

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 08/15/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</p> <p>Based on observation, interview and record review, the facility failed to ensure one of the two sampled residents (Resident 1) who was on oxygen via nasal cannula (NC-a thin, flexible tube with two prongs at one end that are inserted into the patient's nostrils and provides oxygen through the nose) the tubing was changed weekly and off the ground per the facility's policy and procedures (P&P) titled Changing of Nasal Cannula/Oxygen Tubing,</p> <p>This deficiency practice had the potential to result in Resident 1 contracting pneumonia (an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid or pus, causing cough with phlegm or pus, fever, chills, and difficulty breathing. A variety of organisms, including bacteria, viruses, and fungi, can cause pneumonia).</p> <p>Findings:</p> <p>A review of resident 1 ' s Admission Record (FS) indicated Resident 1 was admitted to the facility on [DATE] sepsis (a life-threatening medical emergency that occurs when the body's immune system has an extreme response to an infection), diabetes type 2 (DM-a chronic condition that affects the way the body processes blood sugar [glucose]), and essential hypertension (HTN - elevated blood pressure).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS-a standardized assessment care screening tool), dated 7/16/2024, indicated Resident 1 was cognitively intact (a participant who has sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment) and required set up assistance for oral hygiene, partial/moderate assistance for putting on/taking off footwear and personal hygiene. The MDS indicated Resident 1 substantial/maximal assistance for shower/bathe self and upper body dressing. Resident 1 was dependent for toilet hygiene and lower body dressing.</p> <p>A review of the physician ' s order dated 7/16/2024 at 4:16 pm indicated, Oxygen at 2-3 L/min (liters per minute) Via N/Cas (NC) needed for SOB (Shortness of Breath).</p> <p>During an observation of Resident 1 ' s oxygen tubing on 8/15/24 at 11:21 am, the oxygen tubing was dated 7/31/2024 and the nasal cannula end was on the floor.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview with Licensed Vocational Nurse (LVN) 1 on 8/15 /24 at 11:44 am, LVN 1 verified the finding of the oxygen tubing (nasal cannula section was on the floor and that the tubing indicated that it was changed 7/31/24. She stated that the oxygen tubing must be changed at least weekly. LVN 1 stated that the potential effects of not changing the tubing, or being in contact with the floor would be an infection to the lungs.</p> <p>During an interview with the Director of Nursing (DON), on 8/15/2024 at 2:48 pm, the DON stated that oxygen tubing should be changed every 72-hours and must be off the floor. The DON stated that the potential effect of not changing the tubing as well as not keeping it off the floor could result in Resident 1 acquiring an infection.</p> <p>During a review of the facility's P&P titled Changing of Nasal Cannula/Oxygen Tubing, revised 10/2023 indicated, The purpose of this procedure is to provide guidelines for the management of nasal cannula for oxygen administration. The P&P indicated guidelines which included: It is the policy of this facility to change the nasal cannula and oxygen tubing weekly and as needed, if the nasal cannula is viability soiled or damaged.</p>