

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Garden View Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 14475 Garden View Lane Baldwin Park, CA 91706	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44114</p> <p>Based on interview and record review, the facility failed to develop and implement a resident-centered comprehensive care plan (CP - a document that describes a resident's needs and how the nursing home will meet them) for one of three residents (Resident 1) by failing to ensure Resident 1 had a care plan for Resident 1's oral/dental status.</p> <p>This failure had the potential for Resident 1 to not receive the care and services needed to address Resident 1's edentulous (the complete loss of all natural teeth) mouth.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE], with diagnoses of left cerebral vascular accident (CVA - a medical condition that occurs when blood flow to the brain is suddenly interrupted), type 2 diabetes (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 8/12/2024, the MDS indicated Resident 1 had moderately impaired cognition (ability to think, learn, and remember). The MDS indicated Resident 1 required setup or clean-up assistance from staff for eating and required supervision or touching assistance (helper provided verbal cues and/or touching/steadying) with oral and personal hygiene. The MDS indicated Resident 1 had no natural teeth or tooth fragment(s)(edentulous).</p> <p>During a review of Resident 1's History and Physical (H&P - the most formal and complete assessment of the patient and the problem), dated 8/19/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a concurrent interview and record review on 11/25/2024 at 11:45 am with the Assistant Director of Nursing/MDS Nurse (ADON/MDS Nurse), Resident 1's care plans were reviewed. The ADON/MDS Nurse stated Resident 1 was admitted [DATE], and there was no care plan developed for Resident 1's oral/dental status and no interventions implemented until 11/21/2024 to address Resident 1's edentulous mouth. The ADON/MDS Nurse stated there should have been a care plan created for Resident 1's dental condition because Resident 1 could have lost weight. The ADON/MDS Nurse stated the facility did not follow its policy and procedure.</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: 055187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Garden View Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 14475 Garden View Lane Baldwin Park, CA 91706	
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 a concurrent interview and record review on 11/25/2024 at 2 pm with Registered Nurse (RN) 1, Resident 1's medical record was reviewed. RN 1 stated Resident 1 was admitted [DATE], and his dental care plan was not initiated until 11/21/2024 and dental consult was not completed until 11/21/2024. RN 1 stated Resident 1 could have lost weight. RN 1 stated the facility's policy indicated a care plan should be done within 48 hours of admission and 7 days of the resident's MDS being completed. RN 1 stated the care plan was not developed timely.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Comprehensive Resident Centered Care Plan, revised 1/2021, the P&P indicated, It is the policy of this facility that the interdisciplinary team (IDT- a group of health care professionals working collaboratively toward a common goal) shall develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The P&P indicated, A baseline care plan shall be developed within 48 hours of admission. A comprehensive care plan is developed within seven (7) days of completion of the Resident Minimum Data Set (MDS) and will be updated as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Garden View Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 14475 Garden View Lane Baldwin Park, CA 91706	
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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44114</p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 1) received proper treatment and care for foot health by failing to arrange Resident 1's consult with a podiatrist (a medical professional who specializes in the diagnosis and treatment of foot, ankle, and lower limb disorders) in a timely manner.</p> <p>This failure resulted in a delay of the provision of foot care and treatment for Resident 1 which could result in podiatric complications.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE], with diagnoses of left cerebral vascular accident (CVA - a medical condition that occurs when blood flow to the brain is suddenly interrupted), type 2 diabetes (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's untitled care plan (CP) dated 8/11/24, the CP indicated Resident 1 had diabetes mellitus. The CP interventions included for staff to refer Resident 1 to podiatrist/foot care nurse to monitor/document foot care needs and to cute long nails.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 8/12/2024, the MDS indicated Resident 1 had moderately impaired cognition (ability to think, learn, and remember). The MDS indicated Resident 1 required setup or clean-up assistance from staff for eating and required supervision or touching assistance (helper provided verbal cues and/or touching/steadying) with oral and personal hygiene. The MDS indicated Resident 1 had other open lesion(s) on the foot (unspecified).</p> <p>During a review of Resident 1's History and Physical (H&P - the most formal and complete assessment of the patient and the problem), dated 8/19/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's podiatry nursing home visit note dated 11/14/2024, the note indicated Resident 1 had dystrophic toenails (toenails that are deformed, thickened, brittle, or discolored) bilateral (b/l) hallux (a toe deformity that causes the big toe to shift towards the second toe) and second (2nd) toenails were dystrophic, elongated, discolored, crumbly with subungual debris (a crusty material that forms under nail as a result of a fungal infection). The note indicated Resident 1's mycotic (relating to, caused by, or an infection with a fungus) dystrophic toenails were debrided (to remove damaged tissue) and debulked (to remove all or most of the substance). The podiatrist recommended routine foot care in 60 days or as needed and keep Resident 1's feet protected.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Garden View Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 14475 Garden View Lane Baldwin Park, CA 91706	
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 0687</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 11/25/2024 at 11:45 am with the Assistant Director of Nursing (ADON/MDS Nurse), Resident 1's care plans were reviewed. The ADON/MDS Nurse stated Resident 1 had a diabetes care plan dated 8/11/24 with intervention for podiatrist/foot care. The ADON/MDS Nurse stated the care plan was not implemented timely and the podiatrist consult was not arranged until 11/14/2024 (three months later). The ADON/MDS Nurse stated Resident 1's untimely consult with the podiatrist could result in complications because Resident 1 had diabetes.</p> <p>During a concurrent interview and record review on 11/25/2024 at 2 pm with Registered Nurse (RN) 1, Resident 1's medical record was reviewed. RN 1 stated Resident 1's podiatrist consult was care planned and dated 8/11/2024. RN 1 stated Resident 1 was not seen by the podiatrist until 11/14/2024. RN 1 stated the care plan for podiatrist was not followed through and Resident 1 was at risk for further injury to feet because of his diabetes.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Quality of Care, Podiatry Referral and Services, dated 1/2024, indicated, It is the policy of this facility to provide necessary treatment and foot care to residents. The P&P indicated, Treatment may include preventive care to avoid podiatric complications in the residents with diabetes and circulatory disorders who are prone to developing foot problems. The P&P indicated, Residents will be referred to Podiatry services for care and services every 60 days or as needed or as indicated by the attending physician.</p>		