

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	

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 - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44244</p> <p>Based on observation, interview, and record review the facility failed to ensure residents were treated with respect and dignity in a manner that promotes maintenance or enhancement of his or her quality of life and by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Licensed Vocational Nurse 6 (LVN 6) knocked before entering the resident's room, requested permission to enter the resident's room, and did not loudly state the resident's name in a decibel heard 35 feet (a unit of measurement) away at Station A for one of three sampled residents (Resident 68) reviewed during the Dignity care area. 2. Ensure LVN 6 treated Resident 68, and an additional two of seven resident's present during the Resident Council task, with professionalism for one of three sampled residents (Resident 68) reviewed during the Dignity care area and two of seven additional residents interviewed during the Resident Council task. 3. Maintain resident privacy while undressing the resident for one of three sampled residents (Resident 83) investigated under the dignity care area. <p>These deficient practices violated resident's rights to privacy and to be treated with respect and dignity; and had the potential to result in a decrease in psychosocial well-being and a decrease in the quality of life for residents.</p> <p>[cross-reference to F656]</p> <p>Findings:</p> <p>1. During a review of Resident 68's Admission Record, the Admission Record indicated the facility admitted the resident on 9/2/2020 and readmitted the resident on 11/15/2023 with diagnoses that included type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), unspecified systolic heart failure (a condition in which the heart cannot pump enough blood to meet the body's needs), and hypertension (HTN-high blood pressure).</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 - Some</p>	<p>During a review of Resident 68's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/30/2024, the MDS indicated the resident was able to understand others and was able to make himself understood. The MDS further indicated the resident required partial/moderate assistance from staff for bathing and dressing, required supervision for toileting and personal hygiene and required setup or clean up assistance for eating and oral hygiene.</p> <p>During a review of Resident 68's Self-Administration of Medication form, dated 9/6/2024, the form indicated self-administration is not granted and the licensed nurse will administer resident's medication as ordered.</p> <p>During a concurrent observation and interview on 10/8/2024 at 10:45 a.m., observed Resident 68 lying in bed with his eyes closed. Observed a plastic medication cup containing eight medications on the bedside rolling table. Resident 68 opened his eyes and stated the medications were his and the nurse left them there for him to take, but he fell back asleep.</p> <p>During an interview on 10/8/2024 at 10:54 a.m., with Licensed Vocational Nurse 6 (LVN 6) in Station A, LVN 6 stated she left Resident 68's medications at bedside with him to administer himself. Observed LVN 6 walk to Resident 68's room, entered the room without knocking or requesting permission to enter, and loudly stated Resident 68's first name in a decibel heard at Station A. The surveyor then walked toward Resident 68's room and observed Resident 68 stated that he fell asleep and forgot to take the medications. LVN 6 exited the resident's room and returned to Station A. LVN 6 stated she knows she is not supposed to leave medications at bedside, but Resident 68 is cranky and she just left them there.</p> <p>During a follow up interview on 10/8/2024 at 11:05 a.m., LVN 6 stated she did not knock or introduce herself prior to entering Resident 68's room because the resident was sleeping, and she needed to see why he didn't take his medications.</p> <p>LVN 6 stated she knows she should knock before entering when residents are sleeping, but she didn't. LVN 6 stated she is supposed to knock and introduce herself before entering a resident's room for the resident's right to privacy.</p> <p>During a Resident Council interview on 10/9/2024 at 2 p.m., Resident 68, and two of seven other residents present during the interview, stated LVN 6 does not act professionally towards them.</p> <p>During a follow up interview on 10/10/2024 at 12 p.m., with Resident 68, Resident 68 and stated on 10/8/2024 when LVN 6 entered his room and loudly stated his name, LVN 6 then stated that Resident 68 got her in trouble when he fell asleep and did not take his medication. Resident 68 stated LVN 6 got herself in trouble. Resident 68 stated LVN 6's actions on 10/8/2024 made him feel not very good at all.</p> <p>During a concurrent observation and interview on 10/11/2024 at 7:59 a.m., the Maintenance Supervisor (MS) measured the distance from Resident 68's room to Station A. The MS stated Resident 68's room entrance is 35 feet from Station A.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/11/2024 at 8:58 a.m., with the Director of Nursing (DON), the DON stated LVN 6 has a certain tone to her voice. The DON stated when the DON asked LVN 6 about leaving medications at Resident 68's bedside and not knocking prior to entering the resident's room, LVN 6 responded with just a smile. The DON stated resident 68's room is not close to Station A and 35 feet is a long way to hear a nurse's voice speaking to a resident. The DON stated residents have the right to be treated with dignity and respect. The DON stated when residents are not treated with dignity and respect it can have a negative psychosocial impact on them. The DON stated the facility policy was not followed when LVN 6 did not act professionally towards residents and did not knock and introduce herself when she entered Resident 68's room and loudly stated his name.</p> <p>During a review of the facility policy and procedure titled, Resident Rights, last reviewed 4/2024, the policy indicated employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <ul style="list-style-type: none"> -a dignified existence -be treated with respect, kindness, and dignity -be supported by the facility in exercising his or her rights -privacy and confidentiality <p>During a review of the facility policy and procedure titled, Quality of Life - Dignity, last reviewed 4/2024, the policy 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, feeling of self-worth and self-esteem. Residents are treated with dignity and respect at all times. The facility culture is one that supports and encourages humanization and individualization of residents, and honors resident choices, preferences, values and beliefs. Residents' private space and property are respected at all times. Staff are expected to knock and request permission before entering residents' rooms. Staff speak respectfully to residents at all times. Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. Demeaning practices and standards of care that compromise dignity are prohibited.</p> <p>43418</p> <p>3. During a review of Resident 83's Admission Record, the admission record indicated the facility admitted Resident 83 on 7/31/2024 with diagnoses including, but not limited to, heart disease, essential hypertension (HTN, high blood pressure), and history of falling.</p> <p>During a review of Resident 83's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/6/2024, the MDS indicated Resident 83 had difficulty understanding and making decisions, required setup assistance with eating, supervision or touching assistance with oral hygiene, transferring from sit to lying, lying to sitting on the side of the bed, sit to stand, toilet transfers, walking up to 150 feet, moderate assistance with toileting hygiene and personal hygiene, and maximal assistance with showering or bathing himself, and upper and lower body dressing.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 83's History and Physical (H&P), dated 3/8/2024, the H&P indicated Resident 83 has the capacity to understand and make decisions.</p> <p>During an observation on 10/8/2024, at 8:49 a.m., from the hallway outside of Resident 83's room, Certified Nursing Assistant (CNA) 8 placed Resident 83 in a shower chair located between the foot of the bed and the resident bathroom. CNA 8 undressed Resident 83 while in the shower chair and Resident 83 was visible from the hallway.</p> <p>During an interview with CNA 8, on 10/8/2024, at 8:54 a.m., CNA 8 confirmed Resident 83 was undressed inside his room and was visible from the hallway. CNA 8 stated Resident 83 should have been undressed from behind his privacy curtain. CNA 8 further stated if the resident is visible while undressing, it can affect the resident's privacy and can make the resident feel disrespected.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated residents should be provided bodily privacy while undressing by closing the curtains or door. The DON stated further stated if residents are not provided privacy, the residents could potentially feel violated and embarrassed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Quality of Life - Dignity, last reviewed 4/2024, the P&P indicated staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedure.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>44376</p> <p>Based on observation, interview, and record review, the facility failed to keep the call light (an alerting device for nurses or other nursing personnel to assist a patient when in need) within reach of the resident for one of six sampled residents (Resident 112) investigated under environment facility task.</p> <p>The deficient practice had the potential to result in residents not being able to summon a health care worker for help as needed.</p> <p>Findings:</p> <p>During a review of Resident 112's Admission Record (AR), the AR indicated the facility admitted the resident on 2/15/2024, and readmitted the resident on 2/29/2024, with diagnoses including encephalopathy (damage or disease that affects the brain) and anxiety disorder (a condition where a person has excessive and persistent feelings of fear, dread, and uneasiness).</p> <p>During a review of Resident 112's Order Summary Report, dated 2/26/2024, the report indicated to place a yellow arm band on the resident for fall precaution and monitor for presence.</p> <p>During a review of Resident 112's Care Plan (CP) titled The resident is high risk for falls related to gait (a manner of walking or moving on foot)/balance problems, incontinence, unaware of safety needs, last revised on 4/23/2024, the CP indicated an intervention to be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. During a review of Resident 112's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/3/2024, the MDS indicated Resident 112 had the ability to make self-understood and to understand others. The MDS indicated Resident 112 was dependent and required substantial to maximal assistance in mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The MDS also indicated Resident 112 had a fall since admission with no injury.</p> <p>During a review of Resident 112's Nursing Fall Risk Evaluation (FRE), dated 9/3/2024, the FRE indicated the resident was assessed as a high risk for falls.</p> <p>During a concurrent observation and interview on 10/8/2024, at 9:40 a.m., with Licensed Vocational Nurse 4 (LVN 4), Resident 112's call light button was observed dangling on the right side of the bed almost touching the floor. LVN 4 stated the resident cannot reach the call button as it is almost on the ground at the right side of the bed. LVN 4 stated the resident was a fall risk and reaching for the button on the floor could cause the resident to fall and sustain an injury.</p> <p>During an interview on 10/11/2024, at 2:09 p.m., with the Director of Nursing (DON), the DON stated the staff should always ensure the call light is within reach of the resident so they can call for help when needed. The DON added the resident can fall while reaching for the call light when it is away from the resident.</p> <p>(continued on next page)</p>		

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<p>F 0558</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 recent policy and procedure (P&P) titled Answering the Call Light, last reviewed on 4/2024, the P&P indicated the purpose of this procedure is to ensure timely responses to the resident's requests and needs. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.</p>

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<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38552</p> <p>Based on observation, interview and record review, the facility failed to offer and assist the resident's choice to wear personal clothing for one of one sampled resident (Resident 23) investigated under the Choices investigative area.</p> <p>This deficient practice has the potential to result in a decline in the resident's self-esteem and self-worth.</p> <p>Findings:</p> <p>During a review of Resident 23's Admission Record, the Admission Record indicated the facility admitted the resident on 1/19/2023 with diagnoses including dementia (a progressive state of decline in mental abilities) and depression (a constant feeling of sadness and loss of interest, which stops the individual from doing normal activities).</p> <p>During a review of Resident 23's MDS, dated [DATE], the MDS indicated the resident's preferences to choose what clothes to wear was very important. The MDS indicated the resident was able to make self understood and usually understood others. The MDS indicated the resident required substantial/maximal assistance (helper does more than half the effort) with upper body dressing, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 23's activities of daily living (ADL - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) self-care performance deficit care plan, revised 2/1/2024, the care plan indicated the resident goals of not developing complications related to decreased ADL performance. The interventions included assisting the resident to choose simple comfortable clothing that enhances the resident's ability to dress self.</p> <p>During an interview on 10/8/2024 at 3:22 p.m., Responsible Party 1 (RP 1) stated she has repeatedly requested the nursing staff (licensed nurses and certified nursing assistants) for Resident 23 to wear her night gown at night and not a hospital gown (a facility-provided robe worn by patients in a hospital). RP 1 stated the resident was wearing a hospital gown most of the time when she comes and visit the resident. RP 1 stated the resident has personal clothes to wear.</p> <p>During a concurrent observation and interview, at Resident 23's bedside, on 10/9/2024 at 8:02 a.m., with CNA 13, CNA 13 stated she started her shift at 7:20 a.m. that day and she was the assigned CNA for Resident 23. CNA 13 stated she has not changed the resident yet. CNA 13 stated Resident 23 was wearing a hospital gown with a long-sleeve pink shirt underneath. CNA 13 stated Resident 23 wore the same clothes the previous afternoon and throughout the night.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview, at Resident 23's bedside, on 10/9/2024 at 4:20 p.m., with CNA 13, CNA 13 stated resident was wearing a green hospital gown. CNA 13 stated she changed Resident 23 into a new gown. CNA 13 stated Resident 23 had clothes in the closet. CNA 13 stated she would change the resident's clothes during the day shift, but because it was already after 3 p.m. she did not need to. CNA 13 stated she did not know Resident 23 had clothes in their closet. CNA 13 stated she did not check the resident's closet before putting on the hospital gown on Resident 23.</p> <p>During an interview on 10/9/2024 at 4:50 p.m., with MDS Nurse 1 (MDSN 1), MDSN 1 stated CNAs should encouraged and offer resident's their own personal clothing to wear because it is their right and to be treated with dignity and respect. MDSN 1 stated CNA should have checked the closet and assist the resident to wear their clothing.</p> <p>During an interview on 10/11/2024 at 2:05 p.m., the DON stated the importance of honoring resident's personal clothing to boost the dignity of the patient.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Quality of Life - Dignity, last reviewed 4/2024, the P&P indicated staff are expected to treat cognitively impaired residents with dignity and sensitivity.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on observation, interview, and record review the facility failed to ensure residents were treated with respect and dignity including the right to be free from physical restraints (any manual method, physical or mechanical device, material or equipment that is attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body) for three (3) out of three (3) sampled residents (Residents 75 and 116) investigated during a review of physical restraints care area by:</p> <ol style="list-style-type: none"> 1. Failing to complete a restraint assessment prior to use of a sensor pad alarm (a device that triggers an audible alarm when a patient attempts to rise off the pad) for Resident 75. 2. Failing to obtain a physician's order, informed consent, complete a restraint assessment, and develop and implement a care plan on the use of bed placed against the wall for Resident 116 and 66. <p>These deficient practices had the potential to result in the restriction of residents' freedom of movement, a decline in physical functioning, psychosocial harm, physical harm from entrapment (a state in which a person is trapped by the bed rail in a position that they cannot move from), and death of residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 75's Admission Record, the Admission Record indicated the facility admitted the resident on 9/18/2024 with diagnoses including but not limited to type two diabetes mellitus (DM 2 - a long term condition that causes the level of sugar [glucose] in the blood to become too high) generalized muscle weakness, and dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life). <p>During a review of Resident 75's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 9/24/2024, the MDS indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with personal hygiene, supervision/touching assistance with eating, oral hygiene, roll left and right, sit to lying, lying to sitting on edge of bed, substantial/maximal assistance with toileting hygiene, and shower/bathing self, and partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 75 did not have impairment of both upper and lower extremities.