

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2024
NAME OF PROVIDER OR SUPPLIER Windsor Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S. Crenshaw Blvd. Los Angeles, CA 90019	

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** 28851</p> <p>Based on observation, interview, and record review, the facility failed to provide means of communication for a non-verbal resident, one (1) of 5 sampled residents (Resident 1).</p> <p>This deficiency had a potential to hinder the communication between the resident and facility staff, which may affect or cause a delay in care.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnose including but not limited to: cerebral infarction (also known as stroke, a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), aphasia (loss of ability to understand or express speech, caused by brain damage), and hemiplegia (paralysis of one side of the body).</p> <p>On 3/7/2024 at 10:18 AM during an interview, the Licensed Vocational Nurse (LVN 1) stated Resident 1 was non-verbal, did not have a conservatorship, and the interdisciplinary team (IDT, a team of healthcare providers that plan, coordinate and deliver personalized health care to residents) made decisions for Resident 1.</p> <p>On 3/7/2024 at 11:15 AM during an interview, the Director of Social Services (SSD) stated Resident 1 was admitted to the facility without any known family member or representative. SSD stated the IDT team and the attending physician made decisions for Resident 1. DSS stated Resident 1 could respond to simple questions with body languages like nodding or shaking head, sometimes made some noises. DSS did not know if Resident could understand other languages.</p> <p>On 3/7/2024 at 1:42 PM during an interview, the surveyor asked LVN 1 how the facility staff communicated with non-verbal residents. LVN 1 stated Resident 1 would nod or shake his head, and sometime would say yes or no. LVN 1 agreed that those responses would require the staff to guess and ask what resident was thinking or wanted. LVN 1 stated the facility had communication boards for residents to point at pictures indicating what they want; however, Resident 1 did not have device with him while observed being in his wheelchair.</p> <p>On 3/7/2024 at 1:45 PM during an observation at Resident 1's room, the Director of Quality Assurance Nursing consultant (DQA) inspected the surroundings of Resident 1's bed. DQA could not find the communication board.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/7/2024 at 2:40 PM during an interview, the Administrator (ADM) stated the use of communication board could help non-verbal or non-English speaking residents to express what they want or need help with; otherwise, ADM continued, staff would have to guess and potentially aggravate residents' behavior when their needs were not met.</p> <p>On 3/7/2024 at 2:46 PM during an observation, DQA presented the new communication boards which were bundles of laminated papers containing various pictures of materials and activities, attached to Resident 1's wheelchair and at bedside.</p> <p>A review of the facility policy and procedures, Accommodation of needs (dated January 2020) indicated . The resident ' s individual needs and preferences will be accommodated to the extent possible . The resident ' s individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an ongoing basis .</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28851</p> <p>Based on interviews and record review, the facility failed to ensure there was a facility policy developed and implemented to verify whether residents had been provided informed consent or given refusal for the use of psychotropic medications. The facility had inconsistent procedures in documenting informed consent verification for five (5) of 5 sampled residents (Residents 1-5).</p> <p>The facility failed to ensure the interdisciplinary team (IDT, a team of healthcare providers that plan, coordinate and deliver personalized health care to residents) would meet periodically to conduct evaluation of residents on psychotherapeutic medication therapy as per policy and guidance, for 2 of 5 sampled residents (Residents 1 and 2).</p> <p>These deficient practices had the potentials of medication errors and unnecessary medications.</p> <p>Findings:</p> <p>A review of the facility policy and procedures, Psychotropic Medication Use (dated July 2022), indicated . A psychotropic medication is any medication that affects brain activity associated with mental processes and behavior . Drugs in the following categories are considered psychotropic medications .: Anti-psychotics . Anti-depressants . Anti-anxiety . Hypnotics . Consideration of the use of any psychotropic medication is based on comprehensive review of the resident. This includes evaluation of the resident ' s signs and symptoms in order to identify underlying causes . When determining whether to initiate, modify, or discontinue medication therapy, the IDT conducts an evaluation of the resident. The evaluation will attempt to clarify whether . other causes for symptoms . have been ruled out; signs and symptoms are clinically significant enough to warrant medication therapy . Resident (and/or representatives) have the right to decline treatment with psychotropic medications . The staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives.