

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Northridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7836 Reseda Blvd Reseda, CA 91335	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure on Medication Ordering and Receiving from Pharmacy by failing to reorder and refill one of three sampled residents (Resident 1) Alprazolam (a medication used to treat anxiety disorder [a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness]) timely (five days in advance of anticipated need).</p> <p>This deficient practice resulted in delay in the delivery of medication for Resident 1's and may result to Resident 1 having anxiety attacks.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record indicated the facility originally admitted Resident 1 on 6/8/2024 and readmitted on [DATE], with diagnoses that included chronic obstructive pulmonary disease (a common lung disease causing restricted airflow and breathing problems), hypertension (elevated blood pressure), and anxiety disorder.</p> <p>During a review of Resident 1's History and Physical dated 6/21/2024 indicated Resident 1 has the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and screening tool) dated 6/27/2024, indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was intact. Resident 1 required supervision with eating, and oral hygiene. The MDS indicated Resident 1 required moderate assistance with toileting hygiene, lower body dressing and personal hygiene.</p> <p>During a review of Resident 1's Physician's Order dated 7/31/2024, indicated to administer Alprazolam one milligram (mg- unit of measure), give one tablet by mouth every four hours as needed for anxiety manifested by hyperventilation (a type of abnormal breathing that involves rapid and deep breaths) leading to shortness of breath (SOB).</p> <p>During a review of Resident 1's Medication Administration Record (MAR - a report detailing the medications administered to a resident by a healthcare professional) dated 8/2024, indicated that on 8/11/2024 Resident 1 received Alprazolam one mg tablet at 12:27 a.m., 6:48 a.m., 11:31 a.m., and 3:31 p.m.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/13/2024 at 8:35 a.m. with Resident 1, Resident 1 stated that she (Resident 1) was informed by the nurse (unable to recall who) the other day (8/12/2024) that the facility does not have Resident 1's medication (Alprazolam one mg tablet) as they were waiting for the pharmacy to deliver Resident 1's medication (Alprazolam one mg tablet) for anxiety. Resident 1 stated she was unsure why the facility did not have the medication (Alprazolam one mg tablet) available.</p> <p>During an interview on 8/13/2024 at 8:45 a.m. with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated that on 8/11/2024 at around 3:30 p.m., LVN 1 administered the last Alprazolam one mg tablet dose in the bubble pack (packaging used to hold medication) to Resident 1. LVN 1 stated that she asked Registered Nurse Supervisor 1 (RNS) 1 to call the pharmacy to order/refill Resident 1's Alprazolam as ordered.</p> <p>During an interview on 8/13/2024 at 9:40 a.m. with RNS 1, RNS 1 stated that on 8/11/2024 (unable to recall time) he was informed by LVN 1 that Resident 1's Alprazolam needed to be refilled and ordered from the pharmacy. RNS 1 stated that he faxed the physician's order to the pharmacy and received a confirmation that the pharmacy received the physician order.</p> <p>During a review of the Pharmacy Delivery Confirmation Receipt, dated 8/12/2024 at 12:54 a.m., indicated Alprazolam one mg tablet (total of 30 tablets) for Resident 1 was delivered to the facility.</p> <p>During an interview on 8/12/2024 at 12:00 p.m. with the Director of Nursing (DON), the DON stated that the correct process regarding ordering of as needed medications, is for the nursing staff to reorder the medications from the pharmacy when there are five (5) medications left in the bubble pack. The DON stated that on the bubble pack the color changes from light blue to dark blue indicating the medication needed to be reordered from the pharmacy. The DON confirmed that the Alprazolam one mg tablet for Resident 1 should have been reordered prior to the last medication dose given in the bubble pack to provide time for the pharmacy to deliver the medication timely.</p> <p>A review of the facility policy and procedure (P&P) titled Medication Ordering and Receiving from Pharmacy dated 1/2022 indicated medications and related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt .If not automatically refilled by the pharmacy, repeat medications are written on a medication order form/ordered by peeling the bottom part of the pharmacy label and placing in the appropriate area on the ordered form provided by the pharmacy for that purpose and ordered as follows:</p> <ol style="list-style-type: none"> a. Reorder medication five days in advance of need to assure an adequate supply is on hand. Reorder as needed medication five days in advance of anticipated need based on the current usage. b. The nurse who reorders the medication is responsible for notifying the pharmacy of changes in directions for use. c. The refill order is called in, faxed, or otherwise transmitted to the pharmacy. 		