</p> <p>During a review of Resident 75's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 75's Order Summary Report, the Order Summary Report indicated a physician's order dated 9/30/2024 to apply sensor pad alarm in the resident's bed to remind the resident to call for assistance and alert staff when moving or getting up from bed every shift. And to monitor for presence, placement, and functionality every shift for fall prevention.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 75's care plan for an actual fall incident when resident was found sitting on the floor initiated 9/30/2024, last revised 10/1/2024, the care plan indicated to apply a sensor pad alarm in the bed as one of the interventions to prevent injuries and fall incidents.</p> <p>During a review of Resident 75's fall risk assessments dated 9/18/2024, 9/23/2024, and 9/30/2024, the fall risk assessments indicated the resident was a high risk for falls.</p> <p>During a concurrent observation and interview on 10/9/2024 at 2:15 p.m. inside Resident 75's room with Certified Nursing Assistant 9 (CNA 9), Resident 75 was observed lying in bed with the sensor pad alarm positioned on the left upper half side rail and secured with a hook. CNA 6 verified the sensor pad alarm switch was turned off. CNA 6 stated she did not know who turned off the alarm. CNA 6 stated the sensor pad alarm was to help prevent the resident from getting up unassisted and fall. CNA 6 stated the alarm should not have been turned off. CNA 6 stated if the alarm was turned off, the staff would be unable to know if the resident got out of bed unassisted and can fall and lead to injury.</p> <p>During a concurrent interview and record review of 10/11/2024 at 12:10 p.m., Resident 75's physician's orders, fall risk assessments, informed consents, and care plans with [NAME] Data Set Nurse 1 (MDSN 1) were reviewed. MDSN 1 stated the facility considered the sensor pad alarm as a nursing intervention not a restraint, hence, there was no device use evaluation or assessment completed prior to use. MDSN 1 stated the sensor pad alarm was used to prevent the resident from getting up unassisted by alerting the staff and reminding the resident to call for assistance. MDSN 1 stated a restraint assessment should have been completed prior to use to ensure appropriateness of the intervention.</p> <p>During an interview on 10/11/2024 at 3:30 p.m., the Director of Nursing (DON) stated the sensor pad alarm was used on the resident to alert staff when Resident 75 gets out of bed unassisted and to remind the resident to ask for assistance prior to getting up without assistance. The DON stated the sensor pad alarm was considered a restraint as it restricts the resident to move freely in the bed without hearing the alarm, therefore, there should have been a restraint use assessment to ensure the appropriateness of the use of alarm.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Use of Restraints, last reviewed 4/2024, indicated:</p> <p>-Physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body.</p> <p>-The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition, and this restricts his/her typical ability to change position or place, that device is considered a restraint.</p> <p>-Prior to placing a resident on restraints, there shall be a pre-restraining assessment and review to determine the need for restraints.</p> <p>During a review of the facility's P&P titled, Tab Alarms, Bed Alarms, Wanderguard System, last reviewed 4/2024, indicated:</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Tab alarms or bed alarms may be used on a resident who is deemed unsafe through the nursing assessment.</p> <p>-After each application of the tab alarm(s), bed alarm(s), or wanderguard bracelet in place, a licensed nursing staff/appropriate designee will conduct a safety check to verify alarm device used is in proper working condition including proper function and placement to facility used alarm system per manufacturer instruction before leaving the resident.</p> <p>2. During a review of Resident 116's Admission Record, the Admission Record indicated the facility admitted the resident on 5/31/2024 and readmitted the resident 7/31/2024 with diagnoses including but not limited to history of falling, malignant neoplasm of breast (abnormal growth of tissue in the breast capable of spreading to other parts of the body), and psychosis (a condition that affects the brain and causes the individual to believe and experience things that are not real).</p> <p>During a review of Resident 116's History and Physical (H&P) dated 8/6/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 116's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 8/9/2024, the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with eating; supervision/touching assistance with roll left and right, sit to lying, lying to sitting on edge of bed, sit to stand, and ambulating up to 150 feet; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 116 did not have impairment of both upper and lower extremities.</p> <p>During a review of Resident 116's Order Summary Report, the Order Summary Report did not indicate a physician's order to place the bed against the wall.</p> <p>During a review of Resident 116's care plan on risk for falls related to confusion, gait or balance problems, history of multiple falls, and multiple contributing medical condition or diagnoses initiated 5/31/2024 and last revised 10/9/2024, did not indicate bed placed against the wall as on the of the interventions.</p> <p>During a review of Resident 116's fall risk assessments dated 7/31/2024, 8/14/2024, 9/27/2024, and 10/7/2024, the fall risk assessments indicated the resident was a high risk for falls.</p> <p>During a concurrent observation and interview on 10/8/2024 at 11:42 a.m., inside Resident 116's room with Certified Nursing Assistant 7 (CNA 7), CNA 7 verified Resident 116's bed was placed against the wall on the right side. CNA 7 stated the bed against the wall was to prevent the resident from getting out of bed from the left side as the resident had a history of falls.</p> <p>During a concurrent observation and interview on 10/8/2024 at 11:49 a.m., inside Resident 116's room with Licensed Vocational Nurse 4 (LVN 4), LVN 4 verified Resident 116's bed was placed against the wall on the right side. LVN 4 stated the bed was placed against the wall on the right side because Resident 116 had multiple fall incidents and to prevent any injuries in case the resident falls on the right side from getting up unassisted.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/11/2024 at 11:14 a.m., Resident 116's physician's order, care plan, informed consents, and restraint assessment were reviewed with Minimum Data Set Nurse 1 (MDSN 1). MDSN 1 stated she identified Resident 116's bed was placed against the wall, and it was considered a restraint as it restricts the resident from getting out of bed from the right side. MDSN 1 verified Resident 116 did not have impairment on both upper and lower extremities. MDSN 1 stated a physical restraint assessment should have been completed, obtain an informed consent from the resident or resident representative, obtain an order from the physician, and develop and implement a care plan prior to placing the bed against the wall as a restraint.</p> <p>During a concurrent interview and interview on 10/11/2024 at 3:35 p.m. reviewed the facility's policy and procedure (P&P) titled, Use of Restraints with the Director of Nursing (DON), the DON verified placing the bed against the wall was considered a restraint as it restricts the resident's movement from the other side of the bed. The DON stated a physical restraint assessment should have been completed to ensure necessity of the restraint, obtain an informed consent from the resident or resident representative to be aware of the risks and benefits of the restraint, obtain an order from the physician, and develop and implement a care plan prior to placing the bed against the wall as a restraint.</p> <p>During a review of the facility's P&P titled, Use of Restraints, last reviewed 4/2024, the P&P indicated the following:</p> <ul style="list-style-type: none"> -Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. -Physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. -The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition, and this restricts his/her typical ability to change position or place, that device is considered a restraint. -Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted including: <ul style="list-style-type: none"> a. Using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed; d. Placing a resident who uses a wheelchair so close to the wall that the wall prevents the resident from rising. Prior to placing a resident in restraints, shall be a pre-restraining assessment and review to determine the need for restraints. -Prior to placing a resident on restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. -Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (Sponsor). The order shall include the following: <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. The specific reason for the restraint (as it relates to the resident's medical symptom);</p> <p>b. How the restraint will be used to benefit the resident's medical symptom; and</p> <p>c. The type of restraints, and period of time for the use of the restraint.</p> <p>-Residents and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use.</p> <p>-Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s).</p> <p>44376</p> <p>3. During a review of Resident 66's Admission Record (AR), the AR indicated the facility admitted the resident on 12/21/2022, and readmitted the resident on 7/31/2024, with diagnoses including displaced fracture of the right femur (a break in the thigh bone where the bone fragments are not aligned), abnormalities of gait (manner of moving on foot) and mobility, and history of falling.</p> <p>During a review of Resident 66's History and Physical (H&P), dated 1/16/2023, the H&P indicated the resident had the capacity to understand and to make decisions.</p> <p>During a review of Resident 66's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated the resident has the ability to make self-understood and to understand others. The MDS indicated the resident had severe cognitive impairment (a condition where a person has difficulty with basic tasks and is unable to live independently) and was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During an observation on 10/8/2024, at 8:56 a.m., during resident screening, Resident 66 was observed lying in bed with the bed placed against the wall at the right side of the bed.</p> <p>During a concurrent observation, interview, and record review, on 10/10/2024, at 9:34 a.m., with Registered Nurse 1 (RN 1), while inside Resident 66's room, Resident 66's Order Summary Report, Assessment for safety on the use of the restraint bed placed against the wall, Consents, and Care Plans were reviewed. RN 1 stated there was no physician's order, no physical restraint assessment, no consent from the resident/representative, and no care plan on the use of a restraint bed placed against the wall. RN 1 stated it is important to ensure all the above steps were done prior to the application of the restraint for its safe use and to honor the resident's right to informed consent.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/11/2024, at 2:08 p.m., with the Director of Nursing (DON), the DON stated there should have been a physical restraint assessment, a physician's order, a care plan, and an informed consent from the resident or the resident representative prior to placing the resident's bed against the wall to ensure resident safety and to honor the resident's right to accept or refuse the treatment.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Use of Restraints, last reviewed on 4/2024, the P&P indicated physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted including:</p> <p>a. Using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed;</p> <p>d. Placing a resident who uses a wheelchair so close to the wall that the wall prevents the resident from rising. Prior to placing a resident in restraints, shall be a pre-restraining assessment and review to determine the need for restraints.</p> <p>Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (Sponsor). The order shall include the following:</p> <p>a. The specific reason for the restraint (as it relates to the resident's medical symptom);</p> <p>b. How the restraint will be used to benefit the resident's medical symptom; and</p> <p>c. The type of restraints, and period of time for the use of the restraint.</p> <p>Residents and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraints reduction, less restrictive methods of restraints, or total restraint elimination. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s).</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Health, Medical Condition and Treatment Options, Informing Residents of, last reviewed on 4/2024, the P&P indicated every resident is informed of his/her total health status, medical condition, and options for treatment. Each resident is informed of his/her total health status and medical condition, including diagnosis, treatment recommendations and prognosis, in advance treatment and an on-going basis. If a resident has an appointed representative, the representative is also informed.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43418</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received an accurate assessment, reflective of the resident's status at the time of the assessment, for one of one sampled residents (Resident 83) investigated under the communication-sensory care area when the facility failed to accurately assess Resident 83's ability to hear in the minimum data set (MDS, a federally mandated resident assessment tool).</p> <p>This deficient practice had the potential for the resident to not receive the appropriate interventions.</p> <p>Cross-reference F685.</p> <p>Findings:</p> <p>During a review of Resident 83's Admission Record, the admission record indicated the facility admitted Resident 83 on 7/31/2023 with diagnoses including, but not limited to, heart disease, essential hypertension (HTN, high blood pressure), and history of falling.</p> <p>During a review of Resident 83's MDS, dated [DATE], the MDS indicated Resident 83 had difficulty understanding and making decisions, required setup assistance with eating, supervision or touching assistance with oral hygiene, transferring from sit to lying, lying to sitting on the side of the bed, sit to stand, toilet transfers, walking up to 150 feet, moderate assistance with toileting hygiene and personal hygiene, and maximal assistance with showering or bathing himself, and upper and lower body dressing. The MDS further indicated Resident 83 had adequate hearing and did not use a hearing aid or hearing appliance.</p> <p>During a review of Resident 83's History and Physical (H&P), dated 3/8/2024, the H&P indicated Resident 83 has the capacity to understand and make decisions.</p> <p>During a review of Resident 83's Social Services Evaluation, dated 6/4/2024, the social services evaluation indicated Resident 83 had impaired hearing, did not have a hearing aid, and audio services were to be provided as needed or indicated on an emergency basis.</p> <p>During a review of Resident 83's Care Plan, last revised 9/30/2024, the care plan indicated Resident 83 was at risk for communication problems related to hearing deficit. The care plan further indicated interventions included referring Resident 83 to audiology for hearing consult as ordered.</p> <p>During a concurrent observation and interview with Resident 83, on 10/8/2024, at 8:46 a.m., inside Resident 83's room, Resident 83 was sitting in a wheelchair and stated he had difficulty hearing and that he wanted his ears to be cleaned so he can hear better. During the interview, Resident 83 requested to repeat the questions being asked and spoke loudly.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nursing Assistant (CNA) 10, on 10/10/2024, at 10:14 a.m., CNA 10 stated she was assigned to Resident 83 and has provided care for the resident in the past. CNA 10 stated Resident 83 is hard of hearing and needs to speak loudly or go close to the resident to the resident for him to understand. CNA 10 further stated Resident 83 does not have a hearing aid.</p> <p>During an interview with Licensed Vocational Nurse (LVN) 1, on 10/10/2024, at 10:18 a.m., LVN 1 stated she was assigned to Resident 83 and that the resident was hard of hearing. LVN 1 stated when speaking to Resident 83, she would need to repeat herself to be understood by the resident. LVN 1 stated Resident 83 does not wear or use a hearing aid and has not been seen by an audiologist. LVN 1 further stated she was not aware if Resident 83 was offered to be seen by an audiologist.</p> <p>During an interview with Social Services Assistant (SSA) 1, on 10/10/2024, at 10:38 a.m., SSA 1 stated Resident 83 is hard of hearing and may need repeating for the resident to understand what is being said to him. SSA 1 stated Resident 83 does not use a hearing aid.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDSD), on 10/11/2024, at 8:50 a.m., Resident 83's MDS, dated [DATE], was reviewed and the MDSD confirmed the assessment indicated Resident 83 did not have hearing impairment. The MDSD stated she has interacted with Resident 83 and stated the resident has impaired hearing and the MDS should have indicated the resident has impaired hearing. The MDSD further stated it is important to have an accurate assessment to accurately reflect the resident's status to have an accurate plan of care and refer the resident to the proper services.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated residents should have an accurate assessment so that the facility can provide the resident with equipment to address issues a resident may have. The DON further stated the purpose of an assessment is to see how the resident can be helped and an inaccurate assessment by the facility would fail to provide residents with the appropriate interventions.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Resident Assessments, last reviewed 4/2024, the P&P indicated information in the MDS assessment will consistently reflect information in the progress notes, plans of care, and resident observations/interviews.