

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</p> <p>Based on interview and record review, the facility failed to provide Resident 1 ' s responsible party/representative (RP 1) access to Resident 1 ' s records within 48 hours (excluding weekends and holidays) of the initial request for one of two sampled residents (Resident 1), in accordance with the facility ' s policy and procedure titled Release of Information dated November 2009.</p> <p>This deficient practice caused a delay in releasing Resident 1 ' s records in a timely manner.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility originally admitted the resident on 1/5/2024, and was readmitted on [DATE], with diagnoses that included hypertensive chronic kidney disease, Gastro -esophageal reflux disease without esophagitis (inflammation of your esophagus). The Admission Record indicated RP 1 is Resident 1 ' s designated Responsible Party.</p> <p>A review of Resident 1 ' s History and Physical (H&P) dated 3/7/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 4/4/2024, indicated the resident had moderate cognitive (thought process) impairment.</p> <p>A review of Resident 1 ' s Social Service Progress notes dated 4/16/2024, indicated Received an extensive email from Resident 1 ' s Representative (RP 1) regarding Medical Record Request and concerns about Resident 1 ' s wound/staging for right heel, and concerns with transitioning to lower-level of care via Assisted living waiver- Social Service Director , and copied the Administrator, Director of Nursing and Medical Records Director.</p> <p>A review of Resident 1 ' s Authorization for the Release of Medical Information signed by RP 1 and dated 4/29/2024, indicated RP 1 requested Resident 1 ' s medical records for the period of 1/5/2024 to present.</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: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 0573</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 10:27 AM with the facility ' s Case Manager (CS), the Case Manager stated RP 1 requested Resident 1 ' s Medical Records verbally on 4/11/2024. The CS stated she (CS) verbally informed Medical Records Director and Treatment Nurse 1 of RP 1 ' s request. The CS stated she also received the written email of RP 1 requesting Resident 1 ' s records on 4/16/2024, following up on the recent request for Resident 1 ' s medical records. The CS stated that the Medical Records Director stated that she would follow up with RP 1. The CS stated that the administrator, the DON, and the medical records director was all included in the email when the SSD responded to acknowledge RP 1 ' s email and medical records request on 4/16/2024.</p> <p>During an interview with the SSD on 5/13/2024 at 10:42 AM, the SSD stated that RP 1 is Resident 1 ' s medical decision maker. Int/RR- Per SSD her son emailed us on I replied on the 16th , he emailed asking about a few things I repled because [NAME] was off, he was asking about medical records I repleided to him I did not know the statues but would CC the DON and Medical Records which I did to that email so they could help him with his medical records request that was the last email I was ccd on regarding to medical records request.</p> <p>During an interview on 5/13/2024 at 11:07 AM, RP 1 stated he had requested Resident 1 ' s medical records since early April 2024 (4/11/2024). RP 1 stated he requested for all of Resident 1 ' s medical records. RP 1 stated that he went to talk to the administrator on 4/23/2024 because he had not been getting a response and the medical records. RP 1 stated he received a form from the facility that needed to be filled out on 4/29/2024. However, RP 1 stated he did not get the complete medical records he requested. RP 1 stated he asked the administrator where Resident 1 ' s Physical Therapy (PT) Notes and the administrator stated that i had to speak to the PT director. RP 1 stated he also requested if he could look at Resident 1 ' s records and if a facility staff can supervise him to go over the medical records with him. RP 1 stated that the administrator refused and informed him that he needs to come back to talk to someone else and was not given a clear answer, even though the requested for medical records had been completed.</p> <p>During an interview on 5/14/2024 at 1:55 PM with the Director of Nursing (DON), the DON stated anyone can request medical records, residents and responsible party or the family can request as long as their name is listed on the resident ' s face sheet (a document that gives a patient ' s information at a quick glance). The DON stated when someone requests medical records, the medical records director (MRD) will call and speak with the requester. The DON stated it is usually the MRD who is in charge of communication and handing medical records and requests. The DON stated he did not remember if RP 1 had requested medical records on 4/16/2024, however, the MRD should have responded to RP 1 ' s medical records request within 48 hours as indicated in the facility ' s policy.