

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 02/05/2025
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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43636</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was treated with dignity and respect by not confirming if Resident 1 wanted to have a shower completed on 1/29/2025.</p> <p>This deficient practice had the potential to affect Resident 1's sense of self-worth and self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 12/22/2024 with diagnoses including bipolar disorder (mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks), major depressive disorder (mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (intense, excessive, and persistent worry and fear about everyday situation), and need for assistance with personal care.</p> <p>During a review of Resident 1's History and Physical (H&P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 12/23/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 1/2/2025, the MDS indicated Resident 1's cognition (ability to think and make decisions) was intact. The MDS further indicated that Resident 1 required total dependence on staff for assistance with activities of daily living (ADL-include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating).</p> <p>During an interview on 1/31/2025 at 1:20 p.m., with Resident 1, Resident 1 stated that on 1/29/2025, Resident 1 had a shower completed by Certified Nursing Assistant 1 (CNA 1). Resident 1 stated that she (Resident 1) had informed CNA 1 that she did not want a shower completed that day.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/31/2025 at 3:05 p.m., with CNA 1, CNA 1 stated that on 1/29/2025, he (CNA 1) was assigned to Resident 1 to provide assistance with ADL care. CNA 1 stated Resident 1 had been scheduled for a shower that day (1/29/2025). CNA 1 stated CNA 1 asked Resident 1 if Resident 1 wanted a shower completed and Resident 1 said yes. CNA 1 stated when CNA 1 returned with the supplies for the shower, Resident 1 stated that Resident 1 was unsure if Resident 1 wanted to have the shower completed. CNA 1 stated CNA 1 attempted to confirm with Resident 1 if Resident 1 wanted a shower completed but Resident 1 continued to change her mind. CNA 1 stated that CNA 1 proceeded to assist Resident 1 to the shower and Resident 1 had a shower completed. CNA 1 stated that CNA 1 did not speak to the charge nurse to confirm if Resident 1 wanted to have a shower completed.</p> <p>During an interview on 2/4/2025 at 3:50 p.m., with the Director of Staff Development (DSD), the DSD stated when a CNA is unable to confirm if a resident would like to have a shower, the facility procedure is to notify the charge nurse and have the charge nurse confirm with the resident if the resident would like to have a shower that day or at that time. The DSD stated CNA 1 should have confirmed with Resident 1's charge nurse prior to providing Resident 1 with a shower.</p> <p>During an interview on 2/5/2025 at 2:00 p.m., with the Director of Nursing (DON), the DON stated that the correct process when a CNA is unsure if a resident wants to have a shower completed is the CNA should notify the charge nurse, and the charge nurse will speak with the resident. The DON stated CNA 1 should have confirmed with the charge nurse to confirm if Resident 1 wanted to have a shower completed that day.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Rights, dated 3/2024, the policy indicated it is the policy of this facility that all resident rights be followed per state and federal guidelines as well as other regulative agencies. The resident has the right to be treated with consideration, respect, and full recognition of his or her dignity and individuality.</p>		