

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff promote dignity while assisting one of 20 sampled residents (Residents 66) during meals; by not feeding the resident at eye level to maintain face-to-face contact with the residents.</p> <p>This deficient practice had the potential to result in feelings of decreased self-esteem and self-worth for Residents 4.</p> <p>Findings:</p> <p>A review of Resident 66's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (condition in which brain function is disturbed either temporarily or permanently due to different diseases or toxins in the body), paralytic syndrome following cerebral infarction (a condition where paralysis occurs as a result of a stroke (cerebral infarction).), hypertension (abnormally high blood pressure), contracture of left and right knee (a permanent tightening of the muscles, tendons, and other tissues in the knee that limits the joint's range of motion) and need for assistance with personal care.</p> <p>A review of Resident 4's Minimum Data Set (MDS, a resident assessment tool) dated 10/24/2024, indicated the Resident 66's mental cognition (skills for daily decision-making) was intact. Resident 66 is dependent for eating and oral hygiene and upper body dressing, was dependent for toileting hygiene, shower/bathing self, and lower body dressing.</p> <p>During a meal observation and interview on 12/9/2024 at 8:14 AM, Certified Nursing Assistant 4 (CNA 4) was observed feeding Resident 4 inside residents' room. CNA 4 was standing to the right side of Resident 66 while feeding the resident. During an interview CNA 4 stated she is supposed to be seated at beside the patient while assisting the Resident with feeding.</p> <p>During an interview on 12/12/2024 at 12:23 PM, with Assistant Director of Nursing (ADON), ADON stated CNAs are required to be seated down at eye level when assisting resident with eating; CNAs should be at eye level, to ensure Resident is chewing and swallowing food without difficulty to prevent choking, and for Resident dignity.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	

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>A review of facility's policy and procedures (P&P) title Quality of life-Dignity indicated, each Resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life and feeling of self-work and self-esteem.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</p> <p>Based on record review and staff interviews, the facility failed to complete and submit the annual comprehensive Minimum Data Set (MDS, a resident assessment tool) assessment within the regulatory timeframe for one of 18 sampled residents (Resident 40).</p> <p>This deficient practice had the potential to negatively affect the provision of necessary care and services for the affected residents.</p> <p>Findings:</p> <p>A review of Resident 40's admission record indicated the facility originally admitted the resident on 11/3/2023 and readmitted the resident on 5/17/2024 with diagnoses that included epilepsy, bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration) and hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (mild or partial weakness or loss of strength on one side of the body)?.</p> <p>A review of Resident 40's MDS dated [DATE], indicated Resident 40's was totally dependent upon staff for all activities of daily living (ADLs -essential and routine activities include?eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet). The MDS also indicated Resident 40's cognition (ability to think, understand, and reason) was severely impaired (never/rarely made decisions).</p> <p>During a concurrent interview and record review with the Minimum Data Set Coordinator (MDSC) on 12/10/2024 at 8:53 AM, Residents 40's MDSC assessments log was reviewed. MDSC stated Resident 40's last MDS assessment was completed 7/30/2024 and the annual assessment was overdue. MDSC further stated the annual MDS for Resident 40 should have been completed by 11/1/2024. MDSC further stated the MDS is a complete record of the resident's care and it was possible the facility could miss a change in the resident when the MDS was not completed.</p> <p>During an interview on 12/12/2024 at 12:17 PM, the Director of Nursing stated the MDS is a data collection instrument and shows the resident's care areas. The DON further stated the MDS should be completed and submitted per CMS timeframes.</p> <p>A review of the facility's MDS/RAI Coordinator job description, revised 12/2022, indicated the MDS coordinator duties included ensuring that all assessments are completed and transmitted within required timeframes.</p> <p>A review of the facility's policy and procedures titled, MDS Completion and Submission Timeframes, reviewed 10/21/2024, indicated the facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48026</p> <p>Based on interview and record review, the facility failed to conduct a Preadmission Screening and Resident Review (PASRR- is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care) level 1 assessment for one of four residents (Resident 50) diagnosed with mental illness.