

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  06/07/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>43261</p> <p>Based on observation, interview and record review, the facility failed to meet professional standards of practice by failing to ensure three of four nursing staff (Licensed Vocational Nurse 1-LVN1, Licensed Vocational Nurse 2-LVN2) and Licensed Vocational Nurse 4-LVN4) was using the facility ' s vital signs (VS-clinical measurements, specifically heart rate, temperature, respiration rate and blood pressure that indicate the state of a patient ' s essential body functions) equipment provided to the staff.</p> <p>This deficient practice had the potential to negatively impact the delivery of care service provided to all the residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview with LVN2 on 6/6/2024 at 12:25 p.m., LVN2 was observed using her own blood pressure equipment and thermometer. LVN2 stated that she (LVN2) prefers using her own VS equipment for convenience.</p> <p>During an interview with the Medical Director (MD) on 6/6/2024 at 12:34 p.m., MD stated that nursing staff should not be bringing their own VS equipment since facility should be providing it and calibrating the equipment to make sure they are working properly.</p> <p>During an interview with LVN1 on 6/6/2024 at 12:38 p.m., LVN1 stated that some staff prefers bringing and using their own VS equipment.</p> <p>During an interview with the Facility Administrator (FA) on 6/6/2024 at 4:10 pm., FA stated that since facility needs to calibrate their own VS equipment, nursing staff should not be using their own equipment.</p> <p>During an interview with the Interim Director of Nursing (IDON) on 6/7/2024 at 11:41 a.m., IDON stated that nursing staff are not supposed to use their own VS equipment.</p> <p>During an interview with LVN4 on 6/7/2024 at 1:01 p.m., LVN4 stated that she (LVN4) prefers using her own VS equipment when checking residents ' VS.</p> <p>A review of facility ' s policy and procedure (P&amp;P), titled, Safety of Residents, reviewed on 12/14/2024, P&amp;P indicated that facility will provide a safe environment for residents and facility staff.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility ' s P&amp;P, titled, Supplies and Equipment, reviewed on 12/14/2024, P&amp;P indicated that facility personnel to use assigned equipment and supplies to promote safety.</p> <p>A review of facility ' s Job Description (JD), titled, Charge Nurse, reviewed on 12/14/2024, JD indicated that facility will ensure all nursing service personnel comply with established departmental policies and procedures.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>43261</p> <p>Based on observation, interview and record review, the facility failed to provide services in compliance with accepted professional standards of practice by failing to ensure three of four nursing staff (Licensed Vocational Nurse 1-LVN1, Licensed Vocational Nurse 2-LVN2) and Licensed Vocational Nurse 4-LVN4) was using the facility ' s vital signs (VS-clinical measurements, specifically heart rate, temperature, respiration rate and blood pressure that indicate the state of a patient ' s essential body functions) equipment provided to the staff.</p> <p>This deficient practice had the potential to negatively impact the delivery of care service provided to all the residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview with LVN2 on 6/6/2024 at 12:25 p.m., LVN2 was observed using her own blood pressure equipment and thermometer. LVN2 stated that she (LVN2) prefers using her own VS equipment for convenience.</p> <p>During an interview with the Medical Director (MD) on 6/6/2024 at 12:34 p.m., MD stated that nursing staff should not be bringing their own VS equipment since facility should be providing it and calibrating the equipment to make sure they are working properly.</p> <p>During an interview with LVN1 on 6/6/2024 at 12:38 p.m., LVN1 stated that some staff prefers bringing and using their own VS equipment.</p> <p>During an interview with the Facility Administrator (FA) on 6/6/2024 at 4:10 pm., FA stated that since facility needs to calibrate their own VS equipment, nursing staff should not be using their own equipment.</p> <p>During an interview with the Interim Director of Nursing (IDON) on 6/7/2024 at 11:41 a.m., IDON stated that nursing staff are not supposed to use their own VS equipment.</p> <p>During an interview with LVN4 on 6/7/2024 at 1:01 p.m., LVN4 stated that she (LVN4) prefers using her own VS equipment when checking residents ' VS.</p> <p>A review of facility ' s policy and procedure (P&amp;P), titled, Safety of Residents, reviewed on 12/14/2024, P&amp;P indicated that facility will provide a safe environment for residents and facility staff.</p> <p>A review of facility ' s P&amp;P, titled, Supplies and Equipment, reviewed on 12/14/2024, P&amp;P indicated that facility personnel to use assigned equipment and supplies to promote safety.</p> <p>A review of facility ' s Job Description (JD), titled, Charge Nurse, reviewed on 12/14/2024, JD indicated that facility will ensure all nursing service personnel comply with established departmental policies and procedures.</p>		