</p> <p>A review of facility ' s policy and procedure titled Release of Information dated November 2009 indicated 9. A resident may have access to his or her records within 48 hours (excluding weekends or holidays) of the resident ' s written or oral request. 10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services. 11. The facility may recommend that the resident or representative review the active chart in the presence of a knowledgeable staff person who can discuss the information and answer questions capably.</p> <p>A review of the State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities revised 2/3/2023 indicated 483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 - Some</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** 42878</p> <p>Based on observation, interview, and record review the facility failed to develop and implement individualized person-centered care plans with measurable objectives, timeframes and interventions for one of two sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> 1. Develop a comprehensive, resident centered care plan for Resident 1 when a DTI was found by Treatment Nurse 2 on 1/9/2024. On 2/17/2024, Physician Assistant (PA) 1 indicated DTI to Resident 1 ' s right heel. There was no documented evidence that care plan was developed for Resident 1 ' s right heel skin concern. 2. Develop care plan interventions for peripheral vascular disease (PVD - a circulatory condition characterized by the narrowing or blockage of blood vessels outside the heart and brain. It primarily affects the arteries and veins in the arms, legs, and organs, leading to reduced blood flow and potential tissue damage), timely on 2/27/2024, when Wound Physician 1 indicated in the wound assessment that the wound type for Resident 1 ' s right heel was classified as a PVD. The care plan for PVD was developed on 4/9/2024, (40 days from 2/27/2024). 3. Develop and implement care plan interventions for Resident 1 ' s identified concerns/issues that affects wound healing to the right heel that included offloading and non-weight bearing of the right heel, heel protector, and Resident 1 ' s continued poor compliance with offloading, as indicated in the wound physician ' s assessment notes and treatment plans. There was no documented evidence that a care plan was developed for the treatment interventions, factors affecting wound healing and interventions for the duration of Resident 1 ' s right heel wound. <p>These deficient practices had the potential for Resident 1 to not receive appropriate care, treatments and/or services while in the facility.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility originally admitted the resident on 1/5/2024, and was readmitted on [DATE], with diagnoses that included hypertensive chronic kidney disease, Gastro -esophageal reflux disease (a condition in which stomach acid repeatedly flows back up into the tube connecting the mouth and stomach) without esophagitis.</p> <p>A review of Resident 1 ' s History and Physical (H&P) dated 3/7/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 4/4/2024, indicated the resident had moderate cognitive (thought process) impairment. The MDS indicated Resident 1 required supervision (helper provides verbal cues) on task such as oral hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 - Some</p>	<p>A review of Resident 1 ' s Multidisciplinary Care Conference dated 1/08/2024, that included another treatment nurse (TN 2) indicated Resident 1 ' s skin was reassessed, and a DTI was found on Resident 1 ' s right heel. The IDT recommendations included to cleanse the resident ' s right heel with normal saline (NS) pat dry and paint with betadine, then cover with roll gauze and secure with tape every day. At risk of skin breakdown and pressure ulcer formation .</p> <p>A review of Resident 1 ' s IDT Wound Management assessment dated [DATE] indicated Resident 1 had a Right heel DTI.</p> <p>A review of Resident 1 ' s physician order dated 1/15/2024, indicated a telephone order for Treatment- DTI right heel cleanse with normal saline paint betadine then cover with roll gauze and secure with tape everyday shift for 30 days.