

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  11/13/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39739</b></p> <p>Based on interview and record review, the facility failed to ensure a resident's Quarterly Minimum Data Set (MDS - a resident assessment tool) assessment accurately reflected a resident's status for one (1) of three (3) sampled residents (Resident 1).</p> <p>This deficient practice had the potential to lead to a delay or lack of delivery of care and services for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 6/7/2024 with diagnoses that included fracture (break in the bone) of the first lumbar vertebra (bone in the spine of the lower back), lumbar region spondylosis (inflammation and stiffness in the spine), and generalized muscle weakness.</p> <p>During a review of Resident 1's physician's Progress Notes dated 6/10/2024, the progress notes indicated Resident 1 had significant physical disability (any physical limitations or disabilities that inhibit the physical function of one or more limbs of a person).</p> <p>During a review of Resident 1's Admission MDS dated [DATE], the MDS indicated Resident 1 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS also indicated Resident 1 needed partial/moderate assistance with eating. The MDS further indicated Resident 1 was at risk of developing pressure ulcers/injuries (localized damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During a review of Resident 1's Quarterly MDS dated [DATE], the MDS indicated Resident 1 needed supervision or touching assistance with eating. The MDS further indicated Resident 1 is not at risk of developing pressure ulcers/injuries.</p> <p>During a review of Resident 1's Interdisciplinary Team (a group of health care professionals with various areas of expertise who work together toward the goals of the residents' care plan) meeting notes dated 9/12/2024, the IDT meeting notes indicated Resident 1 was non-ambulatory and required extensive assistance with activities of daily living (ADLs- activities related to personal care such as bathing, dressing and toileting).</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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/13/2024 at 10:08 a.m., with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated Resident 1 was dependent on staff for all ADLs and needed partial and sometimes extensive assistance with eating. CNA 1 also stated that Resident 1 was mostly in bed and was being repositioned every two hours to prevent the development of pressure ulcers.</p> <p>During a concurrent interview and record review on 11/13/2024 at 11:50 a.m., with the Director of Nursing (DON), reviewed Resident 1's Quarterly MDS dated [DATE]. The DON stated Resident 1's Quarterly MDS dated [DATE] was an inaccurate reflection of Resident 1. The DON stated Resident 1 needed a lot of assistance from staff when eating and was a risk for developing pressure ulcers due to her immobility.</p> <p>During a concurrent interview and record review on 11/13/2024 at 12:05 p.m., with the MDS Coordinator (MDSC), reviewed Resident 1's MDS dated [DATE]. The MDSC stated that having an inaccurate MDS would affect the resident's care plan and could possibly create care plans not appropriate for the resident.</p> <p>During a review of the facility's undated policy and procedure titled, Resident Assessment, the policy indicated the MDS should be completed for each resident and should be used to develop a comprehensive care plan to allow the resident to reach his/her highest practicable level of physical, mental, and psychosocial functioning.</p> <p>During a review of the facility's policy and procedure titled, Charting and Document, last revised 7/2017, the policy indicated documentation in the medical record will be objective, complete, and accurate.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>39739</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure regarding Weight Change by failing to ensure a resident's physician's progress note addressed a resident's weight loss for one (1) of three (3) sampled residents (Resident 1).</p> <p>This deficient practice had the potential to lead to a delay or lack of delivery of care and services for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 6/7/2024 with diagnoses that included fracture (break in the bone) of the first lumbar vertebra (bone in the spine of the lower back), lumbar region spondylosis (inflammation and stiffness in the spine), and generalized muscle weakness.</p> <p>During a review of Resident 1's Admission Minimum Data Set (MDS - a resident assessment tool) dated 6/14/2024, the MDS indicated Resident 1 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses).</p> <p>During a review of Resident 1's Interdisciplinary Team (a group of health care professionals with various areas of expertise who work together toward the goals of the residents' care plan) meeting notes for Weight Management dated 7/5/2024, the IDT meeting notes indicated Resident 1 had a weight loss of four (4) pounds (lbs. - unit of measurement) in one month.