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>44376</p> <p>Based on interview and record review, the facility failed to develop and implement a baseline care plan for one of eight sampled residents (Resident 385) during initial sampling by failing to develop and implement a care plan for the use of oxygen therapy (a treatment in which a storage tank of oxygen or a machine called a compressor is used to give oxygen to people with breathing problems), psychotropic medications (Donepezil, Mirtazapine, Trazadone [are drugs or substances that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior]), and anticoagulant (warfarin, an anticoagulant drug used to prevent and treat blood clots).</p> <p>The deficient practice had the potential to result in a delay in care and treatment decreasing quality of life.</p> <p>Findings:</p> <p>During a review of Resident 385's Admission Record (AR), the AR indicated the facility admitted the resident on 10/3/2024, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), depression (a mental health condition that involves a persistent low mood, loss of interest in activities, and difficulty with daily life), and atrial fibrillation (a type of irregular heartbeat that occurs when the upper chambers of the heart [atria] beat rapidly and irregularly).</p> <p>During a review of Resident 385's Order Summary Report, dated 10/3/2024, the report indicated an order for:</p> <ul style="list-style-type: none"> -Oxygen at 2-3 liter per minute (L/min, a measurement of the velocity at which air flows into the sample probe) via nasal cannula (a device that gives additional oxygen through the nose) to keep oxygen saturation level (O2 sats, a measurement of how much oxygen the blood is carrying as a percentage) above 92%. Diagnosis chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). Continuous. -Donepezil HCl oral tablet 5 milligrams (mg, a unit of weight) (Donepezil Hydrochloride). Give 1 tablet by mouth one time a day for dementia (the loss of cognitive functioning, thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities). -Mirtazapine oral tablet 15 mg (Mirtazapine). Give 1 tablet by mouth at bedtime for depression monitor for behavior (m/b) poor appetite. -Trazadone HCl tablet 50 mg (Trazadone HCl). Give 0.5 tablet by mouth at bedtime for depression m/b inability to sleep. -Warfarin sodium oral tablet 2 mg (Warfarin Sodium). Give 3.5 tablet by mouth in the evening for atrial fibrillation. <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 385's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/9/2024, the MDS indicated the resident had intact cognition (the ability to maintain a relatively high level of mental processing, including thinking, learning, memory, and perception).</p> <p>During a concurrent interview and record review on 10/10/2024, at 10:16 a.m., with Registered Nurse 1 (RN 1), Resident 385's Order Summary Report, Medication Administration Record, and Care Plans were reviewed. RN 1 stated there was an order for Oxygen at 2-3 L/min via nasal cannula, Donepezil HCl 5 mg oral tablet, Mirtazapine 15 mg oral tablet, Trazadone HCl 50 mg tablet, and Warfarin sodium 2 mg oral tablet, however, there were no baseline care plans developed for its use. RN 1 stated baseline care plans should have been created for each to provide a structured framework for addressing each intervention, such as setting goals, monitoring for progress, to improve treatment.</p> <p>During a review of Resident 385's History and Physical (H&P), dated 10/11/2024, the H&P indicated the resident had the ability to understand and make decisions.</p> <p>During a concurrent interview and record review, on 10/11/2024, at 2:09 p.m., with the Director of Nursing (DON), Resident 385's Order Summary Report, Medication Administration Record, and Care Plans were reviewed. The DON also stated there was an order to infuse Oxygen at 2-3 L/min via nasal cannula and an order to administer donepezil HCl 5 mg oral tablet, mirtazapine 15 mg oral tablet, trazadone hcl 50 mg tablet, and warfarin sodium 2 mg oral tablet, but there was no baseline care plan developed and implemented prior to its use. The DON stated care plans should have been developed for each intervention to ensure the resident receives the right care and support to meet the resident's needs.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Care Plans- Baseline, last reviewed on 4/2024, the P&P indicated a baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43418</p> <p>Based on observation, interview, and record review, the facility failed to develop and/or implement a comprehensive person-centered care plan for two of nine sampled residents (Resident 102 and 107) investigated under the accidents care area, two of two (Resident 17 and 23) sampled residents investigated under the activities of daily living (ADL, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care area, and two of five sampled residents (Resident 66 and 75) investigated under the unnecessary medications care area when the facility failed to:</p> <ol style="list-style-type: none"> 1. Develop Resident 102's care plan for medication storage at the bedside. 2. Develop Resident 107's care plan for use of bed rails (also known as side rails, a type of safety device that can be attached to a bed frame to help prevent falls and provide support for getting in, out, or around the bed). 3. Implement Resident 17 and 23s' care plans for ADL care. 4. Develop and implement Resident 66's care plan on the use of Mirtazapine, an antidepressant medication (prescription medications that treat depression and other mental health conditions). 5. Develop Resident 75's care plan addressing the resident's type two diabetes mellitus (DM 2 - a long term condition that causes the level of sugar [glucose] in the blood to become too high) and use of insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood). <p>These deficient practices had the potential for a delay in care and services of residents.</p> <p>Cross-reference F550, F561, F677, F689, and F700.</p> <p>Findings:</p> <p>1. During a review of Resident 102's Admission Record, the admission record indicated the facility originally admitted Resident 102 on 2/21/2024 with diagnoses including, but not limited to, type two diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertension (high blood pressure).</p> <p>During a review of Resident 102's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/27/2024, the MDS indicated Resident 102 was able to understand and make decisions, required setup assistance with eating, and required moderate to maximal assistance or was dependent on staff for activities of daily living such as hygiene, showering/bathing himself, dressing, toileting, and surface-to-surface transfers.</p> <p>During a review of Resident 102's History and Physical (H&P), dated 2/21/2024, the H&P indicated Resident 102 had the capacity to understand and make his own medical decisions.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 102's Self Administration of Medication form, dated 8/27/2024, the self-administration of medication form indicated Resident 102 was not granted approval to self-administer medication.</p> <p>During a review of Resident 102's Order Summary Report, current as of 10/9/2024, the order summary report did not indicate an order for gas relief medication, artificial tears eye drops, or skin protectant.</p> <p>During a review of Resident 102's Care Plans, current as of 10/9/2024, the care plans did not indicate the resident can self-administer medication or keep medications at the bedside.</p> <p>During an observation on 10/8/2024, at 9:05 a.m., inside Resident 102's room, Resident 102 was sleeping in bed with the bedside table positioned to the right of the resident. The bedside table had a bottle of gas relief medication and a tube of skin protectant.</p> <p>During a concurrent observation and interview with Resident 102, on 10/8/2024, at 12:26 p.m., inside Resident 102's room, a bottle of gas relief medication and a bottle of artificial tears eye drops were on top of Resident 102's bedside table and a tube of skin protectant was below the television placed on a dresser to the left of the resident. Resident 102 confirmed he had the medications at the bedside and stated he was allowed to keep his medications at the bedside.</p> <p>During an observation on 10/20/2024, at 1:34 p.m., inside Resident 102's room, a bottle of gas relief medication and a bottle of artificial tears eye drops were on a table placed to the right of the resident.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDS), on 10/11/2024, at 9:22 a.m., Resident 102's Self Administration of Medication form, dated 8/27/2024, was reviewed and the MDS confirmed Resident 102 was not granted approval to self-administer medications and stated the resident should not have medications at the bedside. The MDS further stated medication should be stored where no other residents can access the medications.</p> <p>During a concurrent observation and interview with the MDS, on 10/11/2024, at 9:34 a.m., inside Resident 102's room, the MDS confirmed Resident 102 had a bottle of gas relief medication, a bottle of artificial tears eye drops, and three tubes of skin protectant at the bedside, on top of the bedside table and under the television. The MDS stated Resident 102 has not been approved for medication self-administration and should not have the medication kept at the bedside. The MDS stated if Resident 102 was approved for medication self-administration, his medication should be stored in a secure place because there is a possibility that other residents can take his medication and take it on their own.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated a care plan should be developed for Resident 102 to keep his medications at the bedside because a care plan is a guide for the facility on how to provide interventions to address identified problems for the residents. The DON further stated without a care plan the facility staff would not know how to take care of the residents.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, last reviewed 4/2024, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>During a review of the facility's P&P titled, Self-Administration of Medications, last reviewed 4/2024, the P&P indicated if it deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan.</p> <p>2. During a record review of Resident 107's Admission Record, the admission record indicated the facility originally admitted Resident 107 on 10/24/2023 and readmitted the resident on 10/31/2023 with diagnoses including, but not limited to, hemiplegia and hemiparesis (total paralysis of the arm, leg, and trunk on the same side of the body) following cerebral infarction (also known as a cerebral vascular accident or stroke, loss of blood flow to a part of the brain) affecting the left dominant side.</p> <p>During a review of Resident 107's MDS, dated [DATE], the MDS indicated Resident 107 had difficulty understanding and making decisions, was dependent on facility staff for activities of daily living such as eating, hygiene, showering/bathing himself, toileting, dressing, and required maximal assistance with rolling left to right in bed.</p> <p>During a review of Resident 107's H&P, dated 10/25/2023, the H&P indicated Resident 107 was forgetful, confused, and needs frequent reorientation to reality.</p> <p>During a review of Resident 107's Order Summary Report, dated 10/31/2023, the order summary report indicated Resident 107 was ordered bilateral quarter side rails locked when in bed as an enabler for mobility during activity of daily living performance and during repositioning. The order summary report further indicated informed consent was obtained from the resident after explaining of risks and benefits and to monitor for presence, placement, and functionality every shift.</p> <p>During a review of Resident 107's Bedside Rail Entrapment Risk Evaluation, dated 8/7/2024, the bedside rail entrapment risk evaluation indicated Resident 107 requires limited to total dependence with movement, is alert, oriented, able to follow commands and understand the use and purpose of bedside rail, requires supervised assist and cueing in using call alarms, and uses the bedside rail daily, less than 24 hours.</p> <p>During a review of Resident 107's care plans, current as of 10/11/2024, the care plans did not indicate focuses or interventions related to Resident 107's bed rails.</p> <p>During a concurrent observation and interview with the MDSC, on 10/11/2024, at 8:38 a.m., inside Resident 107's room, the MDSC confirmed Resident 107 had quarter rails at the head of his bed and uses the rail to move himself around the bed.</p> <p>During an interview with the DON, on 10/11/2024, at 3:28 p.m., the DON stated a care plan for the use of bed rails should be developed for residents using beds with bed rails to guide the staff on how to provide interventions to address identified problems for the residents.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Bed Safety and Bed Rails, last reviewed 4/2024, the P&P indicated before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The P&P further indicated information will be included in the consent:</p> <p>a. The assessed medical needs that will be addressed with the use of bed rails.</p> <p>b. The resident's risks from the use of bed rails and how those will be mitigated.</p> <p>3. a. During a review of Resident 17's Admission Record, the admission record indicated the facility originally admitted Resident 17 on 5/30/2023 and readmitted the resident on 6/14/2023 with diagnoses including, but not limited to, acute respiratory distress syndrome (a life-threatening lung condition that occurs when the lungs are damaged and can't provide enough oxygen to the body), hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of the left and right ankle.</p> <p>During a review of Resident 17's MDS, dated [DATE], the MDS indicated Resident 17 had difficulty understanding and making decisions, had functional limitation in range of motion for one on her upper extremities and both of her lower extremities, and was dependent on facility staff for activities of daily living such as eating, personal hygiene (the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands), toileting, showering/bathing herself, dressing, and surface-to-surface transfers.</p> <p>During a review of Resident 17's H&P, dated 6/15/2023, the H&P indicated Resident 17 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 17's Care Plan, last revised 7/10/2024, the care plan indicated Resident 17 has an activity of daily living self-care performance deficit related to, but not limited to, impaired balance, limited mobility, limited range of motion, and cerebrovascular accident. The care plan indicated interventions including, but not limited to, assistance by staff to maintain personal hygiene such as combing hair, shaving, applying makeup, washing, and drying face and hands.</p> <p>During an observation on 10/8/2024, at 8:32 a.m., inside Resident 17's room, Resident 17 was sleeping in bed and had gray strands of hair above her upper lip and on her chin.</p> <p>During an observation on 10/9/2024, at 9:45 a.m., inside Resident 17's room, Resident 17 was awake in bed and had gray strands of hair above her upper lip and on her chin.</p> <p>During an observation on 10/9/2024, at 1:22 p.m., inside Resident 17's room, Resident 17 was awake in bed and had gray strands of hair above her upper lip and on her chin.</p> <p>During a concurrent observation and interview with Certified Nursing Assistant (CNA) 10, on 10/9/2024, at 1:24 p.m., inside Resident 17's room, CNA 10 confirmed Resident 17 had facial hair above her upper lip and chin and stated the resident should not have facial hair. CNA 10 stated women should not have facial hair. CNA 10 stated female residents should be checked every day for facial hair and should be shaved, as needed, when cleaning their face. CNA 10 further stated if female residents are not shaved, there is a potential for the resident to feel embarrassed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the DON, on 10/11/2024, at 3:28 p.m., the DON stated Resident 17's interventions planned for ADL care should be implemented. The DON further stated if the interventions are not implemented it can potentially cause residents to feel bad and experience low self-esteem.</p> <p>During a review of the facility's P&P titled, Activities of Daily Living (ADLs), Supporting, last reviewed 4/2024, the P&P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene.</p> <p>38552</p> <p>3.b During a review of Resident 23's Admission Record, the Admission Record indicated the facility admitted the resident on 1/19/2023 with diagnoses including dementia (a progressive state of decline in mental abilities) and depression (a constant feeling of sadness and loss of interest, which stops the individual from doing normal activities).</p> <p>During a review of Resident 23's MDS, dated [DATE], the MDS indicated the resident's preferences to choose what clothes to wear was very important. The MDS indicated the resident was able to make self understood and usually understood others. The MDS indicated the resident required substantial/maximal assistance (helper does more than half the effort) with upper body dressing, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 23's ADL self-care performance deficit care plan, revised 2/1/2024, the care plan indicated the resident goals of not developing complications related to decreased ADL performance The interventions included assisting the resident to choose simple comfortable clothing that enhances the resident's ability to dress self.</p> <p>During an interview on 10/8/2024 at 3:22 p.m., Responsible Party 1 (RP 1) stated she has repeatedly requested the nursing staff (licensed nurses and certified nursing assistants) for Resident 23 to wear her night gown at night and not a hospital gown (a facility-provided robe worn by patients in a hospital). RP 1 stated the resident was wearing a hospital gown most of the time when she comes and visit the resident. RP 1 stated the resident has personal clothes to wear.