

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Panorama Gardens Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9541 Van Nuys Blvd. Panorama City, CA 91402	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43636</p> <p>Based on interview and record review, the facility failed to administer medications within one (1) hour of the due scheduled time (either one hour before or one hour after) for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in ineffective management of Resident 1 ' s neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet) and anxiety (intense, excessive, and persistent worry and fear about everyday situations).</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses that include osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy), anxiety and type 2 diabetes (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel).</p> <p>A review of Resident 1 ' s History and Physical dated 3/1/2024, indicated Resident 1 had the capacity to make needs known and decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 7/1/2024, indicated Resident 1 had moderate cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS further indicated that Resident 1 is dependent on facility staff with activities of daily living (ADL- are activities related to personal care, they include bathing or showering, dressing, getting in and out of bed or a chair, walking, and using the toilet).</p> <p>A review of Resident 1 ' s Physician Order indicated the following orders:</p> <ol style="list-style-type: none"> <li>1. Gabapentin (medication used to treat neuropathy) Oral Tablet 600 milligrams (mg-unit of measurement), give two (2) tablets three times a day for neuropathy dated 1/11/2023.</li> <li>2. Buspirone (medication used to anxiety) Oral Tablet 10 mg, give one (1) tablet by three times a day dated 1/11/2023.</li> </ol> <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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Medication Administration Record (MAR- a report detailing the medications administered to a resident by a healthcare professional) for 7/2/2024 indicated the following:</p> <ol style="list-style-type: none"> <li>Gabapentin Oral Tablet 600 mg, two tablets due at 1:00 p.m. was administered to Resident 1 at 3:44 p.m. by Licensed Vocational Nurse 1 (LVN 1).</li> <li>Buspirone Oral Tablet 10mg, give 1 tablet by mouth due at 1:00 p.m. was administered to Resident 1 at 3:44 p.m. by LVN 1.</li> </ol> <p>During an interview and concurrent record review with LVN 1 on 7/16/2024 at 10:50 AM, LVN 1 reviewed Resident 1 ' s MAR for 7/2/2024. LVN 1 stated that when administering medications, the facility protocol is to administer medications either one hour before or one hour after the medication due administration time. LVN 1 stated that LVN 1 administered Resident 1 ' s Gabapentin Oral Table 600mg and Buspirone Oral Tablet 10 mg that was due at 1:00 p.m. on 7/2/2024 at 3:44 p.m.</p> <p>During an interview with the Director of Nursing (DON) on 7/17/2024 at 11:02 AM, the DON stated that the facility policy is to administer medication to a resident either one hour before or one hour after the physician ordered administration time.</p> <p>A review of the facility P&amp;P titled Medication Administration undated, indicated, medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so .Medications are administered in accordance with written orders of the attending physician .Medications are administered within 60 minutes of scheduled time (one hour before and one hour after) .</p>		