</p> <p>A review Resident 1 ' s Wound Assessment notes and treatment plans conducted with a group of wound specialists, indicated the following:</p> <ol style="list-style-type: none"> On 1/17/2024, Physician Assistant (PA) 1 indicated Consult on a patient with DTI to right heel. The wound type indicated pressure and treatment plans included to continue offloading, pressure reduction and treatment of betadine. The right heel wound measurements included 2.4 cm (length) X 1.7 cm (width). On 1/23/2024, Physician Assistant (PA) 2 indicated the resident was asked by facility staff to be seen today due to the right heel DTI. The wound type indicated pressure and treatment plans included to offload heel, keep dry and apply protectors, continue treatment with betadine. The right heel wound measurements included 2.8 cm (length) X 2.6 cm (width). On 1/30/2024, PA 2 indicated Resident 1 was seen again for the continued treatment of the right heel DTI. The right heel wound measurements included 2.4 cm (length) X 1.7 cm (width). The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine. On 2/6/2024, PA 2 indicated a wound assessment to the right heel DTI wound with measurements that included 2.1 cm (length) X 1.8 cm (width). The wound type indicated a handwritten note Unstageable. PA 2 added Peripheral Artery Disease (PAD- a circulatory condition in which narrowed blood vessels reduce blood flow to the arms or legs) diagnosis under the factors affecting wound healing. The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine. On 2/13/2024, PA 2 indicated a wound assessment to the right heel DTI wound with measurements that included 2.4 cm (length) X 1.8 cm (width). The wound type indicated a handwritten note Unstageable and no infection. The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine. On 2/20/2024, PA 2 indicated a wound assessment to the right heel DTI wound with measurements that included 2.2 cm (length) X 1.8 cm (width). The wound type indicated a handwritten note Unstageable. The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 - Some</p>	<p>7. On 2/27/2024, Wound Physician 1 indicated in the wound assessment that the wound type was PVD, venous, arterial, and mixed. The wound assessment indicated additional factors that affects wound healing included hypertension and weakness. The right heel wound did not indicate DTI anymore, with measurements that included 2.1 cm (length) X 1.7 cm (width) and a depth of 0.1 cm. The wound assessment indicated to continue debridement and would follow up in a week.</p> <p>8. On 3/5/2024, Wound Physician 1 indicated an additional factor affecting Resident 1 ' s wound healing. Wound Physician 1 added Patient non-compliant behavior . Wound Physician 1 wrote Poor compliance with offloading, impaired healing. Continue current treatment, patient reeducated on offloading/non-weight bearing to right heel. The wound measurements indicated 2.3 cm (length) X 1.8 cm (width) and a depth of 0.1 cm.</p> <p>9. On 3/12/2024, Wound Physician 1 indicated a follow up assessment on Resident 1 ' s PVD ulcer. The wound measurements indicated 2.1 cm (length) X 1.5 cm (width) and a depth of 0.1 to 0.3 cm. Wound Physician 1 wrote that Resident 1 continued poor compliance with offloading.</p> <p>10. On 3/19/2024, Wound Physician 1 indicated to continue current treatment.</p> <p>11. On 3/26/2024, Wound Physician 1 indicated Peripheral Arterial Disease (PAD) in the factors that affects the resident ' s wound healing. The wound measurements indicated 1.5 cm (length) X 1.1 cm (width) and a depth of 0.2 to 0.3 cm. Wound Physician 1 wrote to switch treatments to Silvadene (a topical antibiotic that help prevent and treat wound infections), as most of the eschar (dead tissue that sheds or falls off from the skin) was removed.</p> <p>12. On 4/2/2024, 4/9/2024, and 4/16/2024, the wound assessments indicated continue current treatment plans as indicated by Wound Physician 1.</p> <p>13. On 4/30/2024, Wound Physician 1 indicated Resident 1 was started on Levaquin (antibiotic) and wound was improved with decreased drainage.</p> <p>14. On 5/17/2024, Wound Physician 1 wrote Patient notes no pain today. The wound measurements indicated 1.0 cm (length) X 0.9 cm (width) and a depth of 0.2 to 0.3 cm. Wound Physician 1 wrote Offloading boot, good improvement, and continue current treatment. Wound Physician 1 wrote that Resident 1 ' s wound improvement was discussed with Resident 1 ' s responsible party.</p> <p>A review of Resident 1 ' s Treatment Administration Records (TAR) for the month of 1/1/2024 through 1/31/2024 indicated an order for treatment for DTI right heel cleanse with normal saline pat dry paint betadine then cover with roll gauze and secure with tape everyday shift for 30 days. The TAR indicated the first treatment to the right heel was administered to Resident 1 on 1/15/2024 (6 days after IDT recommendations dated 1/9/2024).