</p> <p>During a concurrent observation and interview, at Resident 23's bedside, on 10/9/2024 at 8:02 a.m., with CNA 13, CNA 13 stated she started her shift at 7:20 a.m. that day and she was the assigned CNA for Resident 23. CNA 13 stated she has not changed the resident yet. CNA 13 stated Resident 23 was wearing a hospital gown with a long-sleeve pink shirt underneath. CNA 13 stated Resident 23 wore the same clothes the previous afternoon and throughout the night.</p> <p>During a concurrent observation and interview, at Resident 23's bedside, on 10/9/2024 at 4:20 p.m., with CNA 13, CNA 13 stated resident was wearing a green hospital gown. CNA 13 stated she changed Resident 23 into a new gown. CNA 13 stated Resident 23 had clothes in the closet. CNA 13 stated she would change the resident's clothes during the day shift, but because it was already after 3 p.m. she did not need to. CNA 13 stated she did not know Resident 23 had clothes in their closet. CNA 13 stated she did not check the resident's closet before putting on the hospital gown on Resident 23.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/9/2024 at 4:50 p.m., with MDS Nurse 1 (MDSN 1), MDSN 1 stated CNAs should encouraged and offer resident's their own personal clothing to wear because it is their right and to be treated with dignity and respect. MDSN 1 stated CNA should have checked the closet and assist the resident to wear their clothing.</p> <p>During an interview on 10/11/2024 at 2:05 p.m., the DON stated the importance of honoring resident's personal clothing to boost the dignity of the patient.</p> <p>During a review of the facility's recent policy and P&P titled, Care Plans, Comprehensive Person-Centered, last reviewed on 4/2024, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21days after admission.</p> <p>44376</p> <p>4. During a review of Resident 66's Admission Record, the Admission Record indicated the facility admitted the resident on 12/21/2022, and readmitted the resident on 7/31/2024, with diagnoses including dementia (a progressive state of decline in mental abilities), depression, and anxiety disorder (a condition where a person has excessive and persistent feelings of fear, dread, and uneasiness).</p> <p>During a review of Resident 66's H&P, dated 1/16/2023, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 66's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a high-risk drug class antidepressant medication.</p> <p>During a review of Resident 66's Order Summary Report, dated 7/31/2024, the Order Summary Report indicated an order for Mirtazapine oral (by mouth) tablet 7.5 milligrams (mg, a unit of weight). Give 1 tablet by mouth at bedtime for depression monitor for behavior (m/b) inability to sleep.</p> <p>During a concurrent interview and record review on 10/10/2024, at 9:16 a.m., with Registered Nurse 1 (RN 1), reviewed Resident 66's Order Summary Report and Care Plans. RN 1 stated there was an order for Mirtazapine oral tablet 7.5 mg for the resident; however, he cannot find the comprehensive care plan on its use. RN 1 stated it is important to have a care plan on the use of antidepressant (Mirtazapine) because the care plan serves as the medium to communicate the goals of treatment and a way to monitor the progress of care. RN 1 also stated Mirtazapine had a black box warning, meaning it could cause life-threatening adverse effects (a harmful or abnormal result) on residents.</p> <p>During a concurrent interview and record review on 10/11/2024 at 2:08 p.m., with the DON, reviewed Resident 66's Order Summary Report and Care Plans. The DON stated there was an order for Mirtazapine oral tablet 7.5 mg, but she cannot find the care plan on its use. The DON stated it is important to develop and implement a care plan on Mirtazapine to identify goals and interventions to address its use, and the medication had a black box warning that can cause life-threatening adverse effect.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's recent policy and P&P titled, Care Plans, Comprehensive Person-Centered, last reviewed on 4/2024, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21days after admission.</p> <p>43988</p> <p>5. During a review of Resident 75's Admission Record, the Admission Record indicated the facility admitted the resident on 9/18/2024 with diagnoses including but not limited to DM 2, generalized muscle weakness, and dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a review of Resident 75's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 75's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 9/24/2024, the MDS indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with personal hygiene; supervision/touching assistance with eating, oral hygiene , roll left and right, sit to lying , lying to sitting on edge of bed; substantial/maximal assistance with toileting hygiene, and shower/bathing self; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 75 had a diagnosis of DM 2 and received insulin.</p> <p>During a review of Resident 75's Order Summary Report, the Order Summary Report indicated the following physician's order:</p> <p>o 9/17/2024 and discontinued 10/7/2024: Insulin Aspart injection solution 100 units/ml inject as per sliding scale:</p> <p>If 70 - 150 = zero (0) units (a unit of measurement) if blood sugar (BS) less than (<) 70 give eight (8) ounces (oz - a unit of measurement) orange juice (OJ);</p> <p>151 - 200 = 2 units;</p> <p>201 - 250 = 4 units;</p> <p>251 - 300 = 6 units;</p> <p>301 - 350 = 8 units;</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>351 - 400 = 10 units. If BS more than (>) 400 give 12 units and call physician subcutaneously (SQ) before meals and at bedtime for DM rotate site. If ineffective and able to swallow administer glucagon (a hormone that helps maintain blood sugar levels and is used to treat low BS and other health conditions) 1 tube PO or glucagon 1 milligram (mg - a unit of measurement) ampule (a sealed glass container used for the safe storage of medications) intramuscularly (IM - a technique used to deliver a medication deep into the muscles), if unable to swallow or unresponsive. Call physician for BS < 70 and inject seven (7) units SQ before meals for DM. Rotate site, give OJ if BS <70. If ineffective and able to swallow administer glucagon 1 tube PO or glucagon 1 mg amp IM if unable to swallow or unresponsive. Call physician for BS < 70.</p> <p>o 10/7/2024: Insulin Aspart injection solution 100 unit per milliliter (units/ml - a unit of measurement) inject nine (9) units SQ before meals for DM rotate site. Give OJ if BS < 70, If ineffective and able to swallow administer glucagon 1 tube by mouth (PO) or glucagon 1 milligram (mg - a unit of measurement) ampule IM, if unable to swallow or unresponsive. Call physician for BS <70.</p> <p>o 9/17/2024: Levemir (a long-acting insulin that can be taken once or twice daily to control high blood sugar in adults and children with diabetes) Flex-Pen SQ solution pen injector 100 unit/ml (insulin detemir) inject 21 units SQ in the morning for DM.</p> <p>o 10/7/2024: 9/17/2024: Levemir (a long-acting insulin that can be taken once or twice daily to control high blood sugar in adults and children with diabetes) Flex-Pen SQ solution pen injector 100 unit/ml (insulin detemir) inject 21 units SQ in the morning for DM.</p> <p>During a concurrent interview and record review on 10/11/2024 at 11:48 a.m., Resident 75's care plan was reviewed with Minimum Data Set Nurse 1 (MDSN 1). MDSN 1 stated there was no care plan developed and implemented addressing Resident 75's DM and the use of insulin. MDSN 1 stated a care plan should have been developed within 21 days of admission. MDSN 1 stated a care plan is important as it is the center of the resident's plan of care while in the facility, evaluate the effectiveness of interventions, ensure the goal is met for the resident's care and prevent delay in the provision of care the resident needs.</p> <p>During a concurrent interview and record review on 10/11/2024 at 2:10 p.m., Resident 75's care plan was reviewed with the Director of Nursing (DON), the DON stated there was no care plan addressing Resident 75's DM and the use of Levemir and Insulin Aspart. The DON stated the facility has 21 days to develop and implement a care plan addressing Resident 75's DM and use of insulin as it was the facility's approach regarding resident's plan of care, to identify goals, and interventions while in the facility. The DON stated the care plan assists the facility to monitor if the interventions were effective to prevent a delay in the delivery of necessary care and services the resident needs.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, last reviewed 4/2024, the P&P indicated:</p> <p>o A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21days after admission.</p>

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NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on interview and record review, the facility's licensed nursing staff failed to provide care in accordance with professional standards for two of two sampled resident (Residents 70 and 75) reviewed under the insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood) care area and one of one sampled residents (Resident 70) reviewed under the anticoagulant (a drug used to prevent blood clots) care area by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (SQ - beneath the skin) administration sites.</p> <p>These deficient practices had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin and enoxaparin (a drug used to prevent blood clots) such as bruising, lipodystrophy (abnormal distribution of fat), and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).</p> <p>Cross Reference F760</p> <p>Findings:</p> <p>a. During a review of Resident 70's Admission Record (AR), the AR indicated the facility admitted the resident on 5/30/2024, with diagnoses including type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and surgical amputation (the surgical removal of all or part of a limb or extremity such as an arm, leg, foot, hand, toe, or finger).</p> <p>During a review of Resident 70's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a high-risk drug class anticoagulant (a substance that is used to prevent and treat blood clots in blood vessels and the heart) and hypoglycemic medications (drugs that help lower sugar levels).</p> <p>During a review of Resident 70's Order Summary Report, the Order Summary Report indicated an order for:</p> <p>5/3/2024 Enoxaparin (anticoagulant) sodium injection solution prefilled syringe 40 milligrams (mg, a unit of weight)/0.4 milliliters (ml, a unit of volume) (Enoxaparin Sodium). Inject 40 mg subcutaneously in the afternoon for deep vein thrombosis prophylaxis (dvt ppx, reduces the risk of developing deep vein thrombosis through medications, compression stockings, and devices).</p> <p>8/16/2024 Insulin lispro (rapid-acting insulin) injection solution 100 unit/ml (Insulin Lispro). Inject as per sliding scale (a progressive increase in pre-meal or nighttime insulin doses): if 60-120= 0; less than (<) 70, may give 8 ounces (oz., a unit of weight) orange juice as tolerated; 125-150= 2 units (the standard amount required for a precise measure of activity); 151-200= 4 units; 201-250= 6 units; 251-300= 8 units; 301-350= 10 units; 351-400= 12 units; greater than (>) 400, call MD. Subcutaneously in the evening for diabetes mellitus (DM) before dinner.</p> <p>10/3/2024 Lantus (long-acting insulin) subcutaneous solution 100 unit/ml (Insulin Glargine). Inject 28 units subcutaneously at bedtime for DM.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 70's Location of Administration Report for insulin and enoxaparin from 8/2024 to 10/2024, the report indicated insulin and enoxaparin were administered on:</p> <p>Insulin Lispro Injection Solution 100 unit/ml</p> <p>8/3/2024 at 5:08 p.m. on the Arm - right</p> <p>8/4/2024 at 6:46 p.m. on the Arm - right</p> <p>8/11/2024 at 5 p.m. on the Arm - left</p> <p>8/12/2024 at 5:51 p.m. on the Arm - left</p> <p>8/13/2024 at 5:06 p.m. on the Arm - left</p> <p>8/15/2024 at 6:49 p.m. on the Arm - left</p> <p>8/18/2024 at 4:07 p.m. on the Arm - left</p> <p>8/19/2024 at 5:08 p.m. on the Abdomen - Left Upper Quadrant (LUQ)</p> <p>8/20/2024 at 4:33 p.m. on the Abdomen - LUQ</p> <p>9/3/2024 at 4:50 p.m. on the Arm - left</p> <p>9/4/2024 at 5:03 p.m. on the Arm - left</p> <p>9/23/2024 at 4:23 p.m. on the Arm - right</p> <p>9/25/2024 at 6:13 p.m. on the Arm - right</p> <p>Lantus Subcutaneous Solution 100 unit/ml</p> <p>8/13/2024 at 9:31 p.m. on the Arm - right</p> <p>8/14/2024 at 9:52 p.m. on the Arm - right</p> <p>8/16/2024 at 8:37 p.m. on the Arm - right</p> <p>8/20/2024 at 10:15 p.m. on the Arm - left</p> <p>8/21/2024 at 8:28 p.m. on the Arm - left</p> <p>Enoxaparin Sodium Injection Solution Prefilled Syringe 40 mg/0.4 ml</p> <p>9/6/2024 at 7:53 p.m. on the Abdomen - LUQ</p> <p>9/7/2024 at 11:01 p.m. on the Abdomen - LUQ</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9/12/2024 at 5:46 p.m. on the Abdomen - Right Lower Quadrant (RLQ)</p> <p>9/13/2024 at 6:26 p.m. on the Abdomen - RLQ</p> <p>9/20/2024 at 4:37 p.m. on the Abdomen - Left Lower Quadrant (LLQ)</p> <p>9/21/2024 at 4:45 p.m. on the Abdomen - LLQ</p> <p>During a concurrent interview and record review on 10/10/2024 at 10:51 a.m., with Registered Nurse 1 (RN 1), reviewed Resident 70's Order Summary Report and Location of Administration Report for insulin and enoxaparin from 8/2024 to 10/2024. RN 1 stated there was an order for Enoxaparin sodium injection solution prefilled syringe 40 mg/0.4 ml, Insulin Lispro Injection Solution 100 unit/ml, and Lantus Subcutaneous Solution 100 unit/ml. RN 1 stated there were multiple instances that the insulin and enoxaparin subcutaneous administrations were not rotated during the period of 8/2024 to 10/2024. RN 1 stated the licensed staff should rotate the insulin and enoxaparin administration sites to prevent bruising and lipodystrophy.</p> <p>During a concurrent interview and record review on 10/11/2024 at 2:10 p.m., with the Director of Nursing (DON), reviewed Resident 70's Order Summary Report and Location of Administration Report for insulin and enoxaparin from 8/2024 to 10/2024. The DON stated there were multiple instances that insulin and enoxaparin subcutaneous administrations were not rotated during 8/2024 to 10/2024. The DON stated the licensed nurses should rotate enoxaparin and insulin administration sites to prevent muscle shrinking and bruising of the skin.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Insulin Administration, last reviewed on 4/2024, the P&P indicated to select an injection site:</p> <p>a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</p> <p>b. Injection sites should be rotated preferably within the same general area (abdomen, thigh, upper arm).</p> <p>During a review of the facility provided information sheet How to use your Lantus Solostar pen, copyright 2022, the sheet indicated to rotate your injection sites with each dose to reduce your risk of getting lipodystrophy (pitted or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites.</p> <p>43988</p> <p>b. During a review of Resident 75's AR, the AR indicated the facility admitted the resident on 9/18/2024 with diagnoses including DM 2, generalized muscle weakness, and dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a review of Resident 75's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 75's MDS, dated [DATE], the MDS indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with personal hygiene; supervision/touching assistance with eating, oral hygiene, rolling left and right, sitting to lying , lying to sitting on edge of bed; substantial/maximal assistance with toileting hygiene, and shower/bathing self; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 75 had a diagnosis of DM 2 and received insulin.</p> <p>During a review of Resident 75's Order Summary Report, the Order Summary Report indicated the following physician's order:</p> <p>-9/17/2024 and discontinued 10/7/2024: Insulin Aspart (rapid-acting insulin) injection solution 100 units/ml inject as per sliding scale (refers to the increasing administration of the pre-meal insulin dose based on the blood sugar level before the meal):</p> <p>If 70 - 150 = zero (0) units (a unit of measurement) if blood sugar (BS) less than (<) 70 give eight (8) ounces (oz - a unit of measurement) orange juice (OJ);</p> <p>151 - 200 = 2 units;</p> <p>201 - 250 = 4 units;</p> <p>251 - 300 = 6 units;</p> <p>301 - 350 = 8 units;</p> <p>351 - 400 = 10 units. If BS more than (>) 400 give 12 units and call physician subcutaneously (SQ) before meals and at bedtime for DM rotate site. If ineffective and able to swallow administer glucagon (a hormone that helps maintain blood sugar levels and is used to treat low BS and other health conditions) 1 tube PO (by mouth) or glucagon 1 milligram (mg - a unit of measurement) ampule (a sealed glass container used for the safe storage of medications) intramuscularly (IM - a technique used to deliver a medication deep into the muscles), if unable to swallow or unresponsive. Call physician for BS < 70 and inject seven (7) units SQ before meals for DM. Rotate site, give OJ if BS <70. If ineffective and able to swallow administer glucagon 1 tube PO or glucagon 1 mg amp IM if unable to swallow or unresponsive. Call physician for BS < 70.</p> <p>-10/7/2024: Insulin Aspart injection solution 100 unit per milliliter (units/ml - a unit of measurement) inject nine (9) units SQ before meals for DM rotate site. Give OJ if BS < 70, If ineffective and able to swallow administer glucagon 1 tube by mouth (PO) or glucagon 1 milligram (mg - a unit of measurement) ampule IM, if unable to swallow or unresponsive. Call physician for BS <70.</p> <p>-9/17/2024: Levemir (a long-acting insulin) Flex-Pen SQ solution pen injector 100 unit/ml (insulin detemir) inject 21 units SQ in the morning for DM.</p> <p>-10/7/2024: 9/17/2024: Levemir Flex-Pen SQ solution pen injector 100 unit/ml (insulin detemir) inject 21 units SQ in the morning for DM.