processes) and required maximum assistance from staff for toileting hygiene.</p> <p>A review of Resident 188's Fall Risk Assessment, dated 5/7/2024, indicated the resident was at high risk for falls.</p> <p>A review of Resident 188's care plan (a written document that summarizes a patient's needs, goals, and care) for risk for falls, initiated on 11/13/2023, indicated a goal to reduce the resident's risk of falls and injury daily until the next assessment. An intervention included was to keep the call light within easy reach and encourage the resident to use it to get assistance.</p> <p>During an observation on 5/13/2024 at 9:45 a.m., observed Resident 188 awake in bed and their call light under Resident 188's bed.</p> <p>During a concurrent observation and interview on 5/13/2024 at 9:48 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 confirmed by stating that Resident 188's call light was on the floor under the resident's bed. CNA 1 stated Resident 188's call light should have been within easy reach of the resident in case Resident 188 needed assistance.</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
---	-------	-----------

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  05/16/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 4:33 p.m., with the Director of Nursing (DON), the DON stated that call lights should be within reach of residents for safety and customer service. The DON stated that residents could possibly try to get up by themselves and fall if they are unable to call for help using their call light.</p> <p>A review of the facility's policy and procedure titled, Call Lights, last reviewed on 4/9/2024, indicated that the purpose of the policy was to assure that residents received prompt assistance. All staff shall know how to place the call light for a resident and how to use the call light system. Ensure that the call light is within the resident's reach when in his/her room or when on the toilet.</p>		

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  05/16/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>49252</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment for one of six residents (Resident 8) when the paint was found peeling and/or missing in three areas of Resident 8's bedroom ceiling.</p> <p>The deficient practice violated Resident 8's right to a comfortable, homelike environment and had the potential to cause psychosocial harm.</p> <p>Findings:</p> <p>A review of Resident 8's Admission Record indicated the facility admitted the resident on 1/22/2024 with diagnoses that included heart failure (when the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen), depression (a mood disorder that may cause persistent sadness or loss of interest in activities), and osteoarthritis (deterioration of the joint that causes pain and stiffness) of both knees.</p> <p>A review of Resident 8's History and Physical (H&amp;P- a term used to describe a physician's examination of a resident) dated 2/2/2024, indicated Resident 8 had the capacity to understand and make decisions.</p> <p>A review of Resident 8's Minimum Data Set (MDS, a standardized resident assessment and care screening tool) dated 4/19/2024, indicated Resident 8 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). Resident 8 was dependent (helper does all of the effort to complete the activity) in transferring to and from a bed to a chair or wheelchair.</p> <p>During a concurrent observation and interview on 5/14/2024 at 9:23 a.m., with Resident 8 in her room, observed areas of missing and peeling paint on the ceiling. Observed paint peeling and missing above Resident 8's bed, missing on the ceiling toward the window near the bed, and peeling near the bathroom. Resident 8 stated it had been about four months since they fixed one side of the ceiling near the television and maintenance said they would come back to fix the peeling paint on Resident 8's side. Resident 8 further stated, I don't like it because I like to keep my room nice and clean.</p> <p>During a concurrent observation and interview on 5/16/2024 at 11:30 a.m., with the Maintenance Director (MD) in Resident 8's room, observed the missing and peeling areas of paint on the ceiling. The MD stated the maintenance department does a daily tour of the building, and they check rooms every day. The MD stated he didn't realize the peeling paint was above Resident 8's bed and the room should not be in that condition. The MD stated the ceiling should not be peeling and it's not homelike.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up interview on 5/16/2024 at 11:30 a.m., with the MD, the MD stated the staff use Notes to handwrite anything that needs to be fixed on a piece of paper and when it's completed the MD writes OK on the request but does not keep a record of these work orders. The MD stated repair logs are kept for wheelchair, shower, water temperature, air conditioning, etc., but not for work orders. The MD stated maintenance is responsible for the room conditions and the nurses, rehabilitation department, and anyone can report anything they see. The MD stated failing to fix the ceiling was their failing because they're so busy.</p> <p>During an interview on 5/16/2024 at 3:09 p.m., with the Director of Nursing (DON), the DON stated a resident's ceiling should be clear and free from chipping and free from cracks. The DON stated the condition of Resident 8's ceiling should have been a priority to be fixed and failed to make Resident 8's room homelike.</p> <p>A review of the facility's policy and procedure titled, Maintenance Service, dated 4/9/2024, indicated, Functions of maintenance personnel include, but are not limited to .b. maintaining the building in good repair and free from hazards.</p> <p>A review of the facility's policy and procedure titled, Homelike Environment, dated 4/9/2024, indicated, Residents are provided with a safe, clean, comfortable and homelike environment .</p>		

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  05/16/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48678</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive care plan (CP- a written document that summarizes a patient's needs, goals, and care) for one of one sampled residents (Resident 45), to include measurable objectives and timeframes to care for Resident 45's left forearm arteriovenous shunt (AV shunt- a surgical connection between an artery and a vein that allows for blood to be removed and returned during dialysis [a treatment that removes waste and excess fluid from the blood when the kidneys are no longer functioning properly]).</p> <p>This deficient practice had the potential to result in failure to deliver necessary care and services.</p> <p>Findings:</p> <p>A review of Resident 45's Admission Record indicated the facility admitted the resident on 8/20/2023 with diagnosis of end stage renal disease (ESRD- chronic irreversible kidney failure) requiring renal (kidneys) dialysis.</p> <p>A review of Resident 45's History and Physical (H&amp;P- a term used to describe a physician's examination of a resident) indicated Resident 45 had the capacity to understand and make decisions.</p> <p>A review of Resident 45's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) dated 2/26/2024, indicated Resident 45 had intact cognition (ability to think, remember and reason).</p> <p>A review of Resident 45's physician's orders indicated the following orders:</p> <ul style="list-style-type: none"> <li>- Monitor left forearm (LFA) AV shunt for bruit (sound of blood passing through the access site), bleeding, itching, pain, swelling, and thrill (vibration of blood passing through the access site), dated 9/10/2023.</li> <li>- Remove pressure dressing on LFA AV shunt in the morning every Tuesday, Thursday, Saturday for hemodialysis access, dated 10/26/2023.</li> </ul> <p>During a concurrent interview and record review on 5/14/2024 at 2:10 p.m., with the MDS Nurse, reviewed Resident 45's physician's orders and care plans dated 8/20/2023 to 5/14/2024. The MDS Nurse stated an order for Resident 45's LFA AV shunt had been created on 9/10/2023 but a CP was not developed. The MDS Nurse stated it is important to have a CP for Resident 45's AV shunt to determine the location of the dialysis site, including risk factors such as bleeding of the site, interventions to monitor for signs and symptoms of infection, bleeding, swelling, and if any drainage is present. The MDS Nurse stated the CP is also important to know if the shunt is working properly.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/2024 at 9:05 a.m., with the Director of Nursing (DON), the DON stated that CPs are important to deliver appropriate care to residents, and the baseline care plans are supposed to be documented immediately upon admission. The DON stated Resident 45 should have a CP for Resident 45's AV shunt so the staff can care for and monitor the shunt. The DON stated the negative consequences of not having a CP for Resident 45's AV shunt would put Resident 45 at risk of not getting the proper care for his AV shunt.</p> <p>A review of the facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered, dated 4/2024, indicated a comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident, and it should be developed within seven days of completion of the required MDS assessment, and no more than 21 days after admission.</p>

