

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 11/13/2024
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 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>50012</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services to meet the needs of one of three sampled residents (Resident 1) in accordance with the facility's policy and procedure by failing to administer Resident 1 ' s medications on 11/4/24, 11/5/24, and 11/12/2024 at 9am as ordered by the physician.</p> <p>This deficient practice had the potential for Resident 1 to experience high blood pressure (when your blood pressure is consistently higher than normal), high blood sugar and decline in overall health status.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, dated 11/13/2024, the face sheet indicated the facility admitted Resident 1 on 7/3/2024 with diagnoses including diabetes mellitus (elevated sugar in the blood), and hypertension (a long-term medical condition in which the blood pressure in the arteries is persistently elevated).</p> <p>During a review of Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 11/1/2024, indicated the cognitive (the ability to think and process information) skills for daily decisions making was severely impaired, and needed supervision to extensive assistance from the staff for the activities of daily living.</p> <p>During a record review of Resident 1 ' s Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), for the month of November 2024, the MAR was not initial to indicate medication was administered for 11/4/24, 11/5/24, and 11/12/2024 for medications due at 9 AM.</p> <p>1. Amlodipine Besylate (a medication used to treat high blood pressure) Oral Tablet 10 mg (mg-milligram) Give 1 tablet by mouth one time a day for Hypertension. Hold if systolic blood pressure (SBP - measures the pressure the blood is exerting against the artery walls when the heart beats) less than 110 mm Hg (millimeter mercury) ordered on 10/27/2024.</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 11/13/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Anoro Ellipta Inhalation Aerosol Powder Breath (help maintain airway opening in adults with chronic obstructive pulmonary disease (COPD- a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible) activated 62.5-25 mcg (strength in micrograms)/ACT (a combination of two or more drugs) ordered on 10/27/2024.</p> <p>3. Arnuity Ellipta Inhalation Aerosol Powder Breath Activated (medication use to treat asthma) 100 mcg/ACT (Fluticasone Furoate (Inhalation)) 1 puff inhale orally one time a day for Shortness of breath (SOB)/wheezing (a high-pitched whistling sound made while breathing). Rinse mouth after use. 1 puff inhale orally one time a day for SOB/WHEEZING. Rinse mouth after work. Ordered on 10/27/2024.</p> <p>4. Aspirin (a medication that reduces pain, fever, inflammation, and blood clotting) Oral Tablet Chewable 81 mg. Give 1 tablet by mouth one time a day for CVA (a medical condition that occurs when blood flow to the brain is suddenly interrupted) PROPHYLAXIS (to prevent disease or to preserve health). Ordered on 10/27/2024.</p> <p>5. Ferrous Sulfate (medication to manage anemia) Oral Tablet Delayed Release 325 mg Give 1 tablet by mouth one time a day for Anemia (a condition that develops when your blood produces a lower-than-normal amount of healthy red blood cells). Ordered on 10/27/2024.</p> <p>6. Folic Acid (a B vitamin that helps the body produce new cells and red blood cells) Oral Tablet 1 mg Give 1 tablet by mouth one time a day for Anemia. Ordered on 10/27/2024.</p> <p>7. Furosemide (for treatment of high blood pressure) Oral Tablet Give 80 mg by mouth one time a day for CHF (congestive heart failure) EXACERBATION (a sudden worsening of COPD symptoms) Ordered on 10/27/2024.</p> <p>8. Januvia (medication use to lower blood sugar) Oral Tablet 25 mg) Give 1 tablet by mouth one time a day for diabetes mellitus (DM-a group of diseases that result in too much sugar in the blood) Ordered on 10/27/2024.</p> <p>9. Losartan Potassium (medication to treat elevated blood pressure) Oral Tablet 50 mg Give 1 tablet by mouth one time a day for HOLD IF SBP <110. Ordered on 10/27/2024.</p> <p>10. Multivitamin-Minerals Oral Tablet (Multiple Vitamins w/ Minerals) Give 1 tablet by mouth one time a day for SUPPLEMENT. Ordered on 10/27/2024.</p> <p>11. Potassium (mineral that is important for many body functions) Chloride (for the treatment of low blood levels of potassium) ER Oral Tablet Extended Release 8 milliequivalents (MEQ) Give 1 tablet by mouth one time a day for SUPPLEMENT. Ordered on 10/27/2024.</p> <p>12. Vitamin D Oral Tablet (Cholecalciferol) Give 1000 IU (IU-strength in International Units) by mouth one time a day for SUPPLEMENT. GIVE 25MCG=1000IU. Ordered on 10/27/2024.</p> <p>13. Gabapentin (a medication used to treat certain types of nerve pain) Oral Capsule 100 MG Give 1 capsule by mouth two times a day for PERIPHERAL NEUROPATHY (any condition that affects the nerves outside your brain or spinal cord) (Hold med if drowsy or RR [respiratory rate] < 12, and inform MD) Ordered on 10/27/2024.</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 11/13/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>14. Lactulose (a synthetic sugar used to treat constipation) Oral Solution 20 gm(grams)/30ml(milliliters) Give 30 ml by mouth two times a day for HIGH AMMONIA (a waste product that's normally processed in the liver and removed in urine) LEVEL.</p> <p>15. Levetiracetam solution (used in combination with other medications to treat certain types of seizures-convulsions) Oral Tablet 500 mg Give 2 tablet by mouth two times a day for SEIZURE DISORDER (sudden surge of electrical activity in the brain when a person experiences abnormal behavior, symptoms, and sensations, sometimes including loss of consciousness)</p> <p>During a concurrent interview and record review on 11/13/2024 at 3:30 PM with the Director of Nursing (DON), Resident 1 's MAR, for the month of November 2024, was reviewed. The MAR indicated Resident 1 did not received medications on 11/4/24, 11/5/24, and 11/12/2024 as ordered by the physician. DON stated that licensed nurses must document the residents' MAR after they administered medication to the residents. The DON stated that no documentation meant the medication was not given; this is the basic nursing standard of practice.</p> <p>During an interview on 11/13/2024 at 4:00 PM with the Licensed Vocational Nurse 1 (LVN 1), the LVN 1 stated he administered the medication as ordered but forgot to document it. LVN 1 stated that once the medication is administered, it should be documented in the MAR as proof it was given. LVN 1 said if it was not documented, then it was not done.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Documentation of Medication Administration, revised 2022, indicated:</p> <ol style="list-style-type: none"> 1. A nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident 's medication administration record (MAR). 2. Administration of medication of medication is documented immediately after it is given. 		