</p> <p>This deficient practice had the potential for inappropriate placement and management of Resident 50.</p> <p>Findings:</p> <p>A review of Resident 50's Admission Record indicated Resident 50 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (a serious mental health condition that affects how people think, feel and behave) and major depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with daily activities)</p> <p>A review of a PASARR letter dated 12/27/2023, indicated Resident 50 was negative for PASRR Level I Screen, and therefore, the resident did not need PASRR Level II screening.</p> <p>A review of physician orders indicated Resident 50 was on/receiving the following medications:</p> <ol style="list-style-type: none"> 1. Trazadone HCl (medication to treat for major depressive disorder) oral (mouth) Tablet 50 milligrams (mg-unit of measurement) give 1 tablet by mouth at bedtime for unable to sleep. 2. Risperdal (Risperidone- medication to treat schizophrenia) oral Tablet 2 MG, Give 2 mg by mouth at bedtime for visual hallucination (false perception of objects or events involving sight). 3. Aripiprazole (medication to treat psychosis -a severe mental condition in which thought, and emotions are so affected that contact is lost with external reality) oral Tablet 30 mg; Give 1 tablet by mouth one time a day for visual hallucination. 4. Clozaril (medication to treat schizophrenia) oral Tablet 100 mg; Give 1 tablet by mouth two times a day for schizophrenia. <p>A review of the Psychologist Diagnostic Evaluation document for 8/10/2024, indicated Resident 50 regularly experiences auditory hallucinations, he is aware of why he experiences them (i.e., as a result of his thought disorder diagnosis).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/24 at 11:17 AM, the Admission Director (AD) stated she started working in the facility early April 2024. AD stated she had no experience with PASRR prior to working at the facility. AD stated she completed PASARR training through the Corporate online training program for possibly 1 hour. AD stated , I am responsible for ensuring the PASARR Level 1 was received when residents are admitted to this facility. Clinical (licensed nurses) will have to review the PASRR Level 1. AD stated Resident 50 has diagnoses of depression, dementia, schizophrenia, and mental and behavioral disorder. AD stated if the resident has a PASRR Level I, AD will refer a resident to the licensed nurses. AD stated the PASRR be corrected/updated within 24 hours.</p> <p>AD stated she would contact the hospital if the hospital does not complete PASRR Level I for a resident or ask the Assistant Director of Nursing (ADON) to complete one.</p> <p>During an interview on 12/12/24 at 12 PM the ADON stated residents usually come to the facility from hospital with PASARR. ADON stated AD makes sure there is a PASARR Level I from the hospital and uploads the PASARR in system. ADON stated licensed nurses completes the initial PASARR Level I and if a resident requires Level II, then someone from PASARR department will conduct the evaluation. ADON stated the facility did not follow up on PASRR 11 for resident 50. ADON state the facility started a list of residents who need PASRR Level 1 and 11 on 12/11/2024.</p> <p>During an interview on 12/12/24 at 12:22 PM, the Director of Nursing (DON) stated PASARR is to assess a resident for any mental illnesses, development disabilities, and or intellectual disability. DON stated the licensed nurses receive PASRR level 1 for residents from the hospital. The DON stated he is responsible to make sure the resident has the correct diagnosis, and if something is not matching with a resident's assessment then we have to re-do PASARR Level I. DON stated PASARR Level II is completed from Level I, for worsening of condition, change of psychiatry medications. During a concurrent record review, Resident 50's PASRR level 1 was reviewed. DON stated Resident 50's PASSR should have reviewed It was missed. DON stated Resident 50 may miss his treatment, condition (mental) may worsen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45037</p> <p>Based on interview and record review, the facility failed to ensure that a Pre -Admission Screening Resident Review level I (PASRR-an evaluation to determine if an individual has a serious mental illness, intellectual disability, developmental disability, or related condition) was obtained and maintained in the residents chart for three of three sampled residents (Residents 1, 2, and 74).</p> <p>This deficient practice had the potential to negatively affect the appropriated care and services rendered and required for the residents.</p> <p>Cross reference F726</p> <p>Findings:</p> <p>a. A review of Resident 1's Admission Record indicated the facility readmitted Resident 1 on 1/16/2024 with diagnoses including bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), anxiety (a feeling of worry, unease, or nervousness), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest)</p> <p>A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 9/13/2024, indicated Resident 1 had cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MOS indicated Resident 1 required substantial maximal assistance to dependency on staff assist for bed mobility, dressing and transfers. It further indicated Resident 1's active diagnosis is anxiety, bipolar disorder.