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 75's Medication Administration Record (MAR) from 9/2024 and 10/2024, the MAR indicated Insulin Aspart and Levemir injection solution were administered as follows:</p> <p>-Insulin Aspart injection solution 100 unit/ml</p> <p>10/4/24 11:19 am SQ Abdomen - left lower quadrant (LLQ)</p> <p>10/4/24 4:55 p.m. SQ Abdomen - LLQ</p> <p>9/20/24 4:19 p.m. SQ Abdomen - right lower quadrant (RLQ)</p> <p>9/21/24 7:28 a.m. SQ Abdomen - RLQ</p> <p>9/23/24 11:19 a.m. SQ Abdomen - RLQ</p> <p>9/23/24 5:16 p.m. SQ Abdomen - RLQ</p> <p>9/24/24 4:00 p.m. SQ Abdomen - LLQ</p> <p>9/25/24 8:55 a.m. SQ Abdomen - LLQ</p> <p>9/28/24 11:26 a.m. SQ Arm - left</p> <p>9/28/24 4:35 a.m. SQ Arm - left</p> <p>9/30/24 7:46 a.m. SQ Abdomen - LLQ</p> <p>9/30/24 4:20 p.m. SQ Abdomen - LLQ</p> <p>-Levemir FlexPen SQ solution pen-injector 100 unit/ml</p> <p>10/1/24 6:41a.m. SQ Abdomen - LLQ</p> <p>10/2/24 6:38 a.m. SQ Abdomen - LLQ</p> <p>10/5/24 7:23 a.m. SQ Abdomen - left upper quadrant (LUQ)</p> <p>10/6/24 7:46 a.m. SQ Abdomen - LUQ</p> <p>During a concurrent interview and record review on 10/11/2024 at 11:43 a.m., reviewed Resident 75's physician's orders, MAR, and location of administration sites for Insulin Aspart and Levemir injection solution from 9/2024 to 10/2024 with the Minimum Data Set Nurse 1 (MDSN 1), MDSN 1 verified the insulin injection sites were not rotated. MDSN 1 stated the insulin injection sites should have been rotated. MDSN 1 stated not rotating the insulin injection site can damage the tissues such as lumps and bruising.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/11/2024 at 2:10 p.m., the DON stated the licensed nurses failed to rotate the injection sites. The DON stated the insulin injection sites should have been rotated as it placed the resident at risk for bruising, swelling, or any trauma to the skin. The DON stated not rotating the sites can cause lipodystrophy.</p> <p>During a review of the facility's P&P titled Insulin Administration, last reviewed 4/2024, the P&P indicated to select an injection site:</p> <p>a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</p> <p>b. Injection sites should be rotated preferably within the same general area (abdomen, thigh, upper arm).</p> <p>During a review of the facility-provided manufacturer's guideline titled, Insulin Aspart Injection, undated, last reviewed on 4/2024, the manufacturer's guideline indicated for subcutaneous injection, rotate injection sites within the same region from one injection to the next to reduce risk of lipodystrophy and localized cutaneous amyloidosis.</p> <p>During a review of the facility-provided manufacturer's guideline titled, How to Use Levemir FlexPen, undated, indicated:</p> <p>o Levemir can be injected under the skin of the stomach area, upper legs, or upper arms.</p> <p>o Change (rotate) the injection site with each injection.</p> <p>During a review of the facility's policy and procedure titled Adverse Consequences and Medication Errors, last reviewed 4/2024, indicated a medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer's specifications, or accepted professional standards and principles of the professional(s) providing services.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43418</p> <p>Based on observation, interview, and record review, the facility failed to provide necessary services to maintain good grooming and personal hygiene for two of two sampled residents (Resident 17 and 23) when:</p> <ol style="list-style-type: none"> 1. The facility failed to shave Resident 17's, a female resident, facial hair. 2. The facility failed to offer and assist Resident 23 to wear their personal clothing. <p>These deficient practices had the potential to negatively affect the residents' psychosocial wellbeing.</p> <p>Cross-reference F656.</p> <p>Findings:</p> <p>a. During a review of Resident 17's Admission Record, the admission record indicated the facility originally admitted Resident 17 on 5/30/2023 and readmitted the resident on 6/14/2023 with diagnoses including, but not limited to, acute respiratory distress syndrome (a life-threatening lung condition that occurs when the lungs are damaged and can't provide enough oxygen to the body), hemiplegia and hemiparesis (total paralysis of the arm, leg, and trunk on the same side of the body) following cerebral infarction (also known as a cerebral vascular accident or stroke, loss of blood flow to a part of the brain) affecting the left non-dominant side, and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of the left and right ankle.</p> <p>During a review of Resident 17's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/20/2024, the MDS indicated Resident 17 had difficulty understanding and making decisions, had functional limitation in range of motion for one on her upper extremities and both of her lower extremities, and was dependent on facility staff for activities of daily living such as eating, personal hygiene (the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands), toileting, showering/bathing herself, dressing, and surface-to-surface transfers.</p> <p>During a review of Resident 17's History and Physical (H&P), dated 6/15/2023, the H&P indicated Resident 17 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 17's Care Plan, last revised 7/10/2024, the care plan indicated Resident 17 has an activity of daily living self-care performance deficit related to, but not limited to, impaired balance, limited mobility, limited range of motion, and cerebrovascular accident. The care plan indicated interventions including, but not limited to, assistance by staff to maintain personal hygiene such as combing hair, shaving, applying makeup, washing, and drying face and hands.</p> <p>During an observation on 10/8/2024, at 8:32 a.m., inside Resident 17's room, Resident 17 was sleeping in bed and had gray strands of hair above her upper lip and on her chin.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/9/2024, at 9:45 a.m., inside Resident 17's room, Resident 17 was awake in bed and had gray strands of hair above her upper lip and on her chin.</p> <p>During an observation on 10/9/2024, at 1:22 p.m., inside Resident 17's room, Resident 17 was awake in bed and had gray strands of hair above her upper lip and on her chin.</p> <p>During a concurrent observation and interview with Certified Nursing Assistant (CNA) 10, on 10/9/2024, at 1:24 p.m., inside Resident 17's room, CNA 10 confirmed Resident 17 had facial hair above her upper lip and chin and stated the resident should not have facial hair. CNA 10 stated women should not have facial hair. CNA 10 stated female residents should be checked everyday for facial hair and should be shaved, as needed, when cleaning their face. CNA 10 further stated if female residents are not shaved, there is a potential for the resident to feel embarrassed.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated female residents should not have facial hair and should be checked every day because it is a part of the daily routine for the facility's residents. The DON further stated if female residents are not checked and shaved for facial hair, the residents can potentially feel bad and have low self-esteem.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADLs), Supporting, last reviewed 4/2024, the P&P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene.</p> <p>38552</p> <p>b. During a review of Resident 23's Admission Record, the Admission Record indicated the facility admitted the resident on 1/19/2023 with diagnoses including dementia (a progressive state of decline in mental abilities) and depression (a constant feeling of sadness and loss of interest, which stops the individual from doing normal activities).</p> <p>During a review of Resident 23's MDS, dated [DATE], the MDS indicated the resident's preferences to choose what clothes to wear was very important. The MDS indicated the resident was able to make self understood and usually understood others. The MDS indicated the resident required substantial/maximal assistance (helper does more than half the effort) with upper body dressing, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 23's activities of daily living (ADL - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) self-care performance deficit care plan, revised 2/1/2024, the care plan indicated the resident goals of not developing complications related to decreased ADL performance. The interventions included assisting the resident to choose simple comfortable clothing that enhances the resident's ability to dress self.</p> <p>During an interview on 10/8/2024 at 3:22 p.m., Responsible Party 1 (RP 1) stated she has repeatedly requested the nursing staff (licensed nurses and certified nursing assistants) for Resident 23 to wear her night gown at night and not a hospital gown (a facility-provided robe worn by patients in a hospital). RP 1 stated the resident was wearing a hospital gown most of the time when she comes and visit the resident. RP 1 stated the resident has personal clothes to wear.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview, at Resident 23's bedside, on 10/9/2024 at 8:02 a.m., with CNA 13, CNA 13 stated she started her shift at 7:20 a.m. that day and she was the assigned CNA for Resident 23. CNA 13 stated she has not changed the resident yet. CNA 13 stated Resident 23 was wearing a hospital gown with a long-sleeve pink shirt underneath. CNA 13 stated Resident 23 wore the same clothes the previous afternoon and throughout the night.</p> <p>During a concurrent observation and interview, at Resident 23's bedside, on 10/9/2024 at 4:20 p.m., with CNA 13, CNA 13 stated resident was wearing a green hospital gown. CNA 13 stated she changed Resident 23 into a new gown. CNA 13 stated Resident 23 had clothes in the closet. CNA 13 stated she would change the resident's clothes during the day shift, but because it was already after 3 p.m. she did not need to. CNA 13 stated she did not know Resident 23 had clothes in their closet. CNA 13 stated she did not check the resident's closet before putting on the hospital gown on Resident 23.</p> <p>During an interview on 10/9/2024 at 4:50 p.m., with MDS Nurse 1 (MDSN 1), MDSN 1 stated CNAs should encouraged and offer resident's their own personal clothing to wear because it is their right and to be treated with dignity and respect. MDSN 1 stated CNA should have checked the closet and assist the resident to wear their clothing.</p> <p>During an interview on 10/11/2024 at 2:05 p.m., the DON stated the importance of honoring resident's personal clothing to boost the dignity of the patient.</p> <p>During a review of the facility's P&P titled, Activities of Daily Living, Supporting, last reviewed 4/2024, the P&P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>43418</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents receive treatment and assistive devices to maintain hearing abilities for one of one sampled resident (Resident 83) investigated under the communication-sensory care area when the facility failed to refer Resident 83 to an otolaryngologist (ENT, also known as an ear, nose, and throat physician) and/or audiologist (physician who specializes in hearing, balance, and ear problems) for his impaired hearing.</p> <p>This deficient practice resulted in a delay in care for Resident 83.</p> <p>Findings:</p> <p>During a review of Resident 83's Admission Record, the admission record indicated the facility admitted Resident 83 on 7/31/2023 with diagnoses including, but not limited to, heart disease, essential hypertension (HTN, high blood pressure), and history of falling.</p> <p>During a review of Resident 83's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/6/2024, the MDS indicated Resident 83 had difficulty understanding and making decisions, required setup assistance with eating, supervision or touching assistance with oral hygiene, transferring from sit to lying, lying to sitting on the side of the bed, sit to stand, toilet transfers, walking up to 150 feet, moderate assistance with toileting hygiene and personal hygiene, and maximal assistance with showering or bathing himself, and upper and lower body dressing.</p> <p>During a review of Resident 83's History and Physical (H&P), dated 3/8/2024, the H&P indicated Resident 83 has the capacity to understand and make decisions.</p> <p>During a review of Resident 83's Social Services Evaluation, dated 6/4/2024, the social services evaluation indicated Resident 83 has impaired hearing, does not have a hearing aid, and audio services are to be provided as needed or indicated on an emergency basis.</p> <p>During a review of Resident 83's Care Plan, last revised 9/30/2024, the care plan indicated Resident 83 was at risk for communication problems related to hearing deficit. The care plan further indicated interventions included referring Resident 83 to audiology for hearing consult as ordered.</p> <p>During a concurrent observation and interview with Resident 83, on 10/8/2024, at 8:46 a.m., inside Resident 83's room, Resident 83 was sitting in a wheelchair and stated he had difficulty hearing and that he wanted his ears to be cleaned so he can hear better. During the interview, Resident 83 requested to repeat the questions being asked and spoke loudly.</p> <p>During an interview with Certified Nursing Assistant (CNA) 10, on 10/10/2024, at 10:14 a.m., CNA 10 stated she was assigned to Resident 83 and has provided care for the resident in the past. CNA 10 stated Resident 83 is hard of hearing and needs to speak loudly or go close to the resident for him to understand. CNA 10 further stated Resident 83 does not have a hearing aid.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Vocational Nurse (LVN) 1, on 10/10/2024, at 10:18 a.m., LVN 1 stated she was assigned to Resident 83 and that the resident was hard of hearing. LVN 1 stated when speaking to Resident 83, she would need to repeat herself to be understood by the resident. LVN 1 stated Resident 83 does not wear or use a hearing aid and has not been seen by an audiologist. LVN 1 further stated she was not aware if Resident 83 was offered to be seen by an audiologist.</p> <p>During an interview with Social Services Assistant (SSA) 1, on 10/10/2024, at 10:38 a.m., SSA 1 stated Resident 83 is hard of hearing and may need repeating for the resident to understand what is being said to him. SSA 1 stated Resident 83 does not use a hearing aid.</p> <p>During a concurrent interview and record review with the Social Services Director (SSD), on 10/10/2024, at 10:45 a.m., the facility's document titled, Appointment List ENT, dated 2/12/2024, indicated Resident 83 was not seen at that time. The SSD stated the ENT comes every six months and will refer residents to an audiologist. The SSD stated Resident 83 was not seen by the ENT and the resident would be a good candidate to be seen by the ENT.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDS), on 10/11/2024, at 8:50 a.m., Resident 83's Social Services Evaluation, dated 6/4/2024, was reviewed and the MDS confirmed the evaluation indicated audio services are to be provided to the resident as needed/indicated and on an emergency basis. The MDS stated Resident 83 has impaired hearing and should be referred to the ENT and audiologist to improve the quality of life of the resident and find the cause of the hearing impairment. The MDS further stated if the services are not provided, the facility would not be able to meet the resident's needs.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated residents should be offered services and treatment to maintain their ability to hear every quarter, annually, or as needed. The DON stated it is important to follow up so that the facility can have an ENT evaluate the resident and check if the resident has an acute problem for hearing, check for possible infection in the ear, or wax buildup. The DON stated an audiologist can see the resident and offer a hearing aid. The DON further stated if the resident is not offered these services, the resident's concerns would not be addressed, and the appropriate interventions would not be in place to assist the resident.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Accommodation of Needs, last reviewed 4/2024, the P&P indicated the resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an ongoing basis.</p> <p>During a review of the facility's P&P titled, Sensory Impairments - Clinical Protocol, last reviewed 4/2024, the P&P indicated as part of the initial assessment, the staff and physician will help identify individuals with sensory impairments, including hearing, taste, vision, smell, and touch. The P&P indicated the physician will order appropriate consultations to help define causes and complications of sensory impairments. The P&P indicated the staff and physician will identify approaches to help the resident improve or compensate for sensory deficits. The P&P further indicated for a resident with impaired hearing, the staff should check for cerumen, and may, as indicated, help the individual obtain a hearing evaluation, hearing aid, or employ written or other means to communicate with the individual.</p>		

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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>43988</p> <p>44244</p> <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review the facility failed to ensure residents received care consistent with professional standards of practice to prevent pressure injuries (PI - localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) by failing to ensure the low air loss mattress (LALM- A mattress composed of inflatable air cushions that is used to relieve pressure on body parts) was set to the correct weight for one of four sampled residents (Resident 74) investigated under the Pressure Ulcer / Injury care area.</p> <p>This deficient practice had the potential to affect the redistribution capabilities (to evenly spread pressure to other areas across the body) of the LALM surface resulting in the development or worsening of pressure ulcers.</p> <p>Findings:</p> <p>During a review of Resident 74's Admission Record, the Admission Record indicated the facility admitted the resident on 9/11/2021 and most recently readmitted the resident on 5/18/2024 with diagnoses that included diseases of the liver (organ that removes toxins from the body's blood supply), displaced comminuted fracture (a bone breaks into multiple pieces) of the shaft of the right femur (thigh bone), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar [glucose]).</p> <p>During a review of Resident 74's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/23/2024, the MDS indicated the resident was able to understand others and was able to make herself understood. The MDS indicated the resident was dependent on staff for toileting, bathing, dressing, and required substantial assistance with rolling left and right. The MDS further indicated the resident had one Stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone) unhealed PI with a pressure reducing device for the bed.</p> <p>During a review of Resident 74's Physician Order Summary Report, the report indicated the following order:</p> <p>- Low air loss mattress, monitor placement and functionality every shift for wound management, dated 6/19/2024.</p> <p>During a review of Resident 74's Care Plan (CP) titled, The resident has a stage 4 pressure injury to sacrococcyx, initiated 6/19/2024, the CP indicated an intervention of a low air loss mattress and to monitor the placement and functionality every shift for wound management.</p> <p>During a review of Resident 74's Nutrition Assessment Form, dated 10/9/2024, the form indicated the resident's most recent weight was 224 pounds.</p> <p>(continued on next page)</p>		