</p> <p>A review of Resident 1 ' s Care Plans included the following care plans developed for Resident 1:</p> <p>-Alteration in skin integrity related to PVD right heel with an initiation date of 4/09/2024 (40 days from 2/27/2024, when Wound Physician 1 added PVD in his wound assessment) and revision date of 4/29/2024. The goals included the right heel wound would resolve without signs and symptoms of infection. The interventions included assessing the progress of skin weekly, keeping the skin clean and well lubricated, observe and report any skin irritation, eruption, rashes, and redness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 - Some</p>	<p>During a review of Resident 1 ' s care plans, the care plans did not indicate care plans for DTI and unstageable right heel pressure ulcer, and specific resident centered care plans that should had been developed for Resident 1 ' s right heel treatment plans that included right heel protector, non-weight bearing to right heel, offloading boot, offloading the right heel, and Resident 1 ' s non-compliance with offloading. The care plans also did not indicate Resident 1 ' s treatment orders to the right heel that started from betadine application, Silvadene treatment, and hydrogel application.</p> <p>During an interview and concurrent record review of Resident 1 ' s care plans on 5/13/2024 at 5:29 PM, with the Director of Nursing (DON), the DON stated Resident 1 did not have a care plan developed that included comprehensive and resident centered interventions for Resident 1 ' s diagnoses of DTI that started on 1/9/2024 and PVD that was reclassified by Wound Physician 1 on 2/27/24. The DON stated the interventions were not developed to Resident 1 ' s care plan specific to the treatment plans and recommendations made by the wound specialists (PAs 1 and 2, Wound Physician 1). The DON stated that care plans should be developed as soon as concerns/issues are identified.</p> <p>A review of the facility ' s policy and procedure titled Wound Care revised in February 2024, indicated the purpose of the policy and procedure is to provide guideline for the care of wounds to promote healing. The policy and procedure indicated to review the resident ' s care plan to assess any special needs of the resident and to document if a resident refused a treatment and why.</p> <p>A review of the facility ' s policy and procedure titled Care plan - Comprehensive Person Centered revised in March 2022, 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.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</p> <p>Based on interview, observation and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1 ' s skin was reassessed by the treatment nurse 24 to 48 hours after being newly admitted to the facility on [DATE]. Resident 1 ' s skin was reassessed by the treatment nurse on 1/9/2024 and found a right heel deep tissue injury (DTI- a pressure-related injury to subcutaneous tissues under intact skin), six days after admission. 2. Develop a comprehensive, resident centered care plan for Resident 1 when a DTI was found by Treatment Nurse 2 on 1/9/2024. 3. Follow and notify the physician of the interdisciplinary team (IDT) treatment recommendations made on 1/9/2024 to put in physician order to treat Resident 1 ' s DTI to the right heel with betadine everyday. The treatment order to apply betadine daily to the right heel was not started, until 1/15/2024 (6 days after IDT recommendation). 4. Develop care plan interventions for peripheral vascular disease (PVD - a circulatory condition characterized by the narrowing or blockage of blood vessels outside the heart and brain. It primarily affects the arteries and veins in the arms, legs, and organs, leading to reduced blood flow and potential tissue damage), timely on 2/27/2024, when Wound Physician 1 indicated in the wound assessment that the wound type for Resident 1 ' s right heel was classified as a PVD. The care plan for PVD was developed on 4/9/2024, (40 days from 2/27/2024). 5. Communicate with Resident 1 ' s physician the timely administration of Levaquin tablet 500 milligrams daily for the right heel wound infection, ordered by the attending physician on 4/23/2024. Resident 1 received the first dose of Levaquin 500 mg on 4/29/2024, five days after it was ordered on 4/23/2024. 6. Develop and implement care plan interventions for Resident 1 ' s identified concerns/issues that affects wound healing to the right heel that included offloading and non-weight bearing of the right heel, heel protector, and Resident 1 ' s continued poor compliance with offloading, as indicated in the wound physician ' s assessment notes and treatment plans. There was no documented evidence that a care plan was developed for the treatment interventions, factors affecting wound healing and interventions for the duration of Resident 1 ' s right heel wound. <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility originally admitted the resident on 1/5/2024, and was readmitted on [DATE], with diagnoses that included hypertensive chronic kidney disease, Gastro -esophageal reflux disease without esophagitis (inflammation of your esophagus)</p> <p>A review of Resident 1 ' s History and Physical (H&P) dated 3/7/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 4/4/2024, indicated the resident had moderate cognitive (thought process) impairment. The MDS indicated Resident 1 required supervision (helper provides verbal cues) on task such as oral hygiene.