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  05/16/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38549</p> <p>Based on observation, interview, and record review the facility failed to meet professional standards of practice by:</p> <ol style="list-style-type: none"> <li>1. Failing to ensure licensed nurses rotated injection sites when administering insulin (a hormone that works by lowering levels of glucose [sugar] in the blood) to one (Resident 39) out of five residents sampled for unnecessary medications.</li> <li>2. Failing to ensure a resident's orthostatic blood pressure (taking a blood pressure [BP] lying down flat, sitting up, and standing up to ensure a resident does not have orthostatic hypotension [a form of low blood pressure that happens when standing after sitting or lying down which can cause dizziness or lightheadedness and possibly fainting]) was taken when the resident was lying flat for one (Resident 17) of five residents sampled for unnecessary medications.</li> </ol> <p>These deficient practices had the potential to place Resident 39 at increased risk of developing lipodystrophy (a group of conditions characterized by a complete or partial loss of fat tissue) and amyloidosis (when an abnormal protein called amyloid builds up in the tissues and organs), and placed Resident 17 at risk for developing symptoms such as dizziness, lightheadedness, or fainting.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 39's Admission Record indicated the facility originally admitted Resident 39nt on 8/28/2021 and readmitted Resident 39on 5/8/2024 with diagnoses including type 2 diabetes mellitus (DM II - a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</li> </ol> <p>A review of Resident 39's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/7/2024, indicated that Resident 39 had severely impaired cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) and required moderate assistance from staff for most activities of daily living (ADLs - basic skills that allow people to live independently in a household). The MDS also indicated the resident received insulin.</p> <p>A review of Resident 39's physician's orders, dated 5/8/2024, indicated to administer insulin glargine (a long-acting type of insulin that works slowly, over about 24 hours) seven (7) units (U-unit of measurement) subcutaneously (beneath, or under, all the layers of the skin) at bedtime for DM II. The order further indicated to rotate site per injection.</p> <p>A review of Resident 39's care plan (a written document that helps a resident's care team organize and communicate about a resident's care) for risk for hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) related to diabetes mellitus, initiated on 9/28/2021, indicated to administer medication as ordered.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 5/15/2024 at 8:52 a.m. with Licensed Vocational Nurse 6 (LVN 6), reviewed Resident 39's 4/2024 Medication Administration Record (MAR - a report detailing the medications administered to a resident by a healthcare professional) and noted the following:</p> <ul style="list-style-type: none"> <li>- On 4/3/2024 at 10:11 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's right lower quadrant of the abdomen.</li> <li>- On 4/4/2024 at 10:12 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's right lower quadrant of the abdomen.</li> <li>- On 4/5/2024 at 9:49 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's right lower quadrant of the abdomen.</li> <li>- On 4/10/2024 at 8:41 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> <li>- On 4/11/2024 at 10:03 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> <li>- On 4/17/2024 at 9:37 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> <li>- On 4/18/2024 at 9:35 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> <li>- On 4/24/2024 at 9:11 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> <li>- On 4/25/2024 at 10:03 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> <li>- On 4/26/2024 at 10:12 p.m., Resident 39's dose of insulin glargine was administered to Resident 39's left upper lower quadrant of the abdomen.</li> </ul> <p>LVN 6 stated it was important for licensed nurses to rotate Resident 39's injection sites to ensure effectiveness of the medication and to prevent bruising and damage that occurs when the same injection site is used consecutively.</p> <p>During an interview with the Director of Nursing (DON) on 5/15/2024 at 4:38 p.m., DON stated that by not rotating injection sites when administering medications, the utilized site can develop scar tissue (when the skin heals and hardens) which can in turn inhibit absorption of medication. The DON stated that the development of scar tissue can be avoided by licensed nurses rotating injection sites.</p> <p>A review of the facility's policy and procedure titled, Med (medication) Pass, last reviewed on 4/9/2024, indicated to prepare the medication correctly, administer the medication correctly, and chart the medication pass correctly.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>34659</p> <p>2. A review of Resident 17's Admission Record indicated the facility admitted Resident 17 on 6/11/2023 and readmitted Resident 17 on 12/18/2023 with diagnoses that included depression (feelings of sadness).</p> <p>A review of Resident 17's MDS dated [DATE] indicated Resident 17 was cognitively intact with skills required for daily decision making. The MDS indicated that Resident 17 was independent with eating and oral hygiene.</p> <p>A review of Resident 17's Physician's Orders indicated the following:</p> <ul style="list-style-type: none"> <li>- Duloxetine (an antidepressant medication that is also prescribed to help treat pain) oral capsule 60 milligrams (mg- a unit of measure), give two capsules by mouth in the morning for pain management due to fibromyalgia (a disorder characterized by widespread pain), dated 12/18/2023.</li> <li>- Monitor for potential side effects of Duloxetine: postural hypotension (low blood pressure that occurs when changing positions) every Sunday in lying position, dated 12/18/2023.</li> <li>- Monitor for potential side effects of Duloxetine (an antidepressant medication): postural hypotension (low blood pressure that occurs when changing positions) every Sunday in sitting position, dated 12/18/2023.</li> </ul> <p>A review of Resident 17's Care Plan for Antidepressant, initiated 3/28/2024, indicated Resident 17 is at risk for side effects of medication usage. The care plan indicated a goal that Resident 17 will have minimized the risk of adverse side effects of medication use daily.</p> <p>During an interview with Licensed Vocational Nurse 3 (LVN 3) on 5/15/2024 at 2:34 p.m., LVN 3 stated that when taking Resident 17's orthostatic blood pressure, LVN 3 places Resident 17 in a semi-Fowler (head of the bed is elevated) position instead of laying Resident 17 flat. LVN 3 then stated that LVN 3 waits approximately 20 to 30 minutes before sitting Resident 17 up and checking Resident 17's blood pressure while sitting. LVN 3 stated that LVN 3 was unaware that when doing orthostatic blood pressures, a resident's positioning should be changed immediately after obtaining a blood pressure reading.</p> <p>During an interview with the DON on 5/15/2024 at 3:05 p.m., the DON stated it is important to take orthostatic blood pressures correctly in order to see if a resident has hypotension. The DON stated the hypotension could lead to fainting and increases the high risk of falls for residents.</p> <p>A review of the facility's policy and procedure titled, Blood Pressure, Measuring, last reviewed 4/09/2024, indicated that orthostatic hypotension defined as a decline in a resident's blood pressure readings upon standing. The policy and procedure indicated that the procedure to measure orthostatic blood pressure is to take the blood pressure after helping the resident to a standing position and to note the changes in the measurements compared to the reading taken while the resident was in a seated position.</p>		