</p> <p>A review of Resident 1's Medication Administration Record (MAR) dated 12/2024, indicated Resident 1 is on Olanzapine oral (by mouth) tablet 10 milligrams (mg-unit of measurement) related to bipolar disorder.</p> <p>A review of Resident 1's History and Physical (H&P) dated 6/21/2024, indicated Resident 1 diagnoses included depression, bipolar disorder, and anxiety.</p> <p>A review of Resident 1's letter from Department of Health Care Services dated 8/22/2023, indicated Resident 1 did not qualify for a PASSR level 11 evaluation because the level 1 PASSR did not indicate that Resident 1 had a diagnosis of mental illness.</p> <p>b. A review of Resident 2's Admission Record indicated the facility readmitted Resident 1 on 11/23/2024 with diagnoses including schizophrenia (a serious mental illness that impacts a person's thoughts, feelings, and behaviors), chronic kidney disease (a condition where the kidneys are damaged and cannot filter blood).</p> <p>A review of Resident 2's H&P dated 6/21/2024, indicated Resident 2 has a diagnosis of major depression.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Order summary Report dated 12/2024, indicated Resident 2 has an order for Risperdal oral tablet 2 mg give 1 tablet by mouth two times a day related to schizophrenia.</p> <p>A review of Resident 2's MDS dated [DATE], indicated Resident 2 had cognitive impairment. The MDS indicated Resident 2 required substantial maximal assistance to dependency on staff assist for bed mobility, dressing and transfers.</p> <p>A review of Resident 2's letter from Department of Health Care Services dated 4/8/2024, indicated Resident 2 did not qualify for a PASSR level 11 evaluation because the level 1 PASSR did not indicate that Resident 2 had a diagnosis of mental illness.</p> <p>ADON</p> <p>During a concurrent record review on 12/11/24 at 11:12 am, Admission Director (AD) stated she submitted an incorrect PASARR for Resident 2. stated she did not receive any training on how to complete and submit PASARR 1 or 11. ADON stated she checked the wrong answer on the PASARR 1 for Resident 2. ADON stated the only training she had for PASARR 1 and 11 was on 11-14-2024.</p> <p>c. A review of Resident 74's Admission Record indicated the facility readmitted Resident 1 on 1/8/2024 with diagnoses including schizophrenia (a serious mental illness that impacts a person's thoughts, feelings, and behaviors) and depression(a constant feeling of sadness and loss of interest).</p> <p>A review of Resident 74's H&P dated 6/21/2024, indicated Resident 74 has a diagnosis of depression.</p> <p>A review of Resident 74's MDS dated [DATE], indicated Resident 74 had moderate cognitive impairment (a noticeable decline in someone's thinking abilities). The MDS indicated Resident 74 required substantial minimal assistance to dependency on staff assist for bed mobility, dressing and transfers. It further indicated Resident 74 has a diagnosis of schizophrenia.</p> <p>A review of Resident 74's Order summary Report dated 12/2024, indicated Resident 74 has an order for Risperdal oral tablet 2 mg give 1 tablet by mouth two times a day related to schizophrenia.</p> <p>A review of Resident 74's letter from Department of Health Care Services dated 1/3/2024, indicated Resident 74 qualified for a PASSR level 11 evaluation.</p> <p>During an interview on 12/11/24 at 10:51 am, Assistant Director of Nursing (ADON) stated Resident 74 was admitted to the facility with psych medication orders. ADON stated Resident 74 should have been rescreened for the PASARR 11 once admitted to the facility.</p> <p>During an interview on 12/12/24 at 11:27 am, Director of Nursing stated if the PASRR 1 and 11 are not completed correctly it could affect the psychiatry treatment for the residents.</p> <p>During a review of the facility policy and procedures titled PASRR Completion Policy revised on 10/21/24, indicated, The facility will make sure that all admissions have the appropriate patient assessment and resident review completed.</p> <p>1. Center Administrator will designate either the Admissions Director or Social Worker to make sure that the PASRR and /or level of care is done on all potential residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45037</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> The Director of Nursing (DON) was knowledgeable on how prevent medication/narcotics and did not maintain a log/records of medications/narcotics (controlled medications used to treat moderate to severe pain) collected for disposal by a medication waste management company. Staff were knowledgeable in completing and submitting the correct complete Preadmission Screening and Resident Review (PASRR -is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care) level 1 (screening involves completion of