</p> <p>A review of Resident 1 ' s Progress Notes under Admission Summary, dated 1/5/2024 timed at 8 PM, indicated the resident was admitted to the facility. The Admission Summary indicated the admitting licensed nurse noted Resident 1 with Right heel dry skin and left heel dry skin, including redness to the sacrum area.</p> <p>A review of Resident 1 ' s Multidisciplinary Care Conference dated 1/08/2024, that included another treatment nurse (TN 2) indicated Resident 1 ' s skin was reassessed, and a DTI was found on Resident 1 ' s right heel. The IDT recommendations included to cleanse the resident ' s right heel with normal saline (NS) pat dry and paint with betadine, then cover with roll gauze and secure with tape every day. At risk of skin breakdown and pressure ulcer formation .</p> <p>A review of Resident 1 ' s IDT Wound Management assessment dated [DATE] indicated Resident 1 had a Right heel DTI.</p> <p>A review of Resident 1 ' s physician order dated 1/15/2024, indicated a telephone order for Treatment- DTI right heel cleanse with normal saline paint betadine then cover with roll gauze and secure with tape everyday shift for 30 days.</p> <p>A review of Resident 1 ' s Treatment Administration Records (TAR) for the month of 1/1/2024 through 1/31/2024 indicated an order for treatment for DTI right heel cleanse with normal saline pat dry paint betadine then cover with roll gauze and secure with tape everyday shift for 30 days. The TAR indicated the first treatment to the right heel was administered to Resident 1 on 1/15/2024 (6 days after IDT recommendations dated 1/9/2024).</p> <p>A review Resident 1 ' s Wound Assessment notes and treatment plans conducted with a group of wound specialists, indicated the following:</p> <ol style="list-style-type: none"> On 1/17/2024, Physician Assistant (PA) 1 indicated Consult on a patient with DTI to right heel. The wound type indicated pressure and treatment plans included to continue offloading, pressure reduction and treatment of betadine. The right heel wound measurements included 2.4 cm (length) X 1.7 cm (width). On 1/23/2024, Physician Assistant (PA) 2 indicated the resident was asked by facility staff to be seen today due to the right heel DTI. The wound type indicated pressure and treatment plans included to offload heel, keep dry and apply protectors, continue treatment with betadine. The right heel wound measurements included 2.8 cm (length) X 2.6 cm (width). On 1/30/2024, PA 2 indicated Resident 1 was seen again for the continued treatment of the right heel DTI. The right heel wound measurements included 2.4 cm (length) X 1.7 cm (width). The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. On 2/6/2024, PA 2 indicated a wound assessment to the right heel DTI wound with measurements that included 2.1 cm (length) X 1.8 cm (width). The wound type indicated a handwritten note Unstageable. PA 2 added Peripheral Artery Disease (PAD- a circulatory condition in which narrowed blood vessels reduce blood flow to the arms or legs) diagnosis under the factors affecting wound healing. The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine.</p> <p>5. On 2/13/2024, PA 2 indicated a wound assessment to the right heel DTI wound with measurements that included 2.4 cm (length) X 1.8 cm (width). The wound type indicated a handwritten note Unstageable and no infection. The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine.</p> <p>6. On 2/20/2024, PA 2 indicated a wound assessment to the right heel DTI wound with measurements that included 2.2 cm (length) X 1.8 cm (width). The wound type indicated a handwritten note Unstageable. The treatment plan and interventions remained the same to offload heel, keep dry, protector to heel, and treatment of betadine.</p> <p>7. On 2/27/2024, Wound Physician 1 indicated in the wound assessment that the wound type was PVD, venous, arterial, and mixed. The wound assessment indicated additional factors that affects wound healing included hypertension and weakness. The right heel wound did not indicate DTI anymore, with measurements that included 2.1 cm (length) X 1.7 cm (width) and a depth of 0.1 cm. The wound assessment indicated to continue debridement and would follow up in a week.</p> <p>8. On 3/5/2024, Wound Physician 1 indicated an additional factor affecting Resident 1 ' s wound healing. Wound Physician 1 added Patient non-compliant behavior . Wound Physician 1 wrote Poor compliance with offloading, impaired healing. Continue current treatment, patient reeducated on offloading/non-weight bearing to right heel. The wound measurements indicated 2.3 cm (length) X 1.8 cm (width) and a depth of 0.1 cm.