STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056180	A. Building B. Wing	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Balboa Care Center	16955 Vanowen Street Van Nuys, CA 91406

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 39550 Based on interview and record review, the facility failed to provide the needed care and services that were resident centered for two of five sampled residents (Resident 2 and Resident 5) by failing to implement the facility's policy on pacemaker (small device that's implanted [placed] in the chest to help control the heartbeat) by not documenting the residents' type of pacemaker, date of insertion, rate, pacemaker check lab (a facility that monitors and maintains pacemakers) and phone number per the facility's policy. This deficient practice had the potential to result in confusion in the care and services provided to Resident 2 and Resident 5, which could place the residents at risk of not receiving appropriate care due to incomplete resident medical care information. Findings: a. During a review of Resident 2's Admission Record, the Admission Record indicated the facility admitted the resident on 12/2/2024 with diagnoses that included atrial fibrillation (Afib, an irregular, often rapid heart rate that commonly causes poor blood flow) and presence of cardiac (relating to the heart) pacemaker. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 12/8/2024, the MDS indicated Resident 2's cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) for daily decision making was moderately impaired. The MDS indicated Resident 2 required setup or clean-up assistance with oral hygiene, substantial/maximal assistance toileting hygiene, and partial/moderate assistance personal hygiene. During a review of Resident 2's Care Plan (a document that summarizes a resident's needs, goals, and care/treatment) for pacemaker related to tachybradycardia syndrome (a heart rhythm disorder that causes the heart to beat irregularly, alternating between fast and slow rates), initiated 12/8/2024, the care plan did not indicate the type of pacemaker, date of insertion, rate, pacemaker check lab and phone number. (continued on next page)

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: 056180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER Lake Balboa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16955 Vanowen Street Van Nuys, CA 91406	

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 12/16/2024 at 11:04 a.m., with the MDS Nurse (MDSN), reviewed Resident 2's physician's orders, Resident 2's progress notes from 12/2/2024 to 12/16/2024, and Resident 2's care plan for pacemaker dated 12/8/2024. The MDSN stated that when residents have pacemakers, the facility must have the residents' pacemaker information such as the serial number of the pacemaker. The MDSN stated that there was no documented evidence of Resident 2's pacemaker information indicating the type of pacemaker, date of insertion, rate, pacemaker check lab and phone number. During a concurrent interview and record review on 12/16/2024 at 11:30 a.m., with the Assistant Director of Nursing (ADON), reviewed Resident 2's physician's orders, Resident 2's progress notes from 12/2/2024 to 12/16/2024, and Resident 2's care plan for pacemaker dated 12/8/2024. The ADON stated that the facility does not have any information on Resident 2's pacemaker indicating the type of pacemaker, date of insertion, rate, pacemaker check lab and phone number. The ADON stated that the facility is a fast-paced facility, and the facility tends to overlook a lot of details, such as pacemaker information. The ADON continued to state that it is important for the facility to obtain pacemaker information for residents' safety. The ADON further stated that pacemaker information should have been obtained upon admission. b. During a review of Resident 5's Admission Record, the Admission Record indicated the facility admitted the resident on 12/10/2024 with diagnoses that included atrial fibrillation and presence of cardiac pacemaker. During a review of Resident 5's physician's order dated 12/16/2024 at 11:15 a.m., Resident 5's physician's order indicated: Record Pacemaker Information: Diagnosis: Afib; Manufacturer: Medtronic; Model: no info; Serial number: no info. During a review of Resident 5's Care Plan for pacemaker related to atrial fibrillation, initiated 12/16/2024, the care plan did not indicate the rate, pacemaker check lab and phone number. During a concurrent interview and record review on 12/16/2024 at 11:24 a.m., with the MDSN, reviewed Resident 5's physician's orders, Resident 5's progress notes from 12/10/2024 to 12/16/2024, and Resident 5's care plan for pacemaker dated 12/16/2024. The MDSN stated that there was no documented evidence of Resident 5's pacemaker serial number and Resident 5's care plan for pacemaker did not indicate detailed information regarding the pacemaker such as the rate, pacemaker check lab and phone number. The MDSN stated that the ADON is responsible for obtaining pacemaker information. During a concurrent interview and record review on 12/16/2024 at 11:52 a.m., with the ADON, reviewed Resident 5's physician's orders, Resident 5's progress notes from 12/10/2024 to 12/16/2024, and Resident 5's care plan for pacemaker dated 12/16/2024. The ADON stated that there is no documented evidence of Resident 5's pacemaker information indicating the rate, pacemaker check lab and phone number. The ADON stated that she reached out to Resident 5's cardiologist, however, was not able to obtain Resident 5's pacemaker information. The ADON stated that the facility should have residents' pacemaker information for safety. During an interview on 12/16/2024 at 1:36 p.m., with the Director of Nursing (DON), the DON stated that it is the facility's responsibility to obtain residents' pacemaker information upon admission. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure titled, Pacemaker Check, reviewed 11/19/2024, the policy indicated it is the policy of this facility that residents with permanent pacemakers will be checked on periodic basis to ensure that implanted pacemaker is functioning properly. Purpose: To have a system of monitoring residents with permanent pacemakers .Enter on residents' care plan the type of pacemaker, date of insertion, rate, pacemaker check lab and phone number.