

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 01/24/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>36395</p> <p>Based on interview and record review the facility failed to ensure the medications were given and skin treatment were done for one of three sampled residents (Resident 1). For Resident 1, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident 1 ' s skin treatment was done and documented in the Treatment Administration Record (TAR, daily documentation record used by a licensed nurse to document treatments given to a resident) on 12/20/24 and 12/21/24. 2. Resident 1 ' s eyedrops Brimonidine Tartrate 0.2% solution (eye drops used to lower pressure in the eyes of residents who have glaucoma) was administered and documented in the Medication Administration Record (MAR, daily documentation record used by a licensed nurse to document medications given to a resident) on 12/22/24 and 12/23/24. <p>These deficient practices resulted in Resident 1 not given his skin treatment and eye drops that may potentially affect skin healing and increase Resident 1 ' s eye pressure.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 12/18/24 with diagnoses including left above knee amputee (L AKA, surgical procedure that involved the removal of the left leg above the knee joint), muscle weakness and glaucoma (increased eye pressure that leads to permanent vision loss and blindness).</p> <p>During a review of the Minimum Data Set (MDS, resident assessment tool) dated 12/24/24 indicated Resident 1 was confused to year, month, and day. Resident 1 was dependent (helper does all the effort) with eating, oral hygiene, toileting hygiene, shower/bathe self, upper/lower body dressing and putting on/taking off footwear.</p> <p>During a review of Resident 1 ' s Treatment Administration Record for 12/24, indicated to apply betadine solution (applied on the skin to treat or prevent skin infection) to the L BKA scar with eschar (dead tissue) and then apply triple antibiotic ointment (three antibiotics bacitracin, neomycin and polymyxin B) after the betadine. The TAR was not signed on 12/20/24 and 12/21/24 to indicate that Resident 1 had treatment done on his L AKA site.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s MAR for 12/24 indicated to instill one drop of Brimonidine Tartrate 0.2% solution (eye drops used to lower pressure in the eyes in residents who have glaucoma) to both eyes every eight hours for glaucoma. The MAR was not signed on 12/22/24 and 12/23/24 at 6 a.m., to indicate that the eyedrops were given to Resident 1.</p> <p>During a concurrent interview and record review Resident 1 ' s TAR dated 12/20/24 and 12/21/24 were reviewed with the director of nursing (DON). The DON confirmed and stated that the TAR was not signed on 12/20/24 and 12/21/24. The DON stated the nurse has to sign the TAR and the MAR to acknowledge that the treatment was done.</p> <p>During a review of the facility's policy and procedures (P&P) titled Administering Medications reviewed on 12/5/24 indicated the individual administering the medication initials the resident ' s MAR on the appropriate line after giving each medication and before administering the next ones. Topical medications used in treatments are recorded on the resident ' s treatment record (TAR).</p> <p>During a review of the facility's P&P titled Nursing Documentation reviewed on 12/5/24 indicated nursing documentation will follow the guidelines of good communication and be concise, clear, pertinent, and accurate based on the resident ' s condition, situation, and complexity. Timely entry of documentation must occur as soon as possible after the provision of care and in conformance with time frames for completion as outlined by other policies and procedures. The resident ' s record specifies what nursing interventions were performed by whom, when and where.</p>		