

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2025
NAME OF PROVIDER OR SUPPLIER  Griffith Park Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Allen Ave. Glendale, CA 91201	

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 - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48854</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) had a person-centered comprehensive care developed to address Resident 1's behaviors related to bipolar disorder(mood swings that range from the lows of depression to elevated periods of emotional highs) and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>This deficient practice had the potential for a delay in care and services specific to Resident 1's needs.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident was originally admitted on [DATE], and readmitted on [DATE], with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness).</p> <p>A review of Resident 1's History and Physical (H&amp;P), dated 5/2/2025, indicated the resident does not have the capacity to understand and make decisions. The H&amp;P also indicated that the resident has a diagnosis of mood disorder ---. The H&amp;P further indicated that the resident's plan included psychiatric consultation.</p> <p>A review of Resident 1's Psychiatric Examination, dated 5/1/2025, indicated the resident was depressed at the time of examination. The examination also indicated that the resident has a diagnosis of depression.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/5/2025, did not indicate if the resident had intact cognition.</p> <p>A review of Resident 1's Order Summary Report (OSR), dated 5/5/2025, indicated medication orders for:</p> <p>a. Lexapro HCl (medication to control depression) Oral Tablet 100 MG (Escitalopram Oxalate) Give 1 tablet by mouth one time a day for Depression [manifested by] low mood [as evidenced by] loss of interest to everything.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. Risperidone (medication used to control mood in residents with bipolar disorder) Oral Tablet 0.25 MG (Risperidone) 1 tablet by mouth three times a day for Bipolar Disorder manifested [by] manic (mental state of an extreme highs or depressive lows) episode [as evidenced by] uncontrolled agitation.</p> <p>c. Risperidone Oral Tablet 0.5 MG (Risperidone) 1 tablet by mouth at bedtime for bipolar disorder manic type [as evidenced by] uncontrolled agitation.</p> <p>During a review of Resident 1 ' s active care plans, the care plans did not indicate specific behaviors for Resident 1 associated with the use of Lexapro and Risperidone.</p> <p>During a concurrent interview and record review of Resident 1 ' s active care plans on 5/9/2025 at 3:14 PM with the Director of Nursing (DON), the DON stated Resident 1 ' s care plans did not include a specific care plan addressing Resident 1 ' s depression or bipolar disorder. The DON also stated there was no care plan that addresses Resident 1 ' s medications Lexapro and Risperidone. The DON stated there should be care plans that address the resident ' s behaviors and the use of specific medications such as Lexapro and Risperidone.</p> <p>During a concurrent interview and record review with the DON on 5/9/2025 at 3:22 PM, the facility ' policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, revised 12/2016, were reviewed. The DON stated the P&amp;P indicated the care plan must incorporate problem areas of the resident. The DON stated not having a care plan could lead to the mismanagement of Resident 1 ' s condition because the facility could not track if interventions were effective or required changes.</p> <p>A review of the facility ' s P&amp;P titled, Care Plans, Comprehensive Person-Centered, revised 12/2016, indicated the care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The P&amp;P also indicated that the care plan will describe services that are to be furnished to attain or maintain the resident ' s highest practicable physical, mental, and psychosocial well-being. The P&amp;P also indicated assessments of residents are ongoing, and care plans are revised as information about the residents and the residents ' conditions change.</p>		