</p> <p>9. On 3/12/2024, Wound Physician 1 indicated a follow up assessment on Resident 1 ' s PVD ulcer. The wound measurements indicated 2.1 cm (length) X 1.5 cm (width) and a depth of 0.1 to 0.3 cm. Wound Physician 1 wrote that Resident 1 continued poor compliance with offloading.</p> <p>10. On 3/19/2024, Wound Physician 1 indicated to continue current treatment.</p> <p>11. On 3/26/2024, Wound Physician 1 indicated Peripheral Arterial Disease (PAD) in the factors that affects the resident ' s wound healing. The wound measurements indicated 1.5 cm (length) X 1.1 cm (width) and a depth of 0.2 to 0.3 cm. Wound Physician 1 wrote to switch treatments to Silvadene (a topical antibiotic that help prevent and treat wound infections), as most of the eschar (dead tissue that sheds or falls off from the skin) was removed.</p> <p>12. On 4/2/2024, 4/9/2024, and 4/16/2024, the wound assessments indicated continue current treatment plans as indicated by Wound Physician 1.</p> <p>13. On 4/30/2024, Wound Physician 1 indicated Resident 1 was started on Levaquin (antibiotic) and wound was improved with decreased drainage.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>14. On 5/17/2024, Wound Physician 1 wrote Patient notes no pain today. The wound measurements indicated 1.0 cm (length) X 0.9 cm (width) and a depth of 0.2 to 0.3 cm. Wound Physician 1 wrote Offloading boot, good improvement, and continue current treatment. Wound Physician 1 wrote that Resident 1 ' s wound improvement was discussed with Resident 1 ' s responsible party.</p> <p>A review of Resident 1 ' s IDT Wound Management assessment dated [DATE] indicated Resident 1 ' s current treatment to the right heel was to apply hydrogel (provides moisture which enables painless debridement of necrotic and infected tissue, promotes granulation and encourages complete healing), then cover with roll gauze.</p> <p>A review of Resident 1 ' s Progress Notes under Physician ' s Order Note, dated 4/23/2024 timed at 10:06 AM, indicated the resident was seen (evaluated) by the Attending Physician (AP) 1 and ordered Levaquin oral tablet, 500 milligrams (mg) for right heel infection for 10 days. The Physician ' s Order Note indicated a Start Date of 4/24/2024 and End Date of 5/4/2024.</p> <p>A review of Resident 1 ' s IDT Wound Management assessment dated [DATE], indicated Interdisciplinary Team Recommendations: Other: Keep dressing dry and clean at all times, change dressing when soiled or dislodged. Attending Physician (AP) 1 ordered Levaquin 500 mg daily for 10 days for right heel infection due to green (wound) discharge.</p> <p>A review of Resident 1 ' s Progress Notes under Nursing Progress Note, dated 4/23/2024 timed at 4:33 PM, indicated Resident 1 was transferred to the acute hospital via 911 per family member ' s request.</p> <p>A review of Resident 1 ' s Progress Notes under Nursing Progress Note, dated 4/24/2024 timed at 5:10 AM, indicated Resident 1 came back from the acute hospital emergency room for evaluation of the right heel pressure sore. The Nursing Progress Note indicated that the physician was made aware and there were no new orders.</p> <p>A review of Resident 1 ' s Progress Notes under Skin/Wound Note dated 4/29/2024 (5 days after Resident 1 came back from an overnight visit from the acute hospital) at 1:27 PM, indicated the licensed nurse called and informed Wound Physician 1 if he wanted to continue the order for Levaquin oral tablet 500 mg for 10 days (initially ordered on 4/23/2024). The Skin/Wound Note indicated the Levaquin tablet was not given because Resident 1 went to the acute hospital (4/23/24 and came back on 4/24/2024).</p> <p>A review of Resident 1 ' s physician order dated 4/29/2024, indicated a telephone order entered from AP 1 to administer Levaquin Oral Tablet 500 mg (Levofloxacin), give 500 milligrams by mouth one time a day for right heel infection for 10 days.</p> <p>A review of the Medication Administration Record (MAR) Note dated 4/29/2024 timed at 2:28 PM, indicated the first dose of Levaquin was administered to the resident (4/29/2024) and taken from the emergency kit.</p> <p>During a review of Resident 1 ' s IDT notes and IDT Wound Management Assessments, there were no documented evidence that the IDT had discussed the underlying factors and possible interventions to do with Resident 1 ' s continued poor compliance with offloading as indicated in the wound physician ' s wound assessment notes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1 ' s Care Plans included the following care plans developed for Resident 1:</p> <p>-Alteration in skin integrity related to PVD right heel with an initiation date of 4/09/2024 (40 days from 2/27/2024, when Wound Physician 1 added PVD in his wound assessment) and revision date of 4/29/2024. The goals included the right heel wound would resolve without signs and symptoms of infection. The interventions included assessing the progress of skin weekly, keeping the skin clean and well lubricated, observe and report any skin irritation, eruption, rashes, and redness.