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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 concurrent observation and interview on 10/8/2024 at 9:50 a.m., observed Resident 74 lying in bed on a LALM. Resident 74 stated she had a PI and is on a LALM, but it was not comfortable and if felt a little hard. Observe the LALM pump set to 320 lbs. Resident 74 stated she thinks she weighs 220 lbs.</p> <p>During a concurrent observation and interview on 10/8/2024 at 9:55 a.m., observed Certified Nursing Assistant 3 (CNA 3) entered Resident 74's room. CNA 3 stated she was assigned to care for Resident 74. CNA 3 stated Resident 74 was on a LALM that was set up by the maintenance department. CNA 3 stated the LALM was set to about 330 lbs.</p> <p>During a concurrent observation, interview, and record review on 10/8/2024 at 9:58 a.m., with Licensed Vocational Nurse 6 (LVN 6), LVN 6 entered Resident 74's room and stated the LALM was set to 330 lbs, but that seemed a little high. LVN 6 reviewed Resident 74's Vital's Weight form and stated that Resident 74 most recently weighed 220 lbs.</p> <p>During an interview on 10/8/2024 at 10:20 a.m., with Licensed Vocational Nurse 2 (LVN 2), LVN 2 stated she was the treatment nurse for Resident 74. LVN 2 stated nurses should monitor LALMs to ensure the weight setting is correct and the mattress is functioning properly. LVN 2 stated the LALM should be set to the correct weight to assist healing of Resident 74's Stage 4 PI.</p> <p>During an interview on 10/11/2024 at 8:58 a.m. with the Director of Nursing (DON), the DON stated the facility follows the LALM manufacture guidelines.</p> <p>The DON stated the importance of the LALM is the resident benefits from the alternating air pressure of the mattress by decreasing the chance of the PI worsening for a resident with limited mobility. The DON stated the LALM is calibrated depending on the resident's weight. The DON stated when the LALM is not set to the correct weight the therapy may not be effective because the mattress is harder when it has more air. The DON stated when the surface of the mattress is too hard it may also result in the resident possibly being pushed out of the bed or sliding off the mattress.</p> <p>During a review of the facility provided LALM 1 User Guide, undated, indicated to refer to the manual before use and under proper medical supervision. Improper operation of this system may cause possible injury to the user. To increase or decrease airflow for a softer or firmer mattress setting, the numbers denote suggested setting based on the patient weight.</p> <p>During a review of the facility Procedure titled, Support Surface Guidelines, last reviewed 4/2024, the procedure indicated the purpose was to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown. Redistributing support surfaces are to promote comfort for all bed, or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction. Support surfaces are modifiable. Individual resident needs differ. Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident environment was free of accident hazards for nine (9) of twelve (12) sampled residents (Residents 66, 75, 114, 70, 80, 103, 68, 80, and 96) investigated under accidents by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 66, 75, and 114's fall mat (a floor mat designed to reduce the risk of injury from fall by providing a soft-landing surface) did not have medical equipment or furniture on top of them for a longer period of time. <p>These deficient practices had increased the chances of the resident incurring an injury such as falls with fracture (a break or crack in a bone) and even death.</p> <ol style="list-style-type: none"> 2. Resident 70, 80, 102, 103, and 68's medications were not left unattended at the resident's bedside. <p>These deficient practice increases the risks of harm to the resident from omitting the dose, double dosing, and mixing the medications that could cause adverse (unfavorable) or even fatal effects on the resident.</p> <ol style="list-style-type: none"> 3. Resident 96's floor was not left wet after Certified Nursing Assistant 12 (CNA 12) provided activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). 4. Resident 75's sensor pad alarm (a device that triggers an audible alarm when a patient attempts to rise off the pad) in bed was properly functioning. <p>These deficient practices had a potential for resident at increased risk for further falls.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1.a During a review of Resident 66's Admission Record (AR), the AR indicated the facility admitted the resident on 12/21/2022, and readmitted the resident on 7/31/2024, with diagnoses including displaced fracture of right femur (a broken femur [thigh bone] where the bone fragments have moved out of alignment), muscle weakness, and history of falling. <p>During a review of Resident 66's History and Physical (H&P), dated 1/16/2023, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 66's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident had an impairment on one side of the lower extremity and uses walker and wheelchair to ambulate. The MDS indicated the resident was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 66's Order Summary Report, dated 7/31/2024, the Order Summary Report indicated an order for bilateral landing pads (fall mat) by bedside, monitor presence and displacement to minimize injury every shift for fall precaution.</p> <p>During a concurrent observation and interview on 10/10/2024 at 2:14 p.m., with Registered Nurse 1 (RN 1), inside Resident 66's room, observed Resident's fall mat at the right side of the bed with a bedside table on top of them. RN 1 stated having a furniture like the bedside table on top of the fall mat increases the risk for injury of the resident hitting the hard surfaces of the furniture causing fracture or trauma. RN 1 also stated placing a heavy equipment or furniture on top of the fall mat compromises the ability of the mat to lessen the impact of the fall due to permanent dents caused by the equipment or furniture on top of them.</p> <p>During an interview on 10/11/2024 at 2:20 p.m., with the Director of Nursing (DON), the DON stated there should be no side table on top of the fall mat because the fall mat will cause the bedside table to be unstable and could fall on the resident. The DON also stated the bedside table can leave a permanent dent on the fall mat that can decrease the cushioning effect of the fall mat when the resident falls.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Safety and Supervision of Residents, last reviewed on 4/2024, the P&P indicated safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes;</p> <p>Quality Assurance and Performance Improvement (QAPI - process used to ensure services and care are meeting quality standards) reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents.</p> <p>During a review of the facility-provided Manufacturer's Specification on the use of Floor Mat 1 (FM 1), undated, the specification indicated to never leave heavy materials on the mat for an extended amount of time and they may cause a permanent indentation.</p> <p>During a review of the facility-provided Manufacturer's Specification on the use of Floor Mat 2 (FM 2), undated, the specification indicated to never leave heavy materials on the mat for an extended amount of time and they may cause a permanent indentation.</p> <p>2.a During a review of Resident 70's Admission Record, the Admission Record indicated the facility admitted the resident on 5/3/2024, with diagnoses including surgical amputation (the surgical removal of all or part of a limb or extremity such as an arm, leg, foot, hand, toe, or finger) and muscle weakness.</p> <p>During a review of Resident 70's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a review of Resident 70's Order Summary Report, dated 6/6/2024, the Order Summary Report indicated an order for artificial tears ophthalmic solution 1.4% (Polyvinyl Alcohol). Instill 2 drops on both eyes every 4 hours as needed for dry eyes.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 70's Self-Administration of Medication, dated 5/3/2024, the assessment indicated resident did not meet the criteria to self-administer medications. Licensed nurses will continue to administer medications as ordered.</p> <p>During a concurrent observation and interview on 10/8/2024 at 10:21 a.m., with Certified Nursing Assistant 11 (CNA 11), inside Resident 70's room, observed Resident 70's artificial tears ophthalmic solution 1.4% (Polyvinyl Alcohol) on top of the bed side drawer of the resident. CNA 11 stated it was the resident's preference and the resident gets mad when they take it out.</p> <p>During an interview and record review on 10/10/2024 at 10:46 a.m., with RN 1, reviewed Resident 70's Order Summary Report and Self-Administration of Medication Assessment. RN 1 stated there was an order for artificial tears ophthalmic solution 1.4% (Polyvinyl Alcohol); however, there was no order for the resident to self-administer medications. RN 1 stated the Self-Administration of Medication Assessment indicated the resident did not meet the criteria. Licensed Nurses will continue to administer medications as ordered. RN 1 stated the medication should have not been left at the bedside to prevent accidents such as over/under dosing of medication and accidental ingestion of the medication by other residents.</p> <p>During an interview on 10/11/2024 at 4:02 p.m., with the DON, the DON stated if the staff finds medication on top of the resident's bedside tables, they need to notify the charge nurses and document the incident. The DON stated if the resident insists on keeping the medication at the bedside, the licensed staff should do an Interdisciplinary Team meeting (IDT, a group of healthcare professionals from various disciplines who work together to provide patient-centered care) to explain the risks and benefits of keeping the medication at the bedside to the resident or representative. The DON stated the failure of the staff to keep the medication away from the resident may result to the resident administering wrong dose of medication that can result to the resident being overdosed or underdosed.</p> <p>During a review of the facility's P&P titled Self-Administration of Medications, last reviewed on 4/2024, the P&P indicated self-administered medications are stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart in the medication room. A licensed nurse transfers the unopened medications to the resident when the resident requests them. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.</p> <p>During a review of the facility's recent P&P titled Safety and Supervision of Residents, last reviewed on 4/2024, the P&P indicated safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QAPI reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents.</p> <p>2.b During a review of Resident 80's Admission Record, the Admission Record indicated the facility admitted the resident on 3/28/2024, with diagnoses including osteomyelitis of the vertebra (a rare infection of the bones in the spine), muscle weakness, and anxiety (a feeling of fear, dread, and uneasiness that can be a normal reaction to stress).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 80's H&P, dated 3/29/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 80's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a review of Resident 80's Order Summary Report, the Order Summary Report did not indicate an order for SuperLife Super C-Complex with Citrus Bioflavonoids capsules and CVS Stomach Relief 202 mg tablets.</p> <p>During a review of Resident 80's Self Administration of Medication, dated 7/15/2024, the assessment indicated licensed nurses will continue to administer medications as ordered.</p> <p>During an observation on 10/8/2024 at 9:57 a.m., observed medications 1 bottle of SuperLife Super C-Complex with Citrus Bioflavonoids capsules and 1 bottle of CVS Stomach Relief 202 mg tablet at the bed side table of the resident.</p> <p>During a concurrent interview and record review on 10/10/2024 at 11:02 a.m., with RN 1, reviewed Resident 80's Order Summary Report and Self-Administration of Medication Assessment. RN 1 stated there was no order for SuperLife Super C-Complex with Citrus Bioflavonoids capsules, CVS Stomach Relief 202 mg tablet and there was no order for the resident to Self-Administer medications. RN 1 stated the Self-Administration of Medication Assessment indicated licensed nurses will continue to administer medications as ordered. RN 1 stated the medication should have not been left at the bedside to prevent accidents such as over/under dosing of medication and accidental ingestion of the medication by other residents.</p> <p>During an interview on 10/11/2024 at 4:02 p.m., with the DON, the DON stated if the staff finds medication on top of the resident's side tables, they need to notify the charge nurses and document the incident. The DON stated if the resident insists on keeping the medication at the bedside the licensed staff should do an IDT to explain the risks and benefits of keeping the medication at the bedside to the resident or representative. The DON stated the failure of the staff to keep the medication away from the resident may result to the resident administering wrong dose of medication that can result to the resident being overdosed or underdosed.</p> <p>During a review of the facility's recent P&P titled Self-Administration of Medications, last reviewed on 4/2024, the P&P indicated self-administered medications are stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart of in the medication room. A licensed nurse transfers the unopened medications to the resident when the resident requests them. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.</p> <p>During a review of the facility's recent P&P titled Safety and Supervision of Residents, last reviewed on 4/2024, the P&P indicated safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QAPI reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization. Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43988</p> <p>1.b During a review of Resident 75's Admission Record, the Admission Record indicated the facility admitted the resident on 9/18/2024 with diagnoses including but not limited to type two diabetes mellitus (DM 2 - a long term condition that causes the level of sugar [glucose] in the blood to become too high) generalized muscle weakness, and dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a review of Resident 75's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 75's MDS, dated [DATE], the MDS indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with personal hygiene; supervision/touching assistance with eating, oral hygiene, rolling left and right, sitting to lying, lying to sitting on edge of the bed; substantial/maximal assistance with toileting hygiene, and shower/bathing self; and partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 75 had a diagnosis of DM 2 and received insulin.</p> <p>During a review of Resident 75's Order Summary Report, the Order Summary Report indicated the following physician's order:</p> <p>9/17/2024: Apply bilateral landing pads (a type of mat or pad that provides cushioning to protect from impact and reduce floor impact) by bedside to minimize injury. Monitor presence very shift.</p> <p>9/30/2024: Apply sensor pad alarm in bed to remind resident to call for assistance and alert staff when moving or getting up from bed every shift. Monitor for presence, placement, and functionality every shift for fall prevention. Every shift to alert/alarm staff if resident is trying to get out of bed.</p> <p>During a review of Resident 75's care plan actual fall incident when resident was found sitting on the floor initiated 9/30/2024 last revised 10/1/2024 indicated the following interventions:</p> <p>Apply bilateral landing pads (a type of mat or pad that provides cushioning to protect from impact and reduce floor impact) by bedside to minimize injury. Monitor presence very shift.</p> <p>Apply sensor pad alarm in bed to remind resident to call for assistance and alert staff when moving or getting up from bed every shift. Monitor for presence, placement, and functionality every shift for fall prevention. Every shift to alert/alarm staff if resident is trying to get out of bed.</p> <p>During a review of Resident 75's fall risk assessments dated 9/18/2024, 9/23/2024, and 9/30/2024, the fall risk assessments indicated the resident was a high risk for falls.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 10/8/2024 at 11:34 a.m., inside Resident 75's room with Certified Nursing Assistant 9 (CNA 9), CNA 9 verified and stated Resident 75's overbed table was placed on top of the landing pad. CNA 9 verified the overbed table was unstable and left a dent on the landing pad and stated the dent can affect the integrity of the mat and decrease the protection from the landing pad. CNA 9 stated the unstable overbed table can fall over the resident and cause injury.</p> <p>During a concurrent observation and interview on 10/9/2024 at 2:15 p.m. inside Resident 75's room with Certified Nursing Assistant 6 (CNA 6), observed the resident lying in bed with the sensor pad alarm positioned on the left upper half side rail and secured with a hook. CNA 6 verified the sensor pad alarm switch was turned off. CNA 6 stated she did not know who turned off the alarm. CNA 6 stated the sensor pad alarm was to help prevent the resident from getting up unassisted and fall. CNA 6 stated the alarm should not have been turned off. CNA 6 stated if the alarm was turned off, the staff would be unable to know if resident got out of bed unassisted and can fall and lead to injury.