

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Topanga Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd Canoga Park, CA 91304	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>42275</p> <p>Based on interview and record review, the facility failed to implement its policy and procedures (P&P) for ensuring the reporting of a reasonable suspicion of a crime in accordance with Section 1150B of the Act by failing to report to the State Survey Agency (SSA) an injury of unknown source within two (2) hours for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in a delay of an onsite inspection by the SSA to ensure the safety of the other residents and had the potential to result in unidentified abuse.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the facility originally admitted Resident 1 on 5/13/2021 and readmitted the resident on 4/11/2024 with diagnoses that included cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), dementia (the loss of cognitive functioning such as thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities) and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 2/3/2024 indicated Resident 1 ' s cognition (ability to think and make decisions) was severely impaired. The MDS further indicated that Resident 1 needed moderate assistance from staff with eating and extensive assistance from staff with bed mobility (movement), personal hygiene, lower body dressing, transfer, and toilet use.</p> <p>A review of Resident 1 ' s Change in Condition (COC- when there is a sudden change from a resident ' s health) Evaluation Form dated 4/10/2024, timed at 8:15 a.m., indicated, Resident 1 was observed with left hand swelling, purplish discoloration (change in a person ' s natural skin tone), and pain if touched. Resident 1 holds her left hand with her right-hand indicating pain or discomfort. Resident 1 was frowning and moaning when left hand was touched. Resident 1 was given PRN (as needed) pain medication. Further review of Resident 1 ' s COC indicated that Resident 1 ' s physician was notified on 4/10/2024 at 8:38 a.m. and ordered to obtain STAT (immediately) X-radiation (X-ray - a diagnostic test that captures images of the structures inside the body) of Resident 1 ' s left hand.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 1 ' s X-ray report of the left hand dated 4/10/2024, indicated that Resident 1 had an acute (severe and sudden onset) fracture (break in bone) of the 4th metacarpal (palm bones).</p> <p>A review of the facility reporting verification of the initial report to the SSA dated 4/16/2024, titled Facility Fax Cover Sheet, indicated that the facility faxed it to the SSA on 4/16/2024 at 4:35 p.m.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON) on 4/30/2024 at 1:03 p.m. , the DON reviewed Resident 1 ' s X-ray report of the left hand dated 4/10/2024. The DON stated that the facility did not report to the SSA within two (2) hours because the facility determined that Resident 1 ' s fracture was not a result of abuse or mistreatment and instead was more of a pathological (caused by disease) fracture. When the DON was asked if Resident 1 was able to explain what happened and if the source of the injury was observed by a staff or another resident, the DON stated Resident 1 was unable to describe what happened to her left hand and no one witnessed how Resident 1 sustained the injury.</p> <p>A review of the facility ' s P&P titled, Prevention, Reporting and Correction of Inappropriate Conduct Including Abuse, Neglect and Mistreatment of Residents and Investigations of Injuries of Unknown Origin revised August 2022 and last reviewed on 1/17/2024, indicated, Facility Reporting any reports made by residents, employees or visitors, that a resident may have been subject to inappropriate conduct and/or have an injury of unknown source then the Administrator, DON, and/or mandated reporter must: 1. Call local law enforcement immediately, but no later than two hours after the allegation is made; and 2. File a written or electronic report to the Long Term Care Ombudsman (advocates for residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences), local law enforcement and District Office (SSA) within two hours .</p>		