</p> <p>During a review of Resident 1's IDT meeting notes for Weight Management dated 8/5/2024, the IDT meeting notes indicated Resident 1 had a weight loss of four (4) lbs. in one month.</p> <p>During a review of Resident 1's IDT meeting notes for Weight Management dated 9/9/2024, the IDT meeting notes indicated Resident 1 had a weight loss of five (5) lbs. in one month.</p> <p>During a review of Resident 1's IDT meeting notes for Weight Management dated 10/14/2024, the IDT meeting notes indicated Resident 1 had a weight variance of 10% in a three (3) month period.</p> <p>During a review of Resident 1's physician's Progress Notes dated 7/3/2024 to 9/12/2024, the Progress Notes had no indication that Resident 1 was having monthly weight loss.</p> <p>During an interview on 11/13/2024 at 12:20 p.m., with the Director of Nursing (DON), the DON stated Resident 1's physician was aware of the weight loss, as he was the one giving the orders for the weight loss interventions such as supplements, diet changes, and medication. The DON stated the physician should have addressed Resident 1's weight loss in the progress notes as it was a part of Resident 1's care plan and part of the weight loss policy.</p> <p>During a review of the facility's undated policy and procedure titled, Weight Change, the policy indicated it is the policy of the facility to monitor all residents' weights monthly and in cases of high-risk weight loss, ensure that the physician completes progress notes for weight loss or gain.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>39739</p> <p>Based on interview and record review, the facility failed to provide pain medication as ordered by the physician and follow the physician's order for pain medication parameters for one (1) of three (3) sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in Resident 1's pain not being managed properly and potentially cause the resident to experience prolonged discomfort and pain.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 6/7/2024 with diagnoses that included fracture (break in the bone) of the first lumbar vertebra (bone in the spine of the lower back), lumbar region spondylosis (inflammation and stiffness in the spine), and generalized muscle weakness.</p> <p>During a review of Resident 1's Admission Minimum Data Set (MDS - a resident assessment tool) dated 6/14/2024, the MDS indicated Resident 1 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS further indicated Resident 1 had frequent pain that interfered with day-to-day activities.</p> <p>During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the following physician's orders:</p> <ul style="list-style-type: none"> <li>- Percocet (pain medication used for moderate to severe pain) 5-325 milligrams (mg - unit of measurement), give one tablet by mouth every six (6) hours as needed for moderate pain (4-6/10, numerical scale used to measure pain with 0 being no pain and 10 being the worst pain), dated 8/30/2024.</li> <li>- Percocet 5-325 mg, give two tablets by mouth every six (6) hours as needed for severe pain (7-10/10), dated 8/11/2024.</li> </ul> <p>During a review of Resident 1's Medication Administration Record (MAR, a report detailing the drugs administered to a resident by the licensed nurse in the facility) for 9/2024, the MAR indicated Resident 1 received one tablet of Percocet 5-325mg on 9/4/2024 after reporting a pain level of eight (8), a pain level higher than the 4-6/10 parameter indicated on the physician's order.</p> <p>During a concurrent interview and record review on 11/13/2024 at 11:30 a.m., with Licensed Vocational Nurse 2 (LVN 2), reviewed Resident 1's MAR for 9/2024. LVN 2 stated that if Resident 1 reported a pain level of 8, then according to the physician's orders, Resident 1 should have been medicated with two tablets of Percocet 5-325 mg, not one tablet. LVN 2 stated that a pain level of 8 means Resident 1 had severe pain and the one tablet of Percocet 5-325 mg was to be given for moderate pain.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/13/2024 at 12:20 p.m., with the Director of Nursing (DON), reviewed Resident 1's MAR for 9/2024. The DON stated that on 9/4/2024, Resident 1 was not given the appropriate dose of pain medication based on Resident 1's pain level. The DON stated Resident 1 should have received two tablets of Percocet 5-325 mg for a pain level of eight (8) and not one tablet. The DON stated by not getting the appropriate physician ordered dose of pain medication, Resident 1 could have been undermedicated and left in pain.</p> <p>During a review of the facility's policy and procedure titled, Pain Assessment and Management, last revised 3/2020, the policy indicated it is the policy of the facility to help staff identify pain in the resident and to develop interventions that are consistent with the resident's goals and needs. The policy and procedure further indicated that when implementing pain management strategies, the medication regimen should be implemented as ordered.</p>		