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  05/16/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49997</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of 20 sampled residents (Resident 61) smoked in the facility's designated area, the westside patio, and not in the outdoor activity area that was surrounded with flammable substances.</p> <p>This deficient practice had the potential to result in burns damaging Resident 61's skin, fire, and explosion.</p> <p>Findings:</p> <p>A review of Resident 61's Admission Record indicated the facility admitted the resident on 7/7/2022 and readmitted on [DATE] with a diagnosis including, but not limited to chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe) and difficulty walking.</p> <p>A review of Resident 61's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/30/2024, the MDS indicated the resident required partial and or moderate assistance to walk 50 feet with two turns.</p> <p>During a review of Resident 61's care plan, dated 1/12/2023, the care plan indicated the resident may smoke only in designated areas and may not smoke near flammable substances.</p> <p>During an interview on 5/13/2024 at 8:20 a.m., with Certified Nursing Assistant (CNA) 4, CNA 4 stated Resident 61 was sitting outside smoking. CNA 4 directed the surveyors to the outdoor activity area.</p> <p>During an observation on 5/13/2024 at 8:25 a.m., observed Resident 61 in the non-designated smoking outdoor activity area. Resident 61 was sitting alone on a walker with seat, wearing a face mask pulled down to his chin, while smoking. The outdoor activity area was surrounded by trees, grass, and plants. Resident 61 was seated in front of a metal gated area that had a generator. The metal gate had two signs that showed diesel (fuel). Another sign that showed, NO SMOKING and a fire extinguisher was attached to the gate. Five signs were posted in the outdoor activity area that showed, NO SMOKING. No fire resistance apron or blanket and no self-extinguishing ashtrays were in this area. One plastic trashcan with a plastic liner was available.</p> <p>During an interview on 5/13/2024 at 8:25 a.m., with Resident 61, Resident 61 stated, I smoke in this area every day.</p> <p>During an interview on 5/13/2024 at 1:23 p.m., with CNA 4, CNA 4 stated, Resident 61's morning routine was having breakfast and then Resident 61 goes to the outdoor activity area to smoke.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 5/14/2024 at 8:20 a.m., with the Director of Nursing (DON), at the west side patio designated smoking area, the DON stated this was the only smoking area. The DON stated the area was called the west side patio. The west side patio area had two self-extinguishing ashtrays, one fire blanket and two fire protective aprons. The DON stated no one was allowed to smoke in any other areas of the facility. The DON stated smoking near a generator was not allowed because it could explode.</p> <p>During an interview on 5/14/2024 at 8:31 a.m., with the Maintenance Director (MD) at the outdoor activity area, the MD stated the outdoor activity area was not a designated smoking area. The MD stated the outside activity patio area was not a safe area to smoke due to the surrounding leaves and debris. If a resident dropped ash or a cigarette in this area, the leaves and debris could easily catch fire.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Smoking, (undated), indicated, The facility recognizes the resident's right to smoke, but will comply with local, state and federal smoking regulations to ensure the safety of residents.</p>		

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  05/16/2024
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 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>48678</p> <p>Based on interview and record review, the facility failed to ensure that the physician signed the Physician Order for Life- Sustaining Treatment (POLST - a written medical that helps give residents with serious illnesses more control over their own care by specifying the types of medical treatment they want to receive during serious illness) for one of one sampled resident (Resident 45) on 8/20/2023.</p> <p>This deficient practice had a potential to cause conflict with the resident's or resident's representatives wishes regarding health care in the event of an emergency.</p> <p>Findings:</p> <p>A review of Resident 45's Admission Record indicated the facility admitted Resident 45 on 8/20/2023 with diagnosis of end stage renal disease (ESRD- chronic irreversible kidney failure) requiring renal (kidneys) dialysis (a treatment that removes waste and excess fluid from the blood when the kidneys are no longer functioning properly).</p> <p>A review of Resident 45's History and Physical (H&amp;P- a term used to describe a physician's examination of a resident and includes a history of a resident's medical issues) indicated Resident 45 had the capacity to understand and make decisions.</p> <p>A review of Resident 45's POLST, dated 8/20/2023, indicated that Resident 45 did not want the facility to attempt resuscitation (the action or process of reviving someone from unconsciousness or apparent death) if Resident 45 was found without a pulse (heartbeat) and was not breathing. Resident 45's POLST indicated a physician, nurse practitioner, and or a physician assistant was required to sign the POLST form for validation. Noted on the POLST was a lack of signature by the physician.</p> <p>During a concurrent interview and record review on 5/13/2024 at 12:22 p.m., with Registered Nurse 1 (RN 1), reviewed Resident 45's POLST dated 8/20/2023. RN 1 stated if a POLST is not signed by the physician, the POLST is not valid, and the facility would be forced to treat the resident as a full code (attempt resuscitation). RN 1 stated Resident 45's POLST form was not valid because it did not have the required signature of the physician. RN 1 stated Resident 45's POLST was completed on 8/20/2023 and should have then been signed by the physician.</p> <p>A review of the facility's policy and procedure titled, Attending Physician Responsibilities, dated 4/2024, indicated the physician will guide the staff, and help document, the basis for decisions and orders regarding options for life-sustaining treatments and other ethical issues, consistent with applicable standards, laws, and regulations, and with resident wishes.</p>