an evaluation to determine if an individual has, or is suspected of having a PASSR condition such as, a serious mental illness, intellectual disability, developmental disability, or related condition) and level 11 (If the Level 1 screening indicates a potential PASRR condition, a more comprehensive Level 2 evaluation is conducted to confirm the diagnosis and determine appropriate care needs) for the residents upon admission to the facility. <p>These deficient practices:</p> <ol style="list-style-type: none"> Resulted in the facility submitting an incorrect PASSR level 1 screening for Resident 2. Had the potential for diversion of medications/narcotics. Cross Reference F755 <p>Findings:</p> <ol style="list-style-type: none"> During an observation and interview on 12/10/24 at 10:21 am with the DON in the DON's, the facility's [NAME] President of Operations and Nurse Resource were sitting in the DON's office with the door open. DON stated he shares his office with the Assistant Director of Nursing (ADON). DON stated he disposes the narcotics with the pharmacist once a month. DON stated the pharmacist comes into the facility, counts the narcotics, and brings a container to dispose of the narcotics. DON further stated the narcotics are kept in his office in the large blue and white bucket and a scheduled to be picked up by a medication waste management company. DON stated he does not have a log that the medication waste management signs upon picking up narcotics from the facility. DON stated he did not know the process of preventing diversion once the medication are picked up for disposal by the medication waste management company. DON stated he did not have an answer for preventing theft of narcotics or potential harm to the residents from unlocked bucket located in his unlocked office. DON stated he does not know the process of disposing narcotics/medication. A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included Schizophrenia (a serious mental condition of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy). <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's initial PASSR 1 screening dated 4/8/2024, indicated Resident 2 was admitted to the facility on [DATE] did not have a diagnosis/es of mental illness.</p> <p>A eview of Resident 2's History and Physical (H&P) record dated 6/19/2024, the H&P indicated resident 2 had major depression (low mood) and was on Mirtazapine (medication to treat depression) 15 millograms (mg-unit of measurement) twice daily.</p> <p>A review of Resident 2's Minimum Data Set (MDS-a resident assessment tool) dated 9/13/2024, indicated Resident 2 had severely impaired cognition (mental ability to make decisions).</p> <p>During a concurrent interview and record review on 12/11/24 at 11:12 am, Admission Director (AD) stated she submitted an incorrect PASRR for Resident 2 dated 4/8/24. AD stated she did not receive any training on how to complete and submit PASRR I or II. A record review of Resident 2's PASSR dated 4/8/2024 with AD, stated she checked the wrong answer on the PASRR I for Resident 2. AD stated the only training she had for PASRR I and II was an in-service on 11-14-2024. Admission Director stated because she does not have any knowledge about PASRRs and did not know what could happen to the resident if the PASRRs are not completed correctly.</p> <p>During an interview with on 12/12/24 at 11:27 am, Director of Nursing (DON) stated that if the PASRR 1 and 11 screenings are not completed correctly it could affect the necessary and required treatment for the residents.</p> <p>During an interview on 12/12/24 11:56 am, Administrator stated the DON is supposed to be competent and knowledgeable with all of his duties. Administrator stated if the DON is not competent and knowledgeable with his job description it can potentially cause harm to the residents. Administrator stated the residents will not receive good care.</p> <p>During a review of the facilities job description titled Director of Nursing with a revised date of 11/2022, indicated, Primary Purpose of this Position: The primary purpose of this position is to plan, organize, develop, and direct the overall operation of the nursing services department in accordance with current federal, state and local standards, guidelines and regulations that govern the facility and as directed by the administrator and the medical director to ensure that the highest degree of quality care is maintained.</p> <p>A review of the facility's policy and procedures (P&P) titled, Director of Nursing Services, revised on 8/2022, indicated, The nursing services department is managed by the director of nursing services. The director is a registered nurse (RN), licensed by this state, and has experience in nursing service administration, rehabilitative and geriatric nursing. The director is employed full-time (40-hours per week), overseeing standards of nursing practice, coordinating nursing services with other resident services, and develop staff training programs for nursing service personnel.