

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER Glenoaks Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 409 W. Glenoaks Blvd. Glendale, CA 91202	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48219</p> <p>Based on interview and record review, the facility failed to ensure that outbreaks of communicable disease are identified and reported to the California Department of Public Health (CDPH) and local public health officer, in accordance with the facility ' s policy and procedure on Communicable Diseases - Outbreak. The facility failed to report a Coronavirus 2019 (COVID- 19, an infectious disease) Outbreak in the facility, to the CDPH within 24 hours of occurrence for five (Residents 1, 2, 3, 4, and 5 of eight sampled residents who tested positive for COVID-19. The facility reported to the local health department on 7/16/2024 but did not notify the CDPH.</p> <p>The facility ' s first resident with positive COVID 19 result was Resident 1,</p> <p>As a result, the California Department of Public Health was not aware of the incident and could not conduct a timely on-site investigation to ensure the facility was taking proper precautions to ensure the welfare and safety of the residents and staff during this outbreak.</p> <p>Findings:</p> <p>A review of resident 1 ' s Admission record indicated the resident was admitted on [DATE], with a diagnosis of, but not limited to Hemiplegia (cannot move muscles) and hemiparesis (weakness on one side of body) following cerebral infarction (an interruption in the flow of blood to cells in the brain).</p> <p>A review of Resident 1 ' s History and Physical dated 7/7/2024, indicated this resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Rapid antigen test for Covid 19 dated 1/15/2024, indicated a positive Covid 19 result.</p> <p>A review of Resident 2 ' s Admission record indicated the resident was admitted on [DATE], with a diagnosis of, but not limited to Chronic obstructive pulmonary disease (common lung disease that causes airflow and breathing problems).</p> <p>A review of Residents 2 ' s history and physical dated 12/18/2023, indicated this resident does not have the capacity to understand and make decisions.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2 ' s Rapid antigen test for covid 19 dated 1/15/2024, indicated a positive Covid 19 result.</p> <p>A review of Resident 3 ' s Admission record indicated the resident was admitted on [DATE], with a diagnosis of, but not limited to Muscle wasting (the weakening, shrinking, and loss of muscle) and atrophy (the loss of skeletal muscle mass).</p> <p>A review of Resident 3 ' s History and Physical dated 2/12/2024, indicated this resident has the capacity to understand and make decisions.</p> <p>A review of Resident 3 ' s Rapid antigen test for covid 19 dated 1/15/2024, indicated a positive Covid 19 result.</p> <p>A review of Resident 4 ' s Admission Record indicated Resident 5 was initially admitted on [DATE] and readmitted on [DATE] with a diagnosis of Covid 19 (an infectious respiratory disease-causing SOB).</p> <p>A review of Resident 4 ' s History and physical dated 7/29/2024, indicated the resident does not have the capacity to understand and make decisions.</p> <p>A review of Resident 4 ' s Progress notes dated 7/10/2024, indicated resident was transferred to GACH 1 on 7/10/2024 at 1:20pm.</p> <p>A review of Resident 4 ' s GACH 1 record dated 7/13/2024, indicated resident confirmed positive for Covid 19 on 7/12/2024.</p> <p>A review of Resident 4 ' s progress notes dated 7/15/2024, indicated resident returned from GACH 1</p> <p>A review of Resident 4 ' s progress notes dated 7/10/2024 at 11:pm, indicated resident with syncope (fainting) and oxygen saturation (a measurement of how much oxygen is in the blood) of 94%.</p> <p>A review of Resident 4 ' s Progress notes dated 7/15/2024, indicated resident was readmitted from GACH 1 via Ambulance escorted by two EMT ' s.</p> <p>A review of Resident 5 ' s Admission Records indicated resident was admitted on [DATE], with a diagnosis of right fracture of the femur (break or crack in thigh bone).</p> <p>A review of Resident 5 ' s History and Physical dated 6/21/2024, indicated this Resident does not have the capacity to understand and make decisions.</p> <p>A review of Resident 5 ' s progress notes dated 7/15/2024, indicated resident left facility in private car, against medical advice, positive for Covid 19.</p> <p>During an interview on 7/23/2024 at 10:15 am with the IP, the IP stated Resident 5 was reported positive for COVID 19 on 7/15/2024 and left facility against medical advice on same day (7/15/2024).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Infection preventionist (IP), on 7/23/2024 at 10:15AM, the IP stated that Resident 5 was transferred to the General Acute Care Hospital (GACH) on 7/10/2024. On 7/12/2024, the GACH called the facility and was notified that Resident 5 tested positive for COVID 19. The IP stated Resident 2 reported having Covid symptoms in morning and tested positive for COVID 19. IP stated mass testing was initiated on 7/15/2024, totaling 5 COVID positive residents. The IP stated that as of today, 7/23/2024, there were a total of seven COVID 19 positive residents tested in the facility. When asked if IP reported to the CDPH and local health officer, the IP stated she did not report to CDPH because she did not know where to call. The IP stated she reported to the local health officer on 7/16/2024.</p> <p>During an interview on 7/23/2024 at 3:02 pm with the DON, the DON stated if an outbreak occurs, the facility should notify CDPH. The DON stated that the IP informed him that CDPH had been notified.</p> <p>A review of the facility ' s COVID 19 outbreak notification letter from the local health department, dated 7/16/2024, indicated all healthcare personnel and residents who are cases (confirmed and suspect), hospitalization s, deaths, and contacts regardless of symptom status and regardless of whether they are associated with the outbreak, to LAC DPH via the outbreak line list.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Communicable Diseases - Outbreak revised 3/6/2024, indicated facility was to ensure that outbreaks of communicable disease are identified, handled, and reported as required. Procedures for contact tracing between the infected individuals and other residents and staff are initiated. Symptomatic residents and employees are to be considered potentially infected and are assessed for appropriate action and the administrator will be responsible for: Reporting to the Department of Public Health and local public health officer.</p>		