</p> <p>During an interview on 10/11/2024 at 1:39 p.m. with the Director of Nursing (DON), the DON stated any heavy equipment such as but not limited to wheelchair, and overbed table should not be left on top of the floor mat as it can leave a permanent dent and affect the integrity of the floor mat. The DON stated the permanent is unable to protect the resident in case of a fall which may lead to injury. The DON stated the overbed table may become unstable and fall on the resident causing injury. The DON stated the bed alarm should have been turned on at all times to monitor the resident when getting out of bed unassisted to help minimize incidence of fall and injury. The DON stated Resident 75's bed alarm should have been switched to ON to remind the resident not to get out of bed unassisted and alert staff to minimize fall incidents and injury.</p> <p>During a review of the undated facility provided manufacturer's guideline for Floor Mat 1 (FM 1), the manufacturer's guideline indicated the floor mat reduces the impact of a fall from bed, avoid sharp materials from contacting the mat, and never leave heavy materials on the mat for an extended amount of time and they may cause a permanent indentation.</p> <p>During a review of the undated facility provided manufacturer's guideline for Bed Sensor Pad Alarm 1 (BSP) 1, the manufacturer's guideline indicated to check monitor switches and to switch the volume switch to low or hi.</p> <p>During a review of the facility's P&P titled, Tab Alarms, Bed Alarms, Wanderguard System, last 4/2024, indicated:</p> <p>Tab alarms or bed alarms may be used on a resident who is deemed unsafe through the nursing assessment.</p> <p>After each application of the tab alarm(s), bed alarm(s), or wanderguard bracelet in place, a licensed nursing staff/appropriate designee will conduct a safety check to verify alarm device used is in proper working condition including proper function and placement to facility used alarm system per manufacturer instruction before leaving the resident.</p> <p>During a review of the facility's P&P titled, Safety and Supervision of Residents, last reviewed 4/2024, the P&P indicated:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes, and a facility-wide commitment to safety at all levels of the organization.</p> <p>Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents.</p> <p>1.c During a review of Resident 114's Admission Record, the Admission Record indicated the facility admitted the resident on 3/1/2024 with diagnoses including but not limited to altered mental status, atrial fibrillation (a condition where the heart's upper chambers beat irregularly and often too fast, causing the heart to not pump blood properly, which can lead to serious health problems), and facial weakness following cerebral infarction (a type of stroke that occurs when a blood clot blocks blood flow to the brain).</p> <p>During a review of Resident 114's History and Physical (H&P) dated 3/2/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 114's MDS, dated [DATE], the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with eating; supervision/touching assistance with rolling left and right; substantial/maximal assistance with toileting hygiene and shower/bathe self; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 114 did not have impairment of both upper and lower extremities.</p> <p>During an observation on 10/8/2024 at 10:32 a.m., inside Resident 114's room with Certified Nursing Assistant 2 (CNA 2), CNA 2 verified Resident 114's overbed table was placed on top of the floor mat and observed an indentation on the floor mat when the overbed table was removed and unable to protect resident in case of a fall. CNA 2 verified the overbed table was unstable and can fall on the resident and cause injury.</p> <p>During an interview on 10/11/2024 at 1:39 p.m. with the Director of Nursing (DON), the DON stated any heavy equipment such as but not limited to wheelchair, and overbed table should not be left on top of the floor mat as it can leave a permanent dent and affect the integrity of the floor mat. The DON stated the presence of a permanent dent is unable to protect the resident in case of a fall which may lead to injury. The DON stated the overbed table may become unstable and fall on the resident causing injury. The DON stated the bed alarm should have been turned on at all times to monitor the resident when getting out of bed unassisted to help minimize incidence of fall and injury.</p> <p>During a review of the undated, facility provided manufacturer's guideline for Floor Mat 1 (FM 1), the manufacturer's guideline indicated the floor mat reduces the impact of a fall from bed, avoid sharp materials from contacting the mat, and never leave heavy materials on the mat for an extended amount of time and they may cause a permanent indentation.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, last reviewed 4/2024, the P&P indicated:</p> <p>The facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes, and a facility-wide commitment to safety at all levels of the organization.</p> <p>Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents.</p> <p>3. During a review of Resident 96's Admission Record, the Admission Record indicated the facility admitted the resident on 6/2/3024 and readmitted in the facility on 7/14/2024 with diagnoses including but not limited to type two diabetes mellitus (DM 2 - a long term condition that causes the level of sugar [glucose] in the blood to become too high), right tibia fracture (a break in the shinbone, which is the larger of the two bones in the lower leg between the knee and foot), and dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a review of Resident 96's History and Physical (H&P) dated 1/13/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 96's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 9/2/2024, the MDS indicated the resident had an intact cognition (mental action or process of acquiring knowledge and understanding) and was independent with roll left and right, sit to lying, lying to sitting on edge of bed, and sit to stand; set up or clean-up assistance with eating and toileting hygiene; partial/moderate assistance from staff with bathing self; supervision or touching assistance with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 96's fall risk assessments dated 3/12/2024, 6/6/2024, 8/9/2024, and 9/3/2024, the fall risk assessments indicated Resident 96 was a high risk for falls.</p> <p>During a review of Resident 96's care plan on risk for fall or injury initiated 6/11/2023 last revised 6/23/2024 indicated the need for a safe environment with even floors free from spills and/or clutter as one the of the interventions to prevent falls or injury.</p> <p>During an observation on 10/8/2024 at 9:10 a.m., inside Resident 96's room the resident was observed sitting on a shower chair (also known as bath chair, a specialized seat designed to help people bathe safely and easily) placed by the foot of the bed and Certified Nursing Assistant 12 (CNA 12) just finished providing a shower to the resident from the bathroom. Water drips were observed on the floor underneath the shower chair which was situated by the foot of the bed of the resident. CNA 12 assisted the resident back to bed and left the room wheeling the shower chair out of the room.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/8/2024 at 9:20 a.m., inside Resident 96's room, Resident 96 stated she can walk a short distance using her walker (a device that gives support to maintain balance or stability while walking).</p> <p>During a concurrent observation and interview on 10/8/2024 at 9:25a.m. inside Resident 96's room, CNA 12 verified, in the presence of the Director of Staff Development Assistant (DSDA) as translator, that the floor, where the shower chair was previously placed was wet and she stated she did not wipe the floor. CNA 12 stated she should have wiped the floor prior to leaving the room. CNA 12 verified Resident 96 was able to walk around the bed using a walker and if the floor was left wet for an extended period of time, it placed Resident 96 at risk for a slip and fall and get hurt.</p> <p>During an interview on 10/11/2024 at 3:30 p.m. with the Director of Nursing (DON), the DON stated she was made aware that the floor by the foot of the bed of Resident 96 was left wet by CNA 12 for at least 15 minutes. The DON stated staff were not supposed to leave the floor wet as it placed the resident at risk for a slip and fall and sustain an injury. The DON stated staff can either place a sign that the floor is wet or wipe the floor.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Safety and Supervision of Residents, last reviewed 4/2024, the P&P indicated:</p> <ul style="list-style-type: none"> o The facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. o Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes, and a facility-wide commitment to safety at all levels of the organization. o Employees shall be trained on potential accident hazards and demonstrate competency on how to identify and report accident hazards and try to prevent avoidable accidents. <p>43418</p> <p>2.c During a review of Resident 102's Admission Record, the admission record indicated the facility originally admitted Resident 102 on 2/21/2024 with diagnoses including, but not limited to, type two diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertension (high blood pressure).</p> <p>During a review of Resident 102's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/27/2024, the MDS indicated Resident 102 was able to understand and make decisions, required setup assistance with eating, and required moderate to maximal assistance or was dependent on staff for activities of daily living such as hygiene, showering/bathing himself, dressing, toileting, and surface-to-surface transfers.</p> <p>During a review of Resident 102's History and Physical (H&P), dated 2/21/2024, the H&P indicated Resident 102 had the capacity to understand and make his own medical decisions.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 102's Self Administration of Medication form, dated 8/27/2024, the self-administration of medication form indicated Resident 102 was not granted approval to self-administer medication.</p> <p>During a review of Resident 102's Order Summary Report, current as of 10/9/2024, the order summary report did not indicate an order for gas relief medication, artificial tears eye drops, or skin protectant.</p> <p>During a review of Resident 102's Care Plans, current as of 10/9/2024, the care plans did not indicate the resident could self-administer medication or keep medications at the bedside.</p> <p>During an observation on 10/8/2024, at 9:05 a.m., inside Resident 102's room, Resident 102 was sleeping in bed with the bedside table positioned to the right of the resident. The bedside table had a bottle of gas relief medication and a tube of skin protectant.</p> <p>During a concurrent observation and interview with Resident 102, on 10/8/2024, at 12:26 p.m., inside Resident 102's room, a bottle of gas relief medication and a bottle of artificial tears eye drops were on top of Resident 102's bedside table and a tube of skin protectant was below the television placed on a dresser to the left of the resident. Resident 102 confirmed he had the medications at the bedside and stated he was allowed to keep his medications at the bedside.</p> <p>During an observation on 10/20/2024, at 1:34 p.m., inside Resident 102's room, a bottle of gas relief medication and a bottle of artificial tears eye drops were on a table placed to the right of the resident.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDS), on 10/11/2024, at 9:22 a.m., Resident 102's Self Administration of Medication, dated 8/27/2024, was reviewed and the MDS confirmed Resident 102 was not granted approval to self-administer medications and stated the resident should not have medications at the bedside. The MDS further stated medication should be stored where no other residents can access the medications.</p> <p>During a concurrent observation and interview with the MDS, on 10/11/2024, at 9:34 a.m., inside Resident 102's room, the MDS confirmed Resident 102 had a bottle of gas relief medication, a bottle of artificial tears eye drops, and three tubes of skin protectant at the bedside, on top of the bedside table and under the television. The MDS stated Resident 102 has not been approved for medication self-administration and should not have the medication kept at the bedside. The MDS stated if Resident 102 was approved for medication self-administration, his medication should be stored in a secure place because there is a possibility that other residents can take his medication and take it on their own.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated medications should be kept at the bedside unless a plan of care has been developed and the resident has been assessed to be able to perform medication self-administration. The DON stated residents should be provided a way to store medications for safekeeping and to prevent other residents from access[TRUNCATED]</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>43418</p> <p>Based on interview and record review, the facility failed to ensure residents who require dialysis (also known as renal dialysis and hemodialysis, a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) receive services, consistent with professional standards of practice, for one of two sampled residents (Resident 19) investigated under the dialysis care area when Resident 19's pre and post dialysis weights were not documented into the electronic medical record.</p> <p>This deficient practice had the potential for the facility's ability to monitor the resident's drastic weight changes from dialysis.</p> <p>Findings:</p> <p>During a review of Resident 19's Admission Record, the admission record indicated the facility originally admitted Resident 19 on 7/13/2010 and readmitted the resident on 12/23/2023 with diagnoses including, but not limited to, end stage renal disease (ESRD, irreversible kidney failure), dependence on renal dialysis, and generalized muscle weakness.</p> <p>During a review of Resident 19's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/3/2024, the MDS indicated Resident 19 was able to understand and make decisions, was independent or required setup to moderate assistance with activities of daily living including eating, hygiene, showering/bathing herself, dressing, toileting, and surface-to-surface transfers, and received hemodialysis treatments as a resident.</p> <p>During a review of Resident 19's History and Physical (H&P), dated 12/24/2023, the H&P indicated Resident 19 has the capacity to understand and make decisions.</p> <p>During a review of Resident 19's Order Summary Report, dated 12/14/2023, the order summary report indicated Resident 19 was ordered pre and post dialysis weights on dialysis days, two times a day every Tuesday, Thursday, and Saturday.</p> <p>During a review of Resident 19's Weight Summary, dated between 1/8/2024 to 9/3/2024, the weight summary indicated weight measurements were documented on the following days:</p> <ul style="list-style-type: none"> - 1/8/2024 (Monday) - 2/6/2024 (Tuesday) - 3/5/2024 (Tuesday) - 4/5/2024 (Friday) - 5/8/2024 (Wednesday) - 5/31/2024 (Friday) <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 6/5/2024 (Wednesday)</p> <p>- 7/3/2024 (Wednesday)</p> <p>- 8/5/2024 (Monday)</p> <p>- 9/3/2024 (Tuesday)</p> <p>The weight summary did not indicate other dates Resident 19's weight was measured and recorded.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDS), on 10/11/2024, at 9:01 a.m., Resident 19's Order Summary Report, dated 12/14/2023, was reviewed, and the MDS confirmed Resident 19 had an order for pre and post dialysis weights on dialysis days, two times a day every Tuesday, Thursday, and Saturday. The MDS stated the monitoring should be documented in the Medication Administration Record (MAR) or the progress notes. Resident 19's MAR, dated 9/2024, was reviewed and the MDS confirmed no weights were documented. Resident 19's Weight Summary, dated between 1/8/2024 to 9/3/2024, was reviewed and the MDS confirmed only monthly weights were documented. The MDS stated weights should be documented in the electronic medical record for both pre and post dialysis to monitor the resident for significant weight gain or loss. The MDS further stated if the weights are not documented, the facility would not be able catch any significant changes and would not be able to provide the resident the appropriate interventions.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated weights should be documented in the dialysis communication form and should be recorded in the MAR or in the weight summary to facilitate communication. The DON further stated if the facility does not input the resident's weight in the electronic medical record, the facility would not be able to monitor drastic weight changes from dialysis.</p> <p>During a review of the facility's policy and procedure (P&P) titled, End-Stage Renal Disease, Care of a Resident with, last reviewed 4/2024, the P&P indicated residents with ESRD will be cared for according to currently recognized standards of care.</p> <p>During a review of the facility's P&P titled, Weight Assessment and Intervention, last reviewed 4/2024, the P&P indicated weights are recorded in the individual's medical record.</p>		