</p> <p>A review of the facility's P&P titled Competency of Nursing Staff revised on 10/21/24 indicated, Facility and resident-specific competency evaluations will be conducted upon hire, annually and as deemed necessary based on the facility assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45455</p> <p>Based on interview and record review, the facility failed to provide social services to one out of 20 sampled residents (Resident 244) by failing to follow up on an order for orthopedic (musculoskeletal specialist) evaluation appointment.</p> <p>This deficient practice had the potential for delay in the delivery of care and services.</p> <p>Findings:</p> <p>A review of Resident 244's admission record indicated, Resident 1 was admitted originally admitted to the facility on [DATE] with diagnoses that included fracture of upper and lower end of right fibula (a break in both the upper and lower parts of the fibula bone in the lower leg), gout (a type of joint inflammation that occurs when uric acid (chemical waste product created when the body breaks down purines) builds up in the body and forms needle-shaped crystals in the joints), hyperlipidemia (abnormally high levels of lipids, or fats, in the blood), malignant neoplasm (a cancerous tumor that grows into nearby tissue and spread to other parts of the body) of prostate (gland in the male reproductive system), and abnormalities of gait and mobility (changes in walking or running patterns that can be caused by a number of conditions and diseases).</p> <p>A review of the Minimum Data Set (MDS - a resident assessment tool) dated 12/2/2024, indicated Resident 244's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact for daily decision making. Resident 244 was independent with eating, oral hygiene and personal hygiene, required set-up or clean up assistance with upper body dressing, Resident 244 required substantial/maximal assistance with toileting hygiene, shower/bathing, lower body dressing, putting on footwear and ambulation.</p> <p>During an initial tour on 12/9/2024 at 8:45 AM, Resident 244 indicated he had a scheduled orthopedic follow-up appointment on 12/6/2024, Resident 244 stated his orthopedic appointment was cancelled, he (Resident 244) was not told who cancelled the appointment and/or the reason for the appointment cancellation.</p> <p>A review of Resident 244's History and Physical (H&P) dated 11/27/2024 indicated Resident 244 had decision making capacity. H&P also listed future appointments on 11/29/2024 at 8:30AM and on 12/6/2024 at 1:30PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/10/2024 at 11:10 AM Case Manager (CM) stated she (CM) was responsible for coordinating referrals for K . (a separate health facility) Residents, CM stated Resident 244 was a K . patient, is a private pay and does not have transportation insurance coverage to doctor's visits, CM further stated, she (CM) will usually attempt to find private vendors and negotiate reasonable prices then informs Residents and/or family of costs and if they agree, she makes the appointments for them. CM I apologized, I wasn't here, and the appointments were missed. CM stated the importance of follow up appointments is for the doctor to check on Residents healing progress, treatment and care, CM stated Doctor's office and Residents should be involved in the scheduling and dates of the appointments, CM stated missing follow-up appointments would lead delay in mitigation of a worsening illness and/or delay in care and unnecessary hospitalization s that could lead to poor health outcomes for the Resident.</p> <p>During an interview on 12/12/24 11:57 AM, Director of Nursing (DON) stated, follow up appointments are important and should not be missed, going to the appointment gives Doctor an opportunity to directly assess treatment progress, DON stated missing an appointment could lead to a missed opportunity for an adjustment and/or change in treatment that could improve residents' outcomes.</p> <p>A review of the facility's case manager job description indicated, the primary purpose of the case manager position is to coordinate delivery of services to managed care and Medicare residents in collaboration with the facility's team members.</p> <p>A review of facility policy and procedures (P&P) title, Referrals, indicated, social services/designee shall coordinate most resident referrals, policy further stated referrals for medical services are to be based on physician evaluation of the resident need and a related physician order, social services/designee will help arrange transportation to outside agencies, clinic appointments, etc., as appropriate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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>45037</p> <p>Based on observation and interview, the Director of Nursing (DON) failed to store, and discard controlled and non-controlled medications according to the facility's policy and procedures titled Discarding and Destroying Medications.</p> <p>These failures had the potential for diversion of medications.