</p> <p>During a review of Resident 1 ' s care plans, the care plans did not indicate care plans for DTI and unstageable right heel pressure ulcer, and specific resident centered care plans that should had been developed for Resident 1 ' s right heel treatment plans that included right heel protector, non-weight bearing to right heel, offloading boot, offloading the right heel, and Resident 1 ' s non-compliance with offloading. The care plans also did not indicate Resident 1 ' s treatment orders to the right heel that started from betadine application, Silvadene treatment, and hydrogel application.</p> <p>During a concurrent observation and interview on 5/13/2024 at 1:34 PM, inside the resident ' s room, Resident 1 was observed lying in bed with heel protectors. During the observation, Resident 1 was removing the heel protector. Resident 1 stated that her right heel was open and around it was A fungus that eats away her shoes and anything that it touches.</p> <p>During an interview and concurrent record review on 5/13/2024, at 2:54 PM with Treatment Nurse 1 (TN1), TN 1 stated it is the facility ' s practice for all newly admitted residents who have identified skin issues on admissions to be seen by the facility ' s Treatment Nurse for skin assessment, within 24 hours and no more than 48 hours from the facility ' s admitted . TN 1 stated Resident 1 ' s records did not indicate that the facility ' s treatment nurse conducted a skin assessment with 24 to 48 hours after being admitted to the facility on [DATE]. TN 1 stated that Resident 1 was reassessed by the Treatment Nurse 2 on 1/9/2024, which was six days after admission from the facility.</p> <p>During the same interview, on 5/13/2024 at 2:54 PM, TN 1 stated that Resident 1 ' s IDT recommendations did not include the treatment recommendations conducted by the facility ' s IDT team on 1/09/2024. TN 1 stated that the physician treatment orders for the IDT recommendations were not ordered and started until 1/15/2024 (6 days) after the IDT recommendations were made.</p> <p>During an interview on 5/13/2024 at 5 PM with Wound Physician 1, Wound Physician 1 stated he first saw Resident 1 sometime in February 2024. Wound Physician 1 stated once he completed his assessment of Resident 1, Wound Physician 1 was able to determine Resident 1 ' s problem, and it was due to poor circulation. Wound Physician 1 stated that was why he reclassified Resident 1 ' s DTI to a PVD.</p> <p>During an interview and concurrent record review of Resident 1 ' s care plans on 5/13/2024 at 5:29 PM, with the Director of Nursing (DON), the DON stated Resident 1 did not have a care plan developed that included comprehensive and resident centered interventions for Resident 1 ' s diagnoses of DTI that started on 1/9/2024 and PVD that was reclassified by Wound Physician 1 on 2/27/24. The DON stated the interventions were not developed to Resident 1 ' s care plan specific to the treatment plans and recommendations made by the wound specialists (PAs 1 and 2, Wound Physician 1). The DON stated that care plans should be developed as soon as concerns/issues are identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Glendale Post Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. Verdugo Road Glendale, CA 91206	

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 0684</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 Prevention of Pressure Injuries revised on February 2024, indicated to review the resident ' s care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable. The policy and procedure indicated to evaluate new admissions for existing pressure injury risk factors. The policy indicated to conduct a comprehensive skin evaluation for each admission and review the interventions and strategies for effectiveness on an ongoing basis.</p> <p>A review of the facility ' s policy and procedure titled Wound Care revised in February 2024, indicated the purpose of the policy and procedure is to provide guideline for the care of wounds to promote healing. The policy and procedure indicated to review the resident ' s care plan to assess any special needs of the resident and to document if a resident refused a treatment and why.</p> <p>A review of the facility ' s policy and procedure titled Pressure Ulcers/Skin Breakdown - Clinical Protocol, revised in April 2018, indicated the staff will examine the skin of newly admitted residents for evidence of existing pressure ulcers or other skin conditions.</p>