</p> <p>1. A review of Resident 1 ' s current medication orders indicated an order dated 2/28/2024 for Seroquel (aka quetiapine, an antipsychotic to treat certain behavioral and/or mental conditions) 175 milligrams (mg, an unit to measure mass) oral tablet to be given by mouth at bedtime for schizoaffective disorder depressive type manifested by combativeness MD obtained informed consent risk and benefits explained.</p> <p>A review of Resident 1 ' s Facility Verification - Informed Consent form dated 2/28/2024 indicated an area for signature of physician who obtained informed consent was blank.</p> <p>A review of Resident 2 ' s current medication orders indicated an order dated 1/31/2024 for sertraline (aka Zoloft, an anti-depressant to treat depression) 50 mg to be given 1.5 tablet by mouth one time a day for anxiety manifested by depression crying spells, agitation. MD Obtained informed consent risk and benefits explained. However, there were no consent form.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 3 ' s current medication orders indicated an order dated 1/19/2024 for quetiapine 25 mg oral tablet to be given by mouth every 12 hours for psychosis manifested by visual hallucination, seeing people that are not there.</p> <p>A review of Resident 3 ' s Facility Verification - Informed Consent form dated 1/12/2024 indicated an area for signature of physician who obtained informed consent was blank.</p> <p>A review of Resident 4 ' s current medication orders indicated an order dated 2/12/2024 for aripiprazole lauroxil (aka Abilify, an antipsychotic to treat certain behavioral and/or mental conditions) ER (extended release) inject 441 mg intramuscularly (into the muscle) one time a day every 1 month starting on the 20th for 28 days for mood.</p> <p>A review of Resident 4 ' s Facility Verification - Informed Consent form, not dated, indicated an area for signature of physician who obtained informed consent was blank.</p> <p>A review of Resident 5 ' s current medication orders indicated an order dated 8/31/2023 for duloxetine (aka Cymbalta, an anti-depressant to treat depression and certain neurologic pain) 30 mg by mouth two times a day for depression manifested by somatization of pain.</p> <p>A review of Resident 5 ' s Facility Verification - Informed Consent form dated 8/5/2023, indicated an area for signature of physician who obtained informed consent was blank.</p> <p>On 3/7/2024 at 2:44 PM the director of quality assurance nursing consultant (DQA) stated the facility did not have a policy on informed consent for the use of psychotropic or psychotherapeutic medications.</p> <p>On 3/8/2024 at 12:55 PM the administrator (ADM) stated the facility did not have a policy pertaining to how the facility would verify that residents had provided informed consents or refused the administration of psychotropic medications.</p> <p>2. A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnose including but not limited to: cerebral infarction (also known as stroke, a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), aphasia (loss of ability to understand or express speech, caused by brain damage), and hemiplegia (paralysis of one side of the body).</p> <p>On 3/7/2024 at 10:18 AM during an interview, the licensed vocational nurse (LVN 1) stated Resident 1 was non-verbal.</p> <p>On 3/7/2024 at 11:15 AM during an interview, the director of social services stated Resident 1 was admitted to the facility without any known family member or representative. DSS stated the IDT team and the attending physician made decisions for Resident 1.</p> <p>A review of Resident 1 ' s electronic progress notes, type: Interdisciplinary (IDT) dated 2/12/2024 at 5:50 PM, indicated the meeting attendees including SSD, DON, ADM, & a public guardian which stated they only come to sign consent for new order and/or increase of 10 mg and above. The IDT notes did not include an evaluation of the resident psychotherapy. Further review of last 6 months ' IDT notes did not include an evaluation of resident ' s behavior and the use of psychotropic medications.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 11:24 AM, SSD stated Resident 2 received dialysis procedures 3 times a week. SSD stated Resident 2 is a non-English speaker; Resident 2 used to scream out family member names and no other behavior.</p> <p>On 3/8/2024 at 1:59 PM during an interview, the medical record staff stated last the IDT on file for Resident 2 was on 8/18/2023.</p> <p>On 3/8/2024 at 2:02 PM during an interview, DQA stated IDT should be done every 3 months.