</p> <p>Cross Reference F726</p> <p>Findings:</p> <p>During an observation in the DON's office and concurrent interview on 12/10/24 at 10:21 am with the DON, the facility's [NAME] President of Operations and Nurse Resource were sitting in the DON's office with the door open. Large blue and white bucket with unlocked screw on top that did not lock was noted/observed. The medications (tablets) in the waste containers were whole, intact, and retrievable. The medications were tablets not mixed in any solution/gel to dissolve the disposed medications/narcotics. The medications could easily be poured out from the blue and white container. The DON stated that he shares his office with the Assistant Director of Nursing (ADON). DON stated he disposes of the narcotics with the pharmacist once a month. DON stated the pharmacist comes into the facility, counts the narcotics, and brings a container to dispose of the narcotics. DON further stated the narcotics are kept in his office in the large blue and white bucket and a scheduled picked up by a medication waste management company. DON stated he did not have a log that the medication waste management company signs when they pick up the narcotics/medications from the facility. DON stated he is able to retrieve the receipts for the pick up on line. DON stated he did not know the process of preventing diversion once the medication waste management company picks up the medication from the facility. DON stated he did not have an answer for preventing theft of narcotics or potential harm to the residents from unlocked bucket located in his unlocked office. DON stated he does not have an answer if the [NAME] President of Operations sitting in his office leaves the DON's and leaves the door to the open and a resident comes in the office and obtain the narcotics. DON stated he did not know the disposition process of narcotic medication.</p> <p>During an interview on 12/12/24 at 10:14 am, the facility pharmacist stated the facility is supposed to destroy medications, take the medication count sheet and make sure the amount of pills match, sign, date and give the medication count sheet back to the DON monthly. Pharmacist stated he instructed the DON about putting a solution called drug buster in the large blue and white container. Pharmacist stated the drug buster should dissolve the medication and make the medication become diluted so that none of the staff or the transportation company can remove any of the medications from the container. Pharmacist stated he never witnessed the DON put any solution in the container on the days that they wasted medications in the facility. Pharmacist stated the top of the container where the medications are wasted should be closed and locked. Pharmacist stated if the medications are not diluted it could cause risk for drug diversion.</p> <p>During a review of the facility's policy titled Discarding and Destroying Medications indicated Policy Interpretation and Implementation:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	

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>1. All unused controlled substances are retained in a securely locked area until disposed of .</p> <p>13. Staff shall contact the provider pharmacy if unsure of proper disposal methods for a medication.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>45037</p> <p>Based on observation, interview, and record review, the facility failed to ensure dietary cooks followed the menu and used a recipe for lunch on 12/9/2024.</p> <p>This deficient practice the potential for the food to be prepared incorrectly and could make the residents sick.</p> <p>Cross refence F812</p> <p>Findings:</p> <p>1. During an initial kitchen observation on 12/09/24 at 7:44 AM with the Dietary Supervisor (DS), the following were noted of the walk-in refrigerator: a container of cooked ground beef dated that it was cooked for 12/09/24; container of mixed vegetables dated 12/8/24; cooked chicken dated 12/9/24; mashed potatoes dated 12/8/24; cooked rice dated 12/09/24; cooked tofu unlabeled with a date of 12/9/24; and cooked pork dated 12/9/24.</p> <p>2. During an observation of the food recipe binder on 12/09/24 at 8:32 am with DS, there was no recipe for the lunch that the Dietary Cooks were preparing. Dietary [NAME] 1 was priparing chicken noodle casserole. During a concurrent interview DS stated, the menu for today's (12/9/24) lunch is upstairs in my office. When asked how the Cooks are cooking the resident's lunch without following the recipe, DS stated, the Cooks memorize the recipe. A review of the facility food recipe binder indicated there was no recipe for the chicken noodle casserole that Dietary [NAME] 1 was preparing for lunch.</p> <p>During an interview on 12/09/24 9 am, Dietary [NAME] 1 stated he could not tell the surveyor the recipe for the lunch that he was already preparing without looking at the actual recipe. Dietary [NAME] 1, stated if the food recipe is not followed properly the food will not be prepared correctly and the food could make the residents sick.