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  05/16/2024
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>38549</p> <p>Based on observation, interview, and record review, the facility failed to ensure Licensed Vocational Nurse 7 (LVN 7) administered aspirin (stops the production of certain natural substances that cause fever, pain, swelling, and blood clots [gel-like clumps of blood]) 325 milligrams (mg - unit of measurement) instead of aspirin 81 mg to one of 20 sampled residents (Resident 190), as ordered by the physician.</p> <p>This deficient practice had the potential to place the resident at increased risk of experiencing adverse side effects (undesired harmful effect resulting from a medication or other intervention) such as developing blood clots.</p> <p>Findings:</p> <p>A review of Resident 190's Admission Record indicated the facility admitted the resident on 5/2/2024 with diagnoses including cerebral infarction (stroke, damage to tissues in the brain due to a loss of oxygen to the area), hemiplegia (a severe or complete loss of strength or paralysis on one side of the body), stage three (3) chronic kidney disease (occurs when the kidneys have moderate damage and are less able to filter waste and fluid from the blood), and gastrostomy status (GT - a surgical procedure that creates an opening in the abdomen and inserts a feeding tube in the stomach).</p> <p>A review of Resident 190's History and Physical (a document that is the most formal and complete assessment of a patient and his/her problem), dated 5/3/2024, indicated the resident had the capacity to understand and make decisions.</p> <p>During a concurrent observation, interview, and record review on 5/14/2024 at 9:49 a.m., with Licensed Vocational Nurse 7 (LVN 7), observed LVN 7 administering the following medications to Resident 190:</p> <ul style="list-style-type: none"> <li>- Aspirin 81 mg</li> <li>- Plavix (prevents blood clots) 75 mg</li> <li>- Ezetimibe (treats high cholesterol) 10 mg</li> <li>- Fenofibrate (reduces and treats high cholesterol and triglyceride (type of lipid [fat] found in the blood) levels in the blood) 48 mg</li> <li>- Gabapentin (treats neuropathic [nerve problem that causes pain, numbness, or muscle weakness in different parts of the body] pain) 400 mg</li> <li>- Liquacel (promotes wound healing and immune function and helps the kidneys remove waste products from the body) 30 ml</li> <li>- Lisinopril (relaxes and widens the blood vessels) 40 mg</li> </ul> <p>(continued on next page)</p>		

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  05/16/2024
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>Upon review of Resident 190's physician's orders, noted an order for aspirin 325 mg, give one tablet via GT in the morning for cerebrovascular accident (CVA - stroke) prevention. LVN 7 confirmed by stating she had given Resident 190 one tablet of aspirin 81 mg.</p> <p>During an interview on 5/15/2024 at 4:36 p.m., with the Director of Nursing (DON), the DON stated it was important for the nurse to follow the physician's orders in order to avoid any serious bodily harm to the resident. The DON stated if the nurse did not follow the physicians' orders, Resident 190 could potentially suffer from adverse side effects.</p> <p>A review of the facility's policy and procedure titled, Med (medication) Pass, last reviewed on 4/9/2024, indicated to prepare the med correctly, administer the med correctly, and chart the med pass correctly. Make sure that meds are administered according to: right resident, right medications, right dose, right route/method, and right time.</p>		

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  05/16/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>38549</p> <p>Based on interview and record review, the facility failed to ensure licensed nurses monitored a resident's targeted behavior for the use of quetiapine (an antipsychotic- a medication used to treat psychosis [a mental condition in which thought, and emotions are so affected that contact is lost with external reality]) for one of 20 sampled residents (Resident 39).</p> <p>This deficient practice had the potential to result in adverse reaction (undesired harmful effect resulting from a medication or other intervention) or impairment in the resident's mental or physical condition.</p> <p>Findings:</p> <p>A review of Resident 39's Admission Record indicated the facility originally admitted the resident on 8/28/2021 and readmitted the resident on 5/8/2024 with diagnoses including schizoaffective disorder (a mental health condition that includes features of both schizophrenia [serious mental illness that affects how a person thinks, feels, and behaves] and a mood disorder [marked disruptions in emotions]).</p> <p>A review of Resident 39's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/7/2024, indicated the resident had severely impaired cognition (thought processes) and required moderate assistance from staff for most activities of daily living (ADLs - activities related to personal care). The MDS also indicated the resident received antipsychotic medications.</p> <p>During a concurrent interview and record review on 5/15/2024 at 9:34 a.m., with Licensed Vocational Nurse 6 (LVN 6), reviewed Resident 39's physician's orders. LVN 6 stated Resident 39 had a physician's order, dated 5/8/2024, for quetiapine 25 milligrams (mg - unit of measurement) by mouth (PO) at bedtime (QHS) for schizoaffective disorder manifested by paranoid feelings causing fear. LVN 6 stated she could not find any documentation indicating the nurses were monitoring Resident 39's target behavior.</p> <p>During a concurrent interview and record review on 5/15/2024 at 10:38 a.m., with the Medical Records Director (MRD), reviewed Resident 39's Medication Administration Record (MAR - a report detailing the drugs administered to a patient by a healthcare professional) dated 5/2024. The MRD stated he could not find any documentation on the MAR indicating the nurses were monitoring Resident 39's targeted behavior. The MRD stated he also checked in other areas of Resident 39's medical record and could not find any documentation indicating the nurses were monitoring Resident 39's targeted behavior.</p> <p>During an interview on 5/15/2024 at 4:40 p.m., with the Director of Nursing (DON), the DON stated that the purpose of monitoring the target behavior for a resident taking an antipsychotic medication was to see if the medication was effective for the resident. The DON stated, if there was no behavioral monitoring, it would be difficult to decide if the current dosage was at a therapeutic level, and the resident can experience adverse side effects, which can result in affecting his/her quality of life.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure titled, Psychotropic Medication Use, last reviewed on 4/9/2024, indicated that psychotropic medication (medications capable of affecting the mind, emotions, and behavior) management includes indications for use; dose; duration; adequate monitoring for efficacy and adverse consequences; and preventing, identifying, and responding to adverse consequences.</p>		