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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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were assessed, including a review of risks including entrapment (when a resident is trapped in the spaces in between or around the bed rails [adjustable metal or rigid plastic bars that attach to the bed that are available in a variety of types, shapes, and sizes], mattress, or bed frame), provided and maintained a copy of the informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered), and failed to obtain a physician's order for the use of bed rails for three of seven residents (Resident 66, 90, and 61) investigated under the physical restraints care area and two of nine sampled residents (Resident 75 and 107) investigated under the accidents care area by failing to:</p> <ol style="list-style-type: none"> 1. Discontinue the bedrails when not indicated, perform a quarterly bed rail assessment for entrapment, and to obtain a consent from the resident or resident representative of the bedrail's continued use for Resident 66, Resident 90, and Resident 61. 2. Complete the restraint assessment, obtain an informed consent and physician order prior to the use of half (1/2) side rails (SR) for Resident 75. 3. Obtain and maintain a copy of Resident 107's informed consent for use of bed rails. <p>These deficient practices placed the residents at risk for potential accidents such as a body part being caught between the rails, falls if a resident attempts to climb over, around, between, or through the rails and potentially violate the residents' rights.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 66's Admission Record (AR), the AR indicated the facility admitted the resident on 12/21/2022, and readmitted the resident on 7/31/2024, with diagnoses including displaced fracture of right femur (a broken femur [thigh bone] where the bone fragments moved out of alignment due to trauma), abnormalities of gait (a manner of walking or moving on foot) and mobility, and history of falling. <p>During a review of Resident 66's History and Physical (H&P), dated 1/16/2023, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 66's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated the resident has the ability to make self-understood and understand others. The MDS indicated the resident had severe cognitive impairment (a condition where a person has difficulty with basic tasks and is unable to live independently) and was dependent to requiring substantial to maximal assistance on mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 66's Bedside Rail Entrapment Risk Evaluation, dated 9/6/2024, the evaluation indicated the bedside rail was not used at all.</p> <p>During an observation on 10/8/2024, at 8:56 a.m., during resident screening, observed Resident 66 lying in bed with both upper bed rails up.</p> <p>During a concurrent observation, interview, and record review on 10/10/2024, at 9:39 a.m., with Registered Nurse 1 (RN 1), inside resident 66's room, Resident 66's Order Summary Report and Bed Rail Entrapment Risk Evaluations were reviewed. RN 1 stated the Bed Rail Entrapment Risk Evaluation done on 9/6/2024 indicated the bed rail was not used at all. RN 1 stated the bed rail should have not been applied as it was not appropriate on assessment of the licensed staff. RN 1 stated the continued application of the bed rails on the resident without appropriate assessment can lead to accidents such as entrapment.</p> <p>During an interview on 10/11/2024, at 2:08 p.m., with the Director of Nursing (DON), the DON stated the Bed Rail Entrapment Risk Evaluation dated 9/6/2024 indicated the resident was not using the bed rail at all and should have been removed. The DON stated the continued use of the side rail without appropriate assessment resulted in inappropriate use predisposing resident to injury such as entrapment.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Bed Safety and Bed Rails, last reviewed on 4/2024, the P&P indicated before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent:</p> <p>a. The assessed medical needs that will be addressed with the use of bed rails;</p> <p>b. The resident's risk from the use of bed rails and how these will be mitigated.</p> <p>During a review of the facility provided information Bed Rail 1 (BR 1), last revised on 3/18/2021, the information indicated risk for serious injury. Individuals with physical limitations who cannot prevent themselves from rolling or climbing out the bed may require other means of safe positioning.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Resident Assessments, last reviewed on 4/2024, the P&P indicated OBRA-Required Assessments are federally mandated, and therefore, must be performed for all residents of Medicare and/or Medicaid certified nursing homes. OBRA assessments include:</p> <p>B. Quarterly Assessment.</p> <p>2. During a review of Resident 90's Admission Record (AR), the AR indicated the facility admitted the resident on 10/11/2023, and readmitted the resident on 5/28/2024, with diagnoses including dementia (a progressive state of decline in mental abilities) and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 90's Bedside Rail Entrapment Risk Evaluation, dated 4/17/2024, the evaluation indicated the bedside rail was not used at all.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 90's H&P, dated 5/29/2024, the H&P indicated the resident can make needs known but cannot make medical decisions.</p> <p>During a review of Resident 90's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident had severe cognitive impairment and the resident required partial to supervision assistance on mobility and activities of daily living (ADLs).</p> <p>During a review of Resident 90's Fall Risk Evaluation (FRE), dated 8/23/2024, the FRE indicated the resident was a high risk for falls.</p> <p>During an observation on 10/8/2024, at 9:06 a.m., during resident screening, Resident 66 was observed lying in bed with both upper grab bars (a safety device that provides support and stability to help people maintain balance, reduce fatigue, and avoid falls) up.</p> <p>During a concurrent observation, interview, and record review on 10/10/2024, at 10:35 a.m., with RN 1, inside Resident 90's room, Resident 90's Order Summary Report and Bed Rail Entrapment Risk Evaluations were reviewed. RN 1 stated the Bed Rail Entrapment Risk Evaluation done on 4/17/2024 indicated the bed rail was not used at all. RN 1 stated the bed rail should have not been applied as it was not appropriate on assessment of the licensed staff. RN 1 also stated a quarterly assessment should have been done on the resident around 7/2024 to evaluate its use, and if needed, another consent on the use of bedrail should have been obtained from the resident or representative.</p> <p>During an interview on 10/11/2024, at 2:08 p.m., with the DON, the DON stated the Bed Rail Entrapment Risk Evaluation dated 4/17/2024 indicated the resident was not using the bed rail at all and should have been removed. The DON stated the continued use of the side rail without appropriate assessment resulted in inappropriate use, predisposing resident to injury such as entrapment. The DON also added a quarterly assessment of the Bed Rail Entrapment Risk Evaluation should have been done on the resident to evaluate its current use and a consent should have been obtained for its continued use. The DON stated it was important to have a current assessment to ensure safe use of the bedrails and to prevent the resident for injuries such as entrapment.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Bed Safety and Bed Rails, last reviewed on 4/2024, the P&P indicated before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent:</p> <p>a. The assessed medical needs that will be addressed with the use of bed rails;</p> <p>b. The resident's risk from the use of bed rails and how these will be mitigated.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Resident Assessments, last reviewed on 4/2024, the P&P indicated OBRA-Required Assessments are federally mandated, and therefore, must be performed for all residents of Medicare and/or Medicaid certified nursing homes. OBRA assessments include:</p> <p>B. Quarterly Assessment.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During a review of Resident 61's Admission Record (AR), the AR indicated the facility admitted the resident on 11/3/2022, and readmitted the resident on 8/28/2024, with diagnoses including abnormal posture and muscle weakness.</p> <p>During a review of Resident 61's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and to understand others. The MDS indicated the resident had one sided upper extremity impairment and both lower extremity impairment. The MDS further indicated the resident required substantial to partial assistance on mobility and activities of daily living (ADLs).</p> <p>During a review of Resident 61's Bedside Rail Entrapment Risk Evaluation, dated 4/18/2024, the evaluation indicated the bedside rail was not used at all.</p> <p>During a review of Resident 61's Fall Risk Evaluation (FRE), dated 8/28/2024, the FRE indicated the resident was a high risk for falls.</p> <p>During an observation on 10/8/2024, at 9:02 a.m., during resident screening, Resident 61 was observed lying in bed with both upper bedrails up.</p> <p>During a concurrent observation, interview, and record review, on 10/10/2024, at 10:37 a.m., with RN 1, inside Resident 61's room, Resident 61's Order Summary Report and Bed Rail Entrapment Risk Evaluations were reviewed. RN 1 stated the Bed Rail Entrapment Risk Evaluation done on 4/18/2024 indicated the bed rail was not used at all. RN 1 stated the bed rail should have not been applied as it was not appropriate on assessment of the licensed staff. RN 1 also stated a quarterly assessment should have been done on the resident around 7/2024 to evaluate its use, and if needed another consent on the use of bedrail should have been obtained from the resident or representative.</p> <p>During an interview on 10/11/2024, at 2:08 p.m., with the DON, the DON stated the Bed Rail Entrapment Risk Evaluation dated 4/18/2024 indicated the resident was not using the bed rail at all and should have been removed. The DON stated the continued use of the side rail without appropriate assessment resulted in inappropriate use predisposing the resident to injury such as entrapment. The DON also added a quarterly assessment of the Bed Rail Entrapment Risk Evaluation should have been done on the resident to evaluate its current use and a consent should have been obtained for its continued use. The DON stated it was important to have a current assessment to ensure safe use of the bedrails and to prevent the resident for injuries such as entrapment.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Bed Safety and Bed Rails, last reviewed on 4/2024, the P&P indicated before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent:</p> <p>a. The assessed medical needs that will be addressed with the use of bed rails;</p> <p>b. The resident's risk from the use of bed rails and how these will be mitigated.</p> <p>During a review of the facility provided information Bed Rail 1 (BR 1), last revised on 3/18/2021, the information indicated risk for serious injury. Individuals with physical limitations who cannot prevent themselves from rolling or climbing out the bed may require other means of safe positioning.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's recent policy and procedure (P&P) titled Resident Assessments, last reviewed on 4/2024, the P&P indicated OBRA-Required Assessments are federally mandated, and therefore, must be performed for all residents of Medicare and/or Medicaid certified nursing homes. OBRA assessments include:</p> <p>B. Quarterly Assessment.</p> <p>43988</p> <p>4. During a review of Resident 75's AR, the AR indicated the facility admitted the resident on 9/18/2024 with diagnoses including type 2 diabetes mellitus (DM 2, a condition that affects the way the body processes blood sugar [glucose]), generalized muscle weakness, and dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life).</p> <p>During a review of Resident 75's H&P, dated 9/27/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 75's MDS, dated [DATE], the MDS indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required set up or clean up assistance with personal hygiene; supervision/touching assistance with eating, oral hygiene , rolling left and right, sitting to lying , lying to sitting on edge of bed; substantial/maximal assistance with toileting hygiene, and shower/bathing self; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 75's Order Summary Report, the Order Summary Report indicated a physician's order dated 9/17/2024:</p> <p>[Non-restraint] Bilateral one quarter (1/4) SR locked when in bed as enabler for mobility during ADL performance and during repositioning. Informed consent obtained from the resident after explanation of risk and benefits. Monitor for presence, placement, and functionality every shift.</p> <p>During a review of Resident 75's Fall Risk Assessments dated 9/18/2024, 9/23/2024, and 9/30/2024, the Fall Risk Assessments indicated the resident was a high risk for falls.</p> <p>During a review of Resident 75's informed consent dated 9/17/2024, the informed consent indicated bilateral 1/4 SR locked when in bed as enabler for mobility during ADL performance and during repositioning.</p> <p>During a concurrent observation and interview on 10/9/2024 at 1:30 p.m. inside Resident 75's room with Certified Nursing Assistant 6 (CNA 6), observed Resident 75 lying in bed with bilateral 1/2 SR up and locked. CNA 6 stated Resident had history of falls since admission. CNA 6 stated Resident 75 uses the SR to assist in getting out of bed.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/11/2024 at 1:48 p.m., reviewed Resident 75's physician's orders, informed consent, restraint assessment, and manufacturers' guideline for Bed Rail 1 (BR 1) with Minimum Data Set Nurse 1 (MDSN 1). MDSN 1 verified Resident 75's SR is 1/2 SR instead of 1/4 as indicated in the manufacturers' guideline and is considered a restraint. MDSN 1 stated the facility should have completed the restraint assessment, obtained a physician's order, and obtained an informed consent prior to use of bilateral upper 1/2 SR.</p> <p>During an interview on 10/11/2024 at 3:30 p.m., the DON stated she was made aware that Resident 75's SR were 1/2 SR as indicated in the manufacturers' guideline. The DON stated use of 1/2 SR is considered a restraint as the SR restricts the resident's movement while in bed. The DON stated the facility should have completed the restraint or side rail assessment indicating the use of 1/2 SR to ensure appropriateness of the intervention, and the physician's order and informed consent should have indicated 1/2 SR.</p> <p>During a review of the facility's P&P titled, Use of Restraint, last reviewed 4/2024, the P&P indicated:</p> <p>Physical restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body.</p> <p>The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition, and this restricts his/her typical ability to change position or place, that device is considered a restraint.</p> <p>Prior to placing a resident on restraints, there shall be a pre-restraining assessment and review to determine the need for restraints.</p> <p>Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted including:</p> <p>a. Using bedrails to keep a resident from voluntarily getting out of bed as opposed to enhancing mobility while in bed;</p> <p>d. Placing a resident who uses a wheelchair so close to the wall that the wall prevents the resident from rising. Prior to placing a resident in restraints, shall be a pre-restraining assessment and review to determine the need for restraints.</p> <p>Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (Sponsor). The order shall include the following:</p> <p>a. The specific reason for the restraint (as it relates to the resident's medical symptom);</p> <p>b. How the restraint will be used to benefit the resident's medical symptom; and</p> <p>c. The type of restraints, and period of time for the use of the restraint.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Residents and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use.</p> <p>Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraints reduction, less restrictive methods of restraints, or total restraint elimination. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s).</p> <p>During a review of the facility's P&P titled, Bed Safety and Bed Rails, last reviewed 4/2024, the P&P indicated the use of bed rails is prohibited unless the criteria for use of bed rails have been met including attempts to use alternatives, interdisciplinary evaluation, resident assessment, and informed consent. The P&P indicated:</p> <p>Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent.</p> <p>The following information will be included in the consent:</p> <p>a. The assessed medical needs that will be addressed with the use of bed rails;</p> <p>b. The resident's risk from the use of bed rails and how these will be mitigated.</p> <p>43418</p> <p>5. During a record review of Resident 107's AR, the AR indicated the facility originally admitted Resident 107 on 10/24/2023 and readmitted the resident on 10/31/2023 with diagnoses including hemiplegia (inability to move one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke - damage to tissues in the brain due to a loss of oxygen to the area) affecting the left dominant side.</p> <p>During a review of Resident 107's MDS, dated [DATE], the MDS indicated Resident 107 had difficulty understanding and making decisions, was dependent on facility staff for activities of daily living such as eating, hygiene, showering/bathing himself, toileting, dressing, and required maximal assistance with rolling left to right in bed. The MDS further indicated Resident 107 was not using bed rails or other forms of restraints.</p> <p>During a review of Resident 107's H&P, dated 10/25/2023, the H&P indicated Resident 107 was forgetful, confused, and needs frequent reorientation to reality.</p> <p>During a review of Resident 107's Order Summary Report, dated 10/31/2023, the Order Summary Report indicated Resident 107 was ordered bilateral quarter side rails locked when in bed as an enabler for, mobility during activity of daily living performance and during repositioning. The Order Summary Report further indicated informed consent was obtained from the resident after explaining of risks and benefits and to monitor for presence, placement, and functionality every shift.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 107's Bedside Rail Entrapment Risk Evaluation, dated 8/7/2024, the Bedside Rail Entrapment Risk Evaluation indicated Resident 107 requires limited to total dependence with movement; is alert, oriented, able to follow commands and understand the use and purpose of bedside rail; requires supervised assist and cueing in using call alarms; and uses the bedside rail daily, less than 24 hours.</p> <p>During an observation on 10/8/2024 at 9 a.m., inside Resident 107's room, Resident 107 was lying down in bed asleep with two quarter bed rails at both sides of the head of the bed.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDS) on 10/11/2024 at 8:44 a.m., Resident 107's medical record, current as of 10/11/2024, was reviewed. The MDS stated the resident's bed rail consent was not in the physical medical record and electronic medical record. The MDS stated the informed consent should be in the resident's active medