

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 06/18/2024
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</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 ensure one of two sampled resident ' s representative (Resident Representative 1 [RP 1]) whose a family member of Resident 1, that did not have capacity to understand and make decisions, was informed and involved during Resident 1 ' s admission in the facility, including review and signing of facility required admission paperwork, that included consents for the following:</p> <ul style="list-style-type: none"> -MDS Transmission Notification -Consent to Treat -Advanced Healthcare Directive Acknowledgement form <p>This deficient practice had the potential for Resident 1 ' s rights to be violated and not have sufficient knowledge of documents before signing, and RP 1 not to be informed of Resident 1 ' s care and documents signed in the facility.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility was last readmitted to the facility on [DATE], with diagnoses that included Unspecified Dementia (the loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily), unspecified severity, with other behavioral disturbances.</p> <p>A review of Resident 1 ' s History and Physical assessment dated [DATE], indicated Resident 1 does 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 5/22/2024, indicated the resident had moderate cognitive (thought process) impairment. The MDS indicated Resident 1 required partial/moderate assistance (helper does more less than half the effort) on task such upper body dressing. The MDS indicated Resident 1 required substantial /maximal assistance (helper does more than half) on task such as toileting/hygiene, shower, lower body dressing.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility document titled MDS Transmission Notification with no date had a line titled Resident Name the documentation was blank, and another line indicated Resident Signature the document indicated a handwritten signature from Resident 1.</p> <p>A review of a facility document titled Consent to treat with no date had a line titled Resident Name the documentation was blank and another line indicating a title Resident Signature the documentation indicated a handwritten signature from Resident 1.</p> <p>A review of a facility document titled Advanced Healthcare Directive Acknowledgement form with line titled Resident Name: indicated Resident 1 ' s name was printed, and Relationship indicated handwritten Self. There was a line indicating Resident Representative Name this line indicated blank. Another line titled Resident Representative signature indicated blank, Facility staff section indicated the Social Service Assistant signed the form on 5/22/2024 without discussing with RP 1.</p> <p>A review of a California Advance Health Care Directive form indicated Resident 1 ' s name written on the first page of the form. The form indicated Section Part 1: titled Choose your medical decision maker indicated a handwritten note of RP 1 ' s name, phone number and street address. An X was marked under the statement My medical decision maker can make decisions for me right after I sign this form.</p> <p>During an interview on 6/13/2024 at 12:30 PM with RP1, RP 1 stated Resident 1 had been readmitted to the facility on [DATE]. RP 1 stated he went to visit Resident 1 on 5/28/2024 and during the visit he stepped out of the facility for a bit but when he returned to Resident 1 ' s room at around 11 pm, he could not locate Resident 1. RP 1 stated with facility staff assistance he was able to locate Resident 1 who was with LVN 1 in the facility ' s small Dining Room. RP 1 stated LVN 1 was having Resident 1 sign documents that she was not capable of understanding, due to her cognitive status. RP 1 stated the facility was aware Resident 1 was unable to understand or make medical decisions due to her dementia. RP 1 stated when he asked LVN 1 why she was having Resident 1 sign those documents with out consulting with RP 1, LVN1 could not respond.</p> <p>During an interview with Social Service Assistant (SSA) on 6/18/2024 at 10:26 AM, SSA stated Admission paperwork were placed in Resident 1 ' s chart on admission but were left blank due to the fact that SSA had not been able to speak to RP 1 to go over the consents and admission paperwork. SSA stated she had signed Resident 1 ' s Advance Healthcare Directive and dated 5/22/2024, the day she prepared the documents and placed them on Resident 1 ' s paper medical chart waiting to be able to go over with RP1 and get signatures due to the fact that Resident 1 did not have the capacity to make or understand medical decisions.</p> <p>During an interview on 6/18/2024 at 10:45 PM with LVN 1, LVN 1 stated she knew Resident 1 from her previous admission to the facility in January 2024 and thought Resident 1 had the capacity to make her own medical decisions. LVN 1 stated she was checking Residents 1 ' s paper medical chart and noticed there were a few admission documents that had not been signed in Resident 1 ' s chart, she then pulled out the documents and proceeded to ask Resident 1 to sign the documents with out reviewing Resident 1 ' s H&P, MDS or assessing Resident 1 ' s current cognition level. LVN 1 stated if she knew Resident 1 was unable to make medical decision, she would have asked Resident 1 ' s RP to sign the admission paperwork on Resident 1 ' s behalf.</p> <p>(continued on next page)</p>		

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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/18/2024 with the Director of Nursing (DON), the DON stated if a resident has been deemed by her primary physician to be unable to make or understand medical decisions, the facility will go over all documentation, care planning and resident care with the resident representative. The DON stated it was not the facility practice what LVN 1 did and asked Resident 1 to sign the required admission paperwork at 11 pm at night, several days after the resident ' s admission. The DON stated LVN 1 should have checked Resident 1 ' s medical chart prior for her cognitions status before asking the resident to sign any documents.</p> <p>A review of the facility policy and procedure titled Resident Representative with revision date of February 2021 indicated The facility treats the decision of the Resident Representative as the decisions of the resident to the extent delegated by the resident or to the extent required by the court, in accordance with the applicable law.</p>