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  05/16/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48678</b></p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure one of one sampled resident's (Resident 63) insulin (a hormone that lowers the level of glucose [sugar] in the blood) stored in the refrigerator of Medication room [ROOM NUMBER] was stored under the temperature range of 36-46 degrees Fahrenheit (F- unit of temperature).</li> <li>2. Label an opened medication bottle of hydromorphone solution (a drug used to relieve moderate to severe pain) with an opened by date for one of one sampled resident (Resident 187).</li> </ol> <p>These deficient practices had the potential to diminish the effectiveness of the medications.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 63's Admission Record indicated the facility admitted the resident on 4/9/2024 with diagnosis of diabetes (a chronic condition that affects the way the body processes blood glucose [sugar]) and metabolic encephalopathy (a problem in the brain caused by a chemical imbalance in the blood.)</li> </ol> <p>A review of Resident 63's physician's orders indicated an order for insulin lispro (rapid-acting insulin) 100 unit/milliliter (U/ml- unit of measurement) inject as per sliding scale (progressive increase in the insulin dosage, based on pre-defined blood glucose ranges) subcutaneously (SQ - administering medication where a short needle is used to inject a medication into the tissue layer between the skin and the muscle) before meals and at bedtime for diabetes, ordered on 4/9/2024.</p> <p>During a concurrent observation and interview on 5/15/2024 at 3:38 p.m., with Licensed Vocational Nurse 1 (LVN 1), observed Medication room [ROOM NUMBER]. LVN 1 stated the refrigerator temperature was 50 F. LVN 1 stated the temperature range of the medication refrigerator should be between 36-46 F as indicated on the Medication Refrigerator Temperature Log posted on the refrigerator door. Observed inside the medication refrigerator, Resident 63's insulin. LVN 1 stated she didn't think the temperature would affect the effectiveness of Resident 63's insulin medication, but that she would notify Registered Nurse 1 (RN 1) and the Maintenance Director (MD) about the issue.</p> <p>During a concurrent observation and interview on 5/16/2024 at 8:58 a.m., with LVN 1, observed Medication room [ROOM NUMBER]. LVN 1 stated the refrigerator temperature was 48 F and was still out of range. LVN 1 stated she reported the issue to RN 1, and the staff member who checked the temperature this morning documented the temperature of the refrigerator was 50 F on the temperature log.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 5/16/2024 at 9:03 a.m., with the Director of Nursing (DON), observed the refrigerator located in Medication room [ROOM NUMBER]. The DON stated he would notify the MD right away, and the DON moved the dial to a colder temperature on the dial fixated on the refrigerator. The DON stated moving the dial should lower the temperature of the refrigerator to a desired temperature in a few minutes. The DON stated he would call the pharmacist to see if the medications needed to be discarded and replaced.</p> <p>During an interview on 5/16/2024 at 9:36 a.m., with the DON, the DON stated there was a risk that Resident 63's insulin might not be as effective since it had been stored in a refrigerator that was out of temperature range.</p> <p>During a concurrent observation and interview on 5/16/2024 at 9:48 a.m., with the MD, observed the refrigerator located in Medication room [ROOM NUMBER]. The MD stated he used his temperature laser gun to get an accurate reading on multiple internal surfaces of the refrigerator. The MD pointed his temperature laser gun on the area where the insulin was located, and the MD stated the temperature was 49.5 F. The MD stated he would tell the DON to replace the refrigerator.</p> <p>A review of the facility's policy titled, Storage of Medications, dated 4/2024, indicated drugs used in the facility are stored in locked compartments under proper temperature, light, and humidity controls.</p> <p>49252</p> <p>2. A review of Resident 187's Admission Record indicated the facility admitted the resident on 5/10/2024 with diagnoses that included palliative care (medical care that focuses on providing relief from pain and other symptoms of a serious illness), atrial fibrillation (an irregular and often very rapid heart rhythm), and heart failure (when the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen).</p> <p>A review of Resident 187's History and Physical (H&amp;P- a term used to describe a physician's examination of a resident) dated 5/11/2024, indicated, Resident 187 had the capacity to understand and make decisions.</p> <p>A review of Resident 187's Minimum Data Set (MDS, a standardized resident assessment and care screening tool) dated 5/21/2024, indicated Resident 187 had intact cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses).</p> <p>A review of Resident 187's physician's orders indicated an order for hydromorphone two (2) milligrams/milliliters (mg/ml- unit of measurement) solution give 0.5 ml sublingually every two hours as needed for pain, ordered on 5/13/2024.</p> <p>During a concurrent observation, interview, and record review on 5/16/2024 at 2:45 p.m., with LVN 2, observed Medication Cart 1 and reviewed Resident 187's Medication Administration Record (MAR) dated 5/2024 for hydromorphone 2 mg/ml solution. The MAR indicated hydromorphone 2 mg/ml was administered on 5/14/2024 at 8:49 p.m. and 5/15/2024 at 8:33 p.m. Observed Resident 187's hydromorphone 2 mg/ml bottle solution not labeled with an opened date. LVN 2 stated hydromorphone 2 mg/ml was given, and the bottle was not labeled with an open date.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0761</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 5/16/2024 at 3:14 p.m., with the Director of Nursing (DON), reviewed the facility's policy and procedure (P&amp;P) titled, Labeling of Medication Containers, dated 4/9/2024. The P&amp;P indicated, Labels for individual resident medications include all necessary information, such as .the date the medication was dispensed. The DON stated the date the medication was dispensed was the opened date. The DON further stated, if a medication is unlabeled, the drug could lose its efficacy, or they wouldn't know it's efficacy. The DON stated medication containers should be labeled by the nurses when opened.</p> <p>A review of the facility's policy and procedure titled, Labeling of Medication Containers, dated 4/9/2024, indicated, Labels for individual resident medications include all necessary information, such as .the date that the medication was dispensed.</p>		

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  05/16/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34659</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper food handling and storage practices by failing to ensure food kept in the refrigerator designated for residents' foods was dated and maintained according to the facility's policy for four of seven sampled residents (Resident 7, 8, 29, and 61).</p> <p>This deficient practice had the potential to result in food borne illness (when contaminated food is consumed which causes an infection resulting illness).</p> <p>Findings:</p> <p>a. A review of Resident 7's Admission Record indicated the facility admitted the resident on 8/7/2023 with diagnoses that included gastro-esophageal reflux disease (GERD- stomach contents flow backward, up into the esophagus, the tube that carries food from your throat into stomach).</p> <p>A review of Resident 7's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool), dated 3/22/2024, indicated Resident 7 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Resident 7 needed setup assistance with eating.</p> <p>b. A review of Resident 8's Admission Record indicated the facility admitted the resident on 10/15/2007 with diagnoses that included adult hypertrophic pyloric stenosis (a thickening or swelling of the pylorus [the muscle between the stomach and the intestines] which can cause vomiting and discomfort).</p> <p>A review of Resident 8's MDS, dated [DATE], indicated Resident 8 was cognitively intact with skills required for daily decision making. The MDS indicated Resident 8 was independent with eating.</p> <p>c. A review of Resident 29's Admission Record indicated the facility admitted the resident on 4/11/2024 with diagnoses that included diabetes mellitus (a chronic condition that affects the way the body processes blood glucose [sugar]).</p> <p>A review of Resident 29's MDS, dated [DATE], indicated Resident 29 was cognitively intact with skills required for daily decision making. The MDS indicated Resident 29 required supervision with eating.</p> <p>d. A review of Resident 61's Admission Record indicated the facility admitted the resident on 7/07/2022 with diagnoses that included GERD.</p> <p>A review of Resident 61's MDS, dated [DATE] indicated Resident 61 was cognitively intact with skills required for daily decision making. The MDS indicated Resident 61 was independent with eating.</p> <p>During a concurrent observation on 5/15/2024 at 8:13 a.m., of the residents' refrigerator and interview with the Director of Nursing (DON), observed the following:</p> <p>(continued on next page)</p>

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  05/16/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Resident 7's undated box with fried chicken, biscuit, and coleslaw.</li> <li>- Resident 61's three undated food containers and an undated container of jasmine rice.</li> <li>- Resident 8's undated opened mayonnaise.</li> <li>- Resident 29's undated lentil soup.</li> </ul> <p>The DON stated the foods should have a date written on the food of when it was opened. The DON stated foods should be stored in the refrigerator for three days. The DON stated if there is no open date then licensed staff will not know how old the food is and could place a resident at risk to get a food borne illness.</p> <p>During an interview on 5/15/2024 at 11:12 a.m., with the Assistant Director of Nursing (ADON), the ADON stated food should be labeled with the date the food was brought into the facility by families so the staff know how long to keep it. The ADON stated undated food could put a resident at risk for having stomach issues if eating spoiled food.</p> <p>A review of the facility's policy and procedure titled, Foods Brought by Family/Visitors, last reviewed 4/9/2024, indicated food brought by family/visitors that is left with the resident to consume later is labeled and stored in a manner that it is clearly distinguishable from facility-prepared food. The policy and procedure indicated perishable foods are stored in re-sealable containers with tightly fitting lids in a refrigerator, and containers are labeled with the resident's name, the item and the use by date. The policy and procedure indicated the nursing staff will discard perishable foods on or before the use by date.</p> <p>A review of the facility's policy and procedure titled, Resident's Refrigerator/Freezer Storage, last reviewed 4/9/2024, indicated leftover food or unused portions of packaged foods should be discarded and no food will be stored beyond 72 hours from received. The policy and procedure indicated all items should be properly covered, dated, and labeled. The policy and procedure indicated food items should have the following appropriate dates: delivery date - when received and open date -opened containers of potentially hazardous food (PHF).</p>		

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  05/16/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>48678</p> <p>Based on interview and record review, the facility failed to maintain accurate medical records for one of one sampled resident (Resident 45), as evidenced by licensed nurses documenting the incorrect arm for taking blood pressure readings on Resident 45.</p> <p>This deficient practice had the potential to result in confusion regarding Resident 45's condition and what care and services were provided to Resident 45.</p> <p>Findings:</p> <p>A review of Resident 45's Admission Record indicated the facility admitted the resident on 8/20/2023 with diagnosis of end stage renal disease (ESRD- chronic irreversible kidney failure) requiring renal (kidneys) dialysis (a treatment that removes waste and excess fluid from the blood when the kidneys are no longer functioning properly).</p> <p>A review of Resident 45's History and Physical (H&amp;P- a term used to describe a physician's examination of a resident) indicated Resident 45 had the capacity to understand and make decisions.</p> <p>A review of Resident 45's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) dated 2/26/2024, indicated Resident 45 had intact cognition (ability to think, remember and reason).</p> <p>A review of Resident 45's physician's orders indicated the following orders:</p> <ul style="list-style-type: none"> <li>- Monitor left forearm (LFA) arteriovenous shunt (AV shunt- a surgical connection between an artery and a vein that allows for blood to be removed and returned during dialysis) for bruit (sound of blood passing through the access site), bleeding, itching, pain, swelling, and thrill (vibration of blood passing through the access site), dated 9/10/2023.</li> <li>- Remove pressure dressing on LFA AV shunt in the morning every Tuesday, Thursday, Saturday for hemodialysis access, dated 10/26/2023.</li> </ul> <p>A review of Resident 45's Blood Pressure Summary report, indicated the licensed vocational nurses had taken Resident 45's blood pressure on Resident 45's left arm, where Resident 45 had an AV shunt, on the following dates:</p> <ul style="list-style-type: none"> <li>- On 3/1/2024 at 6:09 p.m., Licensed Vocational Nurse 5 (LVN 5) documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 3/9/2024 at 6:34 p.m., LVN 5 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 3/15/2024 at 8:17 a.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> </ul> <p>(continued on next page)</p>		

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  05/16/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- On 3/16/2024 at 6:01 p.m., LVN 5 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 3/22/2024 at 4:48 p.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 3/23/2024 at 6:17 p.m., LVN 5 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 3/30/2024 at 6:36 p.m., LVN 5 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 4/4/2024 at 8:16 a.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 4/5/2024 at 6:42 p.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 4/10/2024 at 7:48 a.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 4/13/2024 at 6:34 p.m., LVN 5 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 4/16/2024 at 8:05 a.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 4/26/2024 at 1:59 p.m., LVN 2 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 5/1/2024 at 8:10 a.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 5/4/2024 at 6:14 p.m., LVN 5 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 5/5/2024 at 8:14 a.m., LVN 2 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 5/6/2024 at 8:14 a.m., LVN 1 documented Resident 45's blood pressure was taken on the left arm.</li> <li>- On 5/10/2024 at 8:12 a.m., LVN 2 documented Resident 45's blood pressure was taken on the left arm.</li> </ul> <p>(continued on next page)</p>		

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  05/16/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/14/2024 at 9 a.m., with Resident 45, Resident 45 stated the staff usually take his blood pressure on the right arm and does not remember if they've taken it on his left arm, however, he stated he knew they're not supposed to because of the AV shunt placement on his left forearm.</p> <p>During a concurrent interview and record review on 5/14/2024 at 3:59 p.m., with LVN 1, reviewed Resident 45's Blood Pressure Summary report. LVN 1 stated only LVNs are allowed to take blood pressures on residents, and they are never supposed to take blood pressures on the same arm where the AV shunt is placed because it can cause it to swell, bleed, or get infected. LVN 1 stated on the dates he documented left arm on Resident 45's Blood Pressure Summary report, it was a mistake on his part, and he had documented incorrectly every time he documented left arm.</p> <p>During a concurrent interview and record review on 5/14/2024 at 4:05 p.m., with LVN 2, reviewed Resident 45's Blood Pressure Summary report. LVN 2 stated she would never take a resident's blood pressure on the same arm where an AV shunt is placed because putting too much pressure on the arm with the AV shunt can cause bleeding, affect the dialysis site, and is contraindicated per professional standards of practice. LVN 2 stated she had documented incorrectly on Resident 45's Blood Pressure Summary report, and at the time she documented left arm she was probably thinking of a different resident, or simply clicked the wrong site each time.</p> <p>During a concurrent interview and record review on 5/16/2024 at 4:13 p.m., with LVN 5, reviewed Resident 45's Blood Pressure Summary report. LVN 5 stated her documentation of left arm for Resident 45's blood pressures taken were a typo, and stated she's never taken a blood pressure reading on the same side of the AV shunt. LVN 5 stated taking a blood pressure on the same side of the AV shunt can cause false readings, bleeding, alter the shunt, and cause vein eruptions. LVN 5 stated every single time she documented left arm, it was a typo because sometimes the computer is slow, and she has to click the computer prompts over and over again.</p> <p>During an interview on 5/15/2024 at 9:13 a.m., with the Director of Nursing (DON), the DON stated LVNs are expected to document accurately as this reflects proper care for the residents. The DON stated they don't have a particular dialysis nurse, however, the facility does a brief overview of dialysis care at hire. The DON stated it is important to document accurately because whatever is documented is what is perceived as performed. The DON stated the facility did not have signs in Resident 45's room indicating no blood pressures on the left arm, and that it would be prudent to have an order from the physician indicating no blood pressures on the specified arm.</p> <p>A review of the facility's policy and procedure titled, Charting and Documentation, dated 4/2024, indicated documentation in the medical record will be objective, complete, and accurate.</p> <p>A review of the facility's policy and procedure titled, Care of Resident Receiving Renal Dialysis, dated 4/2024, indicated no blood pressure and venipuncture (puncture of a vein) in or around shunt area.</p>		

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  05/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49252</p> <p>Based on observation, interview, and record review the facility failed to observe proper infection control measures by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure facility staff wore a gown and gloves during the administration of a respiratory treatment for one of 20 sampled residents (Resident 34) when Resident 34 had Enhanced Standard Precautions (ESP - the use of personal protective equipment [PPE- specialized clothing or equipment worn by an employee for protection against infectious materials] to reduce transmission of multidrug-resistant organisms [MDRO- bacteria that have become resistant to certain antibiotics] between residents in skilled nursing facilities) in place.</li> </ol> <p>This deficient practice had the potential to result in the spread of disease and infection to residents and staff members.</p> <ol style="list-style-type: none"> <li>2. Ensure a resident's nasal cannula oxygen tubing (a thin, flexible tube that provides supplemental oxygen to people who have trouble breathing) was not on the floor for one of 20 sampled residents (Resident 39,</li> <li>3. Ensure a resident's nasal cannula oxygen tubing was labeled with a date for two of two sampled resident (Resident 46 and 187).</li> </ol> <p>These deficient practices had the potential to place the resident at increased risk of developing an infection.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 34's Admission Record indicated the facility readmitted the resident on 10/19/2023 with diagnoses including diastolic heart failure (when the left ventricle [main chamber of the heart] of the heart is stiff and the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen) and Parkinson's disease without dyskinesia (a progressive disease of the nervous system marked by muscular rigidity, slow imprecise movement without tremors or involuntary movements).</li> </ol> <p>A review of Resident 34's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/21/2024, indicated the resident had intact cognition (mental processes that take place in the brain, including thinking, attention, language, learning, memory, and perception) and required supervision for oral and toileting hygiene, and needed substantial/maximal assistance (helper does more than half the effort) to dress and undress below the waist and putting on/taking off footwear.</p> <p>During an observation on 5/13/2024 at 12:48 p.m., observed Licensed Vocational Nurse 3 (LVN 3) enter Resident 34's room that was marked with a sign for ESP without gloves or a gown and gave Resident 34 an albuterol sulfate (medication used to prevent and treat difficulty breathing, wheezing [high-pitched whistling sound made while breathing], and shortness of breath) inhalation nebulization breathing treatment (a treatment that uses a device to turn the liquid medicine into a mist which is inhaled through a mask).</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/13/2024 at 12:50 p.m., with LVN 3, LVN 3 stated she gave Resident 34 his carbidopa-levodopa tablet (a drug used to treat Parkinson's disease) and administered an albuterol sulfate breathing treatment via nebulization. LVN 3 further stated she did not need to wear gloves or a gown and didn't not know why Resident 34 was on ESP.</p> <p>During an interview on 5/15/2024 at 9:36 a.m., with the Infection Preventionist (IP), the IP stated Resident 34 should be on ESP because Resident 34 is vulnerable and to prevent any further infections or spread any infections. The IP stated without using ESP, Resident 34 could be negatively affected by the spreading or worsening of an infection, that could turn into sepsis (a life-threatening complication of an infection).</p> <p>During a concurrent observation and interview on 5/15/2024 at 9:55 a.m., with the IP, observed the ESP sign missing outside of Resident 34's room. The IP stated there should be an ESP sign and didn't know who removed it.</p> <p>During an interview on 5/15/2024 at 9:59 a.m., with Treatment Nurse 1 (TN 1), TN 1 stated she always looks at the sign near the door to check for precautions and noticed Resident 34's ESP sign was missing yesterday and was unsure who removed it. TN 1 further stated Resident 34 needs to be on ESP because he has open wounds, and staff must be extra careful with him to prevent him from getting infections. TN 1 stated if you're not careful and not washing hands or changing gloves, you could spread infection to someone else.</p> <p>A review of the Enhanced Standard Precautions (ESP) sign, dated 9/8/2011, indicated, Providers and staff must also wear gloves and a gown for the high-contact resident care activities below .caring for devices and giving medical treatments.</p> <p>A review of the facility's policy and procedure titled, Policy: Enhanced Standard Precaution, dated 4/9/2024, indicated, Enhanced barrier precautions involve gown and glove use during high contact resident care activities for residents known to be infected or colonized with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices .Perform hand hygiene, wear gowns and gloves while performing the following tasks associated with residents who require Enhanced Barrier Precaution: Any care activity where close contact with the resident is expected to occur such as bathing, peri-care, assisting with toileting, changing incontinence briefs, transferring, respiratory care.</p> <p>38549</p> <p>2. A review of Resident 39's Admission Record indicated the facility originally admitted the resident on 8/28/2021 and readmitted the resident on 5/8/2024 with diagnoses including pneumonia (a serious infection that inflames the air sacs in one or both lungs) and chronic respiratory failure (condition in which not enough oxygen passes from your lungs into your blood).</p> <p>A review of Resident 39's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/7/2024, indicated the resident had severely impaired cognition (thought processes) and required moderate assistance from staff for most activities of daily living (ADLs - activities related to personal care).</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 39's physician's order, dated 5/8/2024, indicated to administer oxygen (O2) at 2 liters/minute (L/min - unit of measurement) via nasal cannula every shift.</p> <p>During an observation on 5/13/2024 at 9:04 a.m., observed Resident 39 awake in bed with oxygen at 2 L/min via nasal cannula. Observed Resident 39's oxygen tubing on the floor.</p> <p>During a concurrent observation and interview on 5/13/2024 at 9:13 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 confirmed by stating that Resident 39's oxygen tubing was on the floor and stated it should not be on the floor.</p> <p>During an interview on 5/15/2024 at 4:39 p.m., with the Director of Nursing (DON), the DON stated that residents' oxygen tubing should be kept off the floor for infection control. The DON stated that resident equipment can harbor bacteria. The DON stated the resident can potentially develop a respiratory infection if they're using contaminated oxygen tubing.</p> <p>A review of the facility's policy and procedure titled, Infection Control, last reviewed on 4/9/2024, indicated that the following effective Infection Control Program components will be utilized-Prevention: implementation of measures to prevent transmission of infectious agents and to reduce risks for device and procedure-related infections.</p> <p>49997</p> <p>3.a. A review of Resident 46's Admission Record indicated the facility admitted the resident on 6/20/2021 with diagnosis including emphysema (a lung condition that causes shortness of breath from lung damage).</p> <p>A review of Resident 46's MDS dated [DATE], indicated the resident required oxygen while at the facility.</p> <p>A review of Resident 46's physician's orders, dated 6/20/2021, indicated an order to change the oxygen nasal cannula tubing every Sunday night and as needed.</p> <p>During a concurrent observation and interview on 5/13/2024 at 9:19 a.m., with Licensed Vocational Nurse 4 (LVN 4) and the DON, observed Resident 46's nasal cannula oxygen tubing not labeled with a date. LVN 4 and the DON stated Resident 46's nasal cannula oxygen tubing was not dated. The DON stated the nasal cannula oxygen tubing should be dated when oxygen tubing is placed on the resident.</p> <p>3.b. A review of Resident 187's Admission Record indicated the facility admitted the resident on 5/10/2024 with diagnosis including respiratory failure with hypoxia (a serious condition that occurs when the lungs are unable to deliver enough oxygen to the bloodstream).</p> <p>A review of Resident 187's physician's orders, dated 5/13/2024, indicated an order to change the oxygen nasal cannula tubing every Sunday night and as needed.</p> <p>During a concurrent observation and interview on 5/13/2024 at 9:19 a.m., with LVN 4 and the DON, observed Resident 187's nasal cannula oxygen tubing was not labeled with a date. LVN 4 and the DON stated Resident 187's nasal cannula oxygen tubing was not dated. The DON stated the nasal cannula oxygen tubing should be dated when oxygen tubing is placed on the resident.</p> <p>(continued on next page)</p>		

