

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 11/05/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to ensure resident ' s wishes for medical care and treatment were clarified with the resident and/or the representative for one of three sampled residents (Resident 1). For Resident 1 who had a do not resuscitate status (DNR, allow natural death) order at general acute hospital (GACH 1), the facility failed to clarify with the family and the physician the code status (designation that communicates the type of emergent healthcare a resident would want or would not want to receive if the heart or breathing stops), when Resident 1 was admitted to the facility on [DATE] and subsequent days.</p> <p>This deficient practice had the potential for the facility to deny and honor Resident 1 and Resident 1 ' s next of kin (NOK) of their right regarding Resident 1 ' s treatment preferences during emergency.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 7/12/24 and readmitted on [DATE] with diagnoses including metabolic encephalopathy (disorder of the brain that can be caused by disease, injury, drugs, or chemicals) and dementia (progressive state of decline in mental abilities).</p> <p>During a review of the Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 10/10/24 indicated Resident 1 had short- and long-term memory problems. Resident 1 had severely impaired cognitive skills for daily decision making. Resident 1 was totally dependent (helper does all the effort) with oral hygiene, toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/taking of footwear and personal hygiene.</p> <p>During a review of the GACH 1 record dated 7/12/24 indicated Resident 1 had a physician order of DNR.</p> <p>During a review of the undated hospital report given to the facility, indicated Resident 1 was DNR.</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
---	-------	-----------

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 11/05/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Social Services Assessment and Documentation dated 7/15/14 at 5:45 p.m., indicated the SSD spoke with Resident 1 ' s NOK and indicated the NOK was the decision maker for Resident 1. The SSD Notes indicated Resident 1 ' s NOK will come to the facility on [DATE] to sign the Physician Orders for Life-Sustaining Treatment (POLST - a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end of life). However, the Notes did not indicate if the SSD clarified with Resident 1 ' s NOK Resident 1 ' s DNR status.</p> <p>During an interview on 11/5/24 at 10:45 am., licensed vocational nurse (LVN 1) stated Resident 1 was admitted on [DATE]. LVN 1 stated the code status is verified on admission. LVN 1 stated Resident 1 ' s POLST was not filled out. LVN further added it is important to know if Resident 1 is a full code or not because in case Resident 1 was found unresponsive it would tell us how to proceed and we follow Resident 1 ' s wishes. LVN 1 stated she was unable to find documentation that the code status was verified on admission.</p> <p>During an interview on 11/5/24 at 11:42 a.m., the social services (SSD) stated she spoke with Resident 1 ' s NOK on 7/15/24 and the NOK will be coming to the facility to sign the POLST on 7/18/24. SSD stated the NOK did not come to the facility on [DATE] and Resident 1 was a full code. SSD stated she had no documentation that the DNR code status was verified with the NOK.</p> <p>During a concurrent interview and record review on 11/5/24 at 12:45 p.m. with the director of nursing (DON0, the GACH 1 record and nurse to nurse report was reviewed. DON stated Resident 1 was DNR at the GACH 1 but when Resident 1 was admitted to the facility on [DATE], Resident 1 was considered full code. DON stated she was unable to find documentation that the DNR code status of Resident 1 was verified with Resident 1 ' s NOK.</p> <p>During a review of the facility Policy and Procedure (P&P) titled Nursing Documentation reviewed on 12/14/23, the P&P indicated the purpose of the documentation is to communicate patient ' s status and provide complete., comprehensive and accessible accounting of care and monitoring provided. The same Policy indicated nursing documentation will follow the guideline of good communication and be concise, clear, pertinent, and accurate based on the resident ' s condition, situation and complexity.</p> <p>During a review of the facility P&P titled Resident Rights reviewed on 12/14/23, the P&P indicated federal and state laws guarantee certain basic rights to all residents of the facility. These rights include the resident ' s right to exercise his or her rights as a resident of the facility, the right to be supported by the facility in exercising his or her rights and be informed of and participate in his or her care planning and treatment.</p>		