

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Woodland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7120 Corbin Ave. Reseda, CA 91335	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a resident's tissue box was placed to be used when needed for two of eight sampled residents (Resident 1 and Resident 3).</p> <p>This deficient practice had the potential to result in hindering the residents' independence to clean their face and maintain personal hygiene by using tissues.</p> <p>Findings:</p> <p>1. During a review of Resident 3's Admission Record indicated the facility admitted the resident on 8/16/2024 with diagnoses that included chronic kidney disease (CKD - a condition that occurs when the kidneys are damaged and can't filter waste products from blood properly).</p> <p>During a review of Resident 3's Minimum Data Set (MDS -a standardized assessment and care screening tool) dated 8/19/2024, indicated, the resident was able to understand others, and was able to make self-understood. The MDS further indicated that Resident 3 required supervision or touching assistance from staff with eating and oral hygiene. The MDS indicated Resident 1 required moderate assistance with toileting hygiene, shower/bathing, dressing and personal hygiene.</p> <p>During a review of Resident 3's Resident Care Plan for Activities of Daily Living dated 8/17/2024 indicated that Resident 3 will be encouraged independence with supervision and to place frequently use items within reach.</p> <p>During a concurrent observation and interview on 8/30/2024 at 4:30 p.m., with Resident 3 and Certified Nursing Assistant 1 (CNA 1), inside Resident 3's room, CNA 1 observed Resident 3's bedside table and drawers and stated that there was no tissue box available for Resident 3 to use. Resident 3 stated that it would be very nice if a tissue box was readily available within reach so she can clean her face and her hands without calling staff.</p> <p>2. During a review of Resident 1's Admission Record indicated the facility admitted the resident on 8/8/2024 with diagnoses that included cardiomegaly (a condition where the heart is larger than normal, and it is usually a sign of an underlying issue or damage to the heart).</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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(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 a review of Resident 1's MDS dated [DATE], indicated that Resident 1 was able to understand others, and was able to make self-understood. The MDS further indicated that Resident 1 required moderate assistance from staff with eating, and maximum assistance with oral hygiene and personal hygiene.</p> <p>During a review of Resident 1's Resident Care Plan for Activities of Daily Living dated 8/9/2024 indicated that Resident 1 will be encouraged independence with supervision and to place frequently use items within reach.</p> <p>During a concurrent observation and interview on 9/4/2024 at 3:08 p.m. with Resident 1, inside Resident 1's room, observed that Resident 1 did not have a tissue box at the bedside. Resident 1 stated that the facility had only provided him a tissue box upon admission. Resident 1 stated that he asked to have a new tissue box however none was provided. Resident 1 stated he could not use tissues when needed to clean his (Resident 1's) face, mouth, or hands.</p> <p>During a concurrent observation and interview on 9/4/2024 at 3:20 p.m., with CNA 2, inside Resident 1's room, CNA 2 checked Resident 1's bedside table and inside drawers and stated that Resident 1 did not have a tissue box. CNA 2 stated that she needs to obtain a new tissue box from the supply room for Resident 1 to use.</p> <p>During a concurrent interview and record review on 9/4/2024 at 3:55 p.m. with the Director of Admissions (DOA), the DOA reviewed the California Standard Admission Agreement for Skilled Nursing Facilities and Intermediate Care Facilities dated 05/2011. The DOA stated that residents who are newly admitted to the facility are provided with an admission packet and a Welcome Bag that includes a tissue box. The DOA stated that residents should be provided with a tissue box and should be refilled automatically to meet resident's basic needs without extra charges to the residents.</p> <p>During an interview with the Administrator (ADM) and the Director of Nursing (DON) on 9/5/2024 at 9:56 a.m. , the ADM stated that facility staff should checked and ensure that a tissue box is readily available to be used by the resident and to replenish the supply of tissue box at resident's bedside timely (once empty) and when needed.</p> <p>During a review of the facility provided 'California Standard Admission Agreement for Skilled Nursing Facilities and Intermediate Care Facilities' dated 05/2011, indicated, 'During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, Tissues.'</p> <p>During a review of the facility's policy and procedures titled, 'Resident Rights' last reviewed in 1/11/2024, indicated, 'federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: be supported by the facility in exercising his or her rights.'</p>		