

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 10/15/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49135</p> <p>Based on observation, interview, and record review the facility failed to provide care consistent with the professional standards of practice to help prevent pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) for one of three sampled residents (Resident 1) by failing to ensure Resident 1's bilateral (both) heel protectors (device that can help prevent and treat heel pressure ulcer) were placed on the resident's heels as ordered by the physician.</p> <p>This deficient practice had the potential for development and worsening of Resident 1's pressure ulcer.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated that Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included respiratory failure (when lungs are unable to get enough oxygen into your blood) with hypoxia (body does not have enough oxygen to function normally), and type two (2) diabetes mellitus (high levels of sugar in the blood).</p> <p>During a review of Resident 1's Minimum Data Set (MDS -a federally mandated assessment tool), dated 7/23/2024, the MDS indicated that Resident 1 was cognitively impaired (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and dependent from staff for transfer, dressing, toilet use, personal hygiene, and bathing.</p> <p>During a review of Resident 1's Physician Order Summary Report, the Physician Order Summary Report indicated the following:</p> <p>a. Heel protectors for skin integrity management with an order date of 1/26/2024.</p> <p>During a concurrent observation and interview on 10/15/2024 at 11:35 a.m., with the Licensed Vocational Nurse 1 (LVN 1) and Certified Nurse Aide 1 (CNA 1), observed Resident 1 inside the resident's room in bed without heel protectors. CNA 1 stated that CNA 1 removed Resident 1's heel protectors earlier that day (10/15/24).</p> <p>During interview on 10/15/2024 at 4:15 p.m., with the Director of Nursing (DON), the DON stated that Resident 1 should have had bilateral heel protector placed as per the physician order to prevent possible further skin breakdown.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure, titled Pressure Sore Management, dated 3/2024, the facility policy indicated that all available measures shall be taken to reduce skin breakdown and pressure sores.</p>