</p> <p>On 3/8/2024 at 2:10 PM during a concurrent review of Resident 2's progress notes, DQA stated there was no IDT meeting note evaluating Resident 2 ' s psychotropic medication use and behavior management. The IDT notes in Resident 2 ' s electronic progress notes were discussion on Resident 2 ' s weight loss & nutrition, and skin condition.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>28851</p> <p>Based on interviews and record review, the facility failed to ensure there were descriptive documentations of residents ' behavior episodes and significant specific behavior for one (1) of 5 sampled residents (Resident 1).</p> <p>The facility failed to ensure there were documentations of clinical justifications to decline gradual dose reduction (GDR, a process of tapering) on the dosages of psychotherapeutic medications, for 3 of 5 sampled residents (Residents 1, 4, and 5).</p> <p>The facility failed to ensure there was an order to monitor behaviors being treated with psychotropics for 3 of 5 sampled residents (Residents 3, 4, and 5).</p> <p>These deficient practices had the potentials of unnecessary medications and/or medication error.</p> <p>(Refer to F558)</p> <p>Findings:</p> <p>A review of Resident 1 ' s current medication orders indicated an order dated 2/28/2024 for Seroquel (aka quetiapine, an antipsychotic to treat certain behavioral and/or mental conditions) 175 milligrams (mg, an unit to measure mass) oral tablet to be given by mouth at bedtime for schizoaffective disorder depressive type manifested by combativeness MD obtained informed consent risk and benefits explained.</p> <p>On 3/7/2024 at 11:26 AM during an interview, the director of social services (SSD) stated she heard nurses mentioned Resident 1 sometimes struck out at nurses while providing care but she had not witnessed that.</p> <p>On 3/7/2024 at 1:40 PM during an interview and concurrent review of Resident 1's electronic medication administration records (eMAR), the director of quality assurance nursing consultant (DQA) stated Resident 1's Seroquel (quetiapine, an antipsychotic to treat certain behavioral and/or mental conditions) was for combativeness, and the behavior monitoring indicated there were 4 episodes occurred on 3/2/2024. However, there was no nursing notes to describe what happened in those episodes.</p> <p>A review of Resident 1 ' s psychiatric progress note (dated 2/3/2024) indicated the psychiatrist wrote Same as before; GDR contraindicated as behaviors are likely to worsen, without providing clinical evidence.</p> <p>A review of Resident 4 ' s current medication orders indicated an order dated 2/12/2024 for aripiprazole lauroxil (aka Abilify, an antipsychotic to treat certain behavioral and/or mental conditions) ER (extended release) inject 441 mg intramuscularly (into the muscle) one time a day every 1 month starting on the 20th for 28 days for mood.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 4 ' s medication regimen review (MRR) recommendation (dated 2/12/2024) indicated assure attending/psychiatry have documentation to support continued use of psychotropics. DQA presented the psychiatric progress note (dated 1/31/2024), the psychiatrist wrote GDR contraindicated as behaviors are likely to worse. However, the psychiatrist did not include clinical evidence to support how or why the behaviors would likely to worsen.</p> <p>A review of Resident 5 ' s current medication orders indicated an order dated 8/31/2023 for duloxetine (aka Cymbalta, an anti-depressant to treat depression and certain neurologic pain) 30 mg by mouth two times a day for depression manifested by somatization of pain.</p> <p>A review of Resident 5 ' s psychiatric progress note (dated 2/2/2024) indicated Same as before; GDR contraindicated as behaviors may worsen, without providing clinical evidence.</p> <p>On 3/7/2024 at 2:39 PM during an interview, and concurrent review of the aforementioned psychiatric progress notes, the administrator (ADM) acknowledged there is a lack of documented supportive evidence to decline GDR.</p> <p>On 3/7/2024 at 4 PM during an interview and a concurrent review of the physician orders and the February electronic medication administration records for Residents 3, 4, and 5, the medical record staff reviewed stated there were no physician order to monitor behavior for Residents 3, 4, and 5.</p> <p>On 3/8/2024 at 12:57 PM, during an interview, ADM stated nurses should leave a descriptive documentation related to resident's behavioral events to support the quantitative behavioral data.</p> <p>A review of the facility policy and procedures, Psychotropic Medication Use (dated July 2022), indicated Residents will not receive medications that are not clinically indicated to treat a specific condition . A psychotropic medication is any medication that affects brain activity associated with mental processes and behavior . Psychotropic medication management includes: . adequate monitoring for efficacy and consequences . Residents on psychotropic medications receive gradual dose reductions (coupled with non-pharmacological interventions), unless clinically contraindicated, .</p>		