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  05/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled, Oxygen Administration, dated 4/9/2024, indicated, The date, time and initials should be noted on oxygen equipment when it is initially used and when changed.</p>

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  05/16/2024																																				
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>34659</p> <p>Based on observation, interview, and record review, the facility failed to meet the required room size of 80 square feet (sq ft - unit of measurement) per resident for 26 of 40 multiple resident rooms (Rooms 102, 103, 105, 106, 107, 108, 109, 110, 111, 112, 114, 115, 116, 117, 118, 119, 120, 123, 126, 133, 136, 137, 138, 139, 140, 141).</p> <p>This deficient practice had the potential to result in inadequate space to provide safe nursing care and privacy for the residents.</p> <p>Findings:</p> <p>During the Resident Council meeting (a group of nursing home residents who meet regularly to discuss their rights, quality of care, and quality of life) on 5/13/2024 at 11:01 a.m., when the residents were asked about their room space, there was no concerns or issues brought up.</p> <p>During the recertification survey from 5/13/2024 to 5/16/2024, observed that the residents residing in the rooms with an application for variance had sufficient amount of space for residents to move freely inside the rooms. There was adequate room for the operation and use of wheelchairs, walkers, and canes. The room variance did not affect the care and services provided by nursing staff to the residents.</p> <p>On 5/14/2024, the Administrator (ADM) submitted the Client Accommodation Analysis and a letter requesting for continuation of their room waiver. A review of the Client Accommodation Analysis indicated that 26 out of 40 resident rooms did not have at least 80 square feet per resident.</p> <p>The room waiver request and Client Accommodation Analysis showed the following:</p> <table border="0"> <thead> <tr> <th>Room No.</th> <th>Square Footage</th> <th>Bed Capacity</th> <th>Sq. Ft. per Resident</th> </tr> </thead> <tbody> <tr><td>102</td><td>156</td><td>2</td><td>78</td></tr> <tr><td>103</td><td>156</td><td>2</td><td>78</td></tr> <tr><td>105</td><td>156</td><td>2</td><td>78</td></tr> <tr><td>106</td><td>156</td><td>2</td><td>78</td></tr> <tr><td>107</td><td>156</td><td>2</td><td>78</td></tr> <tr><td>108</td><td>156</td><td>2</td><td>78</td></tr> <tr><td>109</td><td>316</td><td>4</td><td>79</td></tr> <tr><td>110</td><td>156</td><td>2</td><td>78</td></tr> </tbody> </table> <p>(continued on next page)</p>			Room No.	Square Footage	Bed Capacity	Sq. Ft. per Resident	102	156	2	78	103	156	2	78	105	156	2	78	106	156	2	78	107	156	2	78	108	156	2	78	109	316	4	79	110	156	2	78
Room No.	Square Footage	Bed Capacity	Sq. Ft. per Resident																																				
102	156	2	78																																				
103	156	2	78																																				
105	156	2	78																																				
106	156	2	78																																				
107	156	2	78																																				
108	156	2	78																																				
109	316	4	79																																				
110	156	2	78																																				

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  05/16/2024
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)
F 0912  Level of Harm - Potential for minimal harm  Residents Affected - Some	<p>111 156 2 78</p> <p>112 156 2 78</p> <p>114 156 2 78</p> <p>115 288 4 72</p> <p>116 156 2 78</p> <p>117 156 2 78</p> <p>118 156 2 78</p> <p>119 157 2 78.50</p> <p>120 312 4 78</p> <p>123 311 4 77.75</p> <p>126 226 3 75.33</p> <p>133 313 4 78.25</p> <p>136 313 4 78.25</p> <p>137 313 4 78.25</p> <p>138 313 4 78.25</p> <p>139 313 4 78.25</p> <p>140 155 2 77.50</p> <p>141 158 2 79</p> <p>The minimum requirement for a 2-bedroom should be at least 160 sq. ft.</p> <p>The minimum requirement for a 3-bedroom should be at least 240 sq. ft.</p> <p>The minimum requirement for a 4-bedroom should be at least 320 sq. ft.</p> <p>(continued on next page)</p>

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  05/16/2024
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)		
F 0912  Level of Harm - Potential for minimal harm  Residents Affected - Some	A review of the room waiver letter, dated 5/14/2024, indicated, The rooms are in accordance to the special needs of the resident and would not have an adverse effect on the resident health and safety, or impede the ability of any resident in the rooms to attain his or her highest practicable well-being. Each room has adequate space for each patient with his/her own closet space, over bed table and nightstand. Cubicle curtains are hung at each bedside, giving each patient privacy when pulled closed. The rooms are also equipped with a call light for each patient. There is adequate space for moving around in the rooms for both ambulatory and non-ambulatory patients and adequate space for wheelchair accessibility and medication carts to provide care.		