</p> <p>During an interview on 12/09/24 9:18 am, DS stated if the Cooks do not follow the recipe when cooking the residents' food, the food will not be prepared correctly, could be under cooked, and could make the residents sick.</p> <p>A review of the facility's policy and procedures reviewed on 10/21/2024, titled Menus indicated Policy Statement: Menus are developed and prepared to meet resident choices including religious, cultural and ethnic needs while following established national guidelines for nutritional adequacy . 1. Menus meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board (National Research Council and National Academy of Sciences).</p> <p>A review of the facility's policy and procedures reviewed on 10/21/2024, standardized Recipes indicated Policy Statement: Standardized recipes shall be developed and used in the preparation of foods.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46843</p> <p>Based on observation and interview, the facility failed to provide food that accommodates resident allergies, intolerances, and preferences.</p> <p>This deficient practice resulted in the Resident waiting over two hours for an alternative meal.</p> <p>Findings:</p> <p>A review of Resident 294's Admission Record indicated Resident 294 was admitted to the facility on [DATE], with medical diagnoses that included: hypertension (high blood pressure) and muscle weakness (a lack of physical or muscle strength, throughout the body).</p> <p>A review of Resident 294's doctor's assessment titled History and Physical (H&P) dated 12/8/2024 Resident 294's cognition (the mental ability to make decisions of daily living) was intact, and resident can make decisions for medical care; however, needs assistance to perform some of her activities of daily living.</p> <p>During observation on 12/09/24 at 8:42 am., Resident 294 was looking at her food on the plate and was not eating it. A cup with oatmeal on the resident's breakfast tray looked very strange and watery.</p> <p>During an interview on 12/09/24 at 8:55 am., Resident 294 stated, the breakfast food is not hot, the oatmeal is runny and does not taste good at all. Breakfast was served at 7:15 am I could not eat the breakfast and asked for a substitute because the breakfast was not edible.</p> <p>During an interview on 12/09/24 at 9 am., Certified Nursing Assistant 2 (CNA 2) stated Resident 294 breakfast was served at about 7 am and that the resident did not want the food. CNA 2 stated the resident's was taken back to the kitchen to be heated up. CNA 2 stated, It is now almost 9 am and they have not called to let me know that the food (the resident's breakfast) is ready. I went down to the kitchen, and they said it was not ready. CNA 2 stated she will go down and check one more time. CNA 2 returned from the kitchen and stated they are about to bring it (breakfast) up to the resident.</p> <p>During observation on 12/09/24 at 9:15 am., the kitchen staff brought the substitute food for the resident. The food was two sausage patties. The food was provided two hours after breakfast was first served to the resident in the morning.</p> <p>During an interview on 12/10/24 at 1:08 pm., Dietary Supervisor (DS) stated, she tries to provide residents with alternatives food that is available on the menu however, if they (residents) ask for something that is not being served on that very day we cannot provide it. DS stated it usually does not take two hours to bring a substitute to the resident and she will check to see what the situation is in the kitchen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility's policy and procedures titled, Resident Rood Preferences, revised 10/2017, indicated: Policy Interpretation and Implementation 1. The Dietary Manager will meet with the resident within 72 hours of admission or readmission, quarterly, and annually to review the following: d. Discuss the resident's food preferences/allergies, if applicable; 2. The Dietary Department will provide residents with meals consistent with their preferences, as indicated on their tray card. A. If a preferred item is not available, a suitable substitute should be provided.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45037</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen.</p> <p>These failures had the potential to result in harmful bacteria growth that could lead to foodborne illness (illness caused by food contaminated with bacteria, viruses, and other toxins) for 89 of 89 medically compromised residents who received food from the kitchen.</p> <p>Cross reference F803</p> <p>Findings:</p> <p>1. During an initial kitchen observation on 12/09/24 at 7:44 AM with the Dietary Supervisor (DS), the following were noted of the walk-in refrigerator: a container of cooked ground beef dated that it was cooked for 12/09/24; container of mixed vegetables dated 12/08/24; cooked chicken dated 12/09/24; mashed potatoes dated 12/8/24; cooked rice dated 12/09/24; cooked tofu unlabeled with a date of 12/09/24; and cooked pork dated 12/09/24.</p> <p>2. During an observation of the food recipe binder on 12/09/24 at 8:32 am with DS, there was no recipe for the lunch that the Dietary Cooks were preparing. Dietary [NAME] 1 was preparing chicken noodle casserole. During a concurrent interview DS stated, the menu for today's 912/9/24) lunch is upstairs in my office. When asked how the Cooks are cooking the resident's lunch without following the recipe, DS stated, the Cooks memorize the recipe. A review of the facility food recipe binder indicated there was no recipe for the chicken noodle casserole that Dietary [NAME] 1 was preparing for lunch.</p> <p>During an interview on 12/09/24 at 8:20 am, Dietary [NAME] 1 stated he has been employed with the facility as a [NAME] for 2 years. Dietary [NAME] 1 stated his last annual skills competency was when he was hired 2 years ago. Dietary [NAME] 1 stated the night shift cook did not follow the cooling down method for the leftover food cooked on 12/08/2024. Dietary [NAME] 1 stated he the left over food was already in the refrigerator. Dietary [NAME] 1 stated if the cooling down method is not followed and cooked food is not stored at the correct temperature, the residents' could get very sick.</p> <p>During an interview on 12/09/24 9:00 am, Dietary [NAME] 1 stated food not prepared correctly could make the residents sick.</p> <p>During an interview on 12/09/24 9:18 am, DS stated if the Cooks are not following the recipe for cooking the residents food the food will not be prepared correctly, could be under cooked, and could make the residents sick.</p> <p>During an interview on 12/09/24 3:29 pm, Registered Dietician stated the Dietary Cooks are not supposed to store leftover cooked foods because leftover can cause food borne illnesses and make the residents very sick especially if the cooked foods are not cooled down properly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the facility policy and procedures dated 11/2022, titled Food Preparation and Service indicated food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices.</p> <p>General Guidelines:</p> <p>1. Identification of potential hazards in the food preparation process and adhering to critical control points can reduce the risk of food contamination and thereby minimize the risk of foodborne illness.</p> <p>Rapid Cooling:</p> <p>1. Potentially hazardous foods are cooled rapidly. This is defined as cooling from 135 degrees F (Fahrenheit) to 70 degrees f within two hours and then to a temperature of 41 degrees within the next 4 hours. The total cooling time not exceed 6 hours</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Windsor Care Center of Cheviot Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3533 Motor Avenue Los Angeles, CA 90034	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46843</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment by the inability of the facility to ensure a pest free environment for one of three residents, Resident 294.</p> <p>This deficient practice resulted in Resident 294 being bitten by a spider and also had the potential for facility wide infestation of spiders.</p> <p>Findings:</p> <p>A review of Resident 294's Admission Record indicated Resident 294 was admitted to the facility on [DATE], with medical diagnoses that included hypertension (high blood pressure) and muscle weakness (a lack of physical or muscle strength, throughout the body).</p> <p>A review of Resident 294's Doctor's assessment titled History and Physical (H&P) dated 12/8/2024 Resident 294's cognition (the mental ability to make decisions of daily living) was intact, and resident can make decisions for medical care; however, needs assistance to perform some of her activities of daily living.</p> <p>During a witnessed observation and concurrent interview with Certified Nursing Assistant 1 (CNA 1) on 12/9/24 at 10:08 am., an insect was observed outside Resident 294's room. CNA 1 stated that she witnessed a spider on the wall next to one of the resident's rooms. CNA 1 stated she is very scared of spiders. CNA 1 stated that she has not seen any other insects in the building, however, there are some gnats in the building that I see from time to time.</p> <p>During interview on 12/11/24 at 8:51 am., Maintenance Supervisor (MS) stated, the facility's contracted pest control company is scheduled to come out to the facility on [DATE]to fumigate. MS stated the facility had been treated last month about two weeks ago, and there should be no bugs or rodents in the facility. MS stated that he checks the facility often for any signs of infestation. MS stated that he would make it a priority to spray for spiders and bugs to prevent any more insects from entering the facility</p> <p>During interview on 12/11/24 at 2:17 pm., the Administrator (ADM) stated that the facility should be free of pests at all times and if one is spotted then the Maintenance Supervisor will take immediate action to control any infestation of insects or vermin. ADM stated he has not seen any insects in the building.</p> <p>A review of facility's policy and procedures titled, Pest Control, Policy Statement, reviewed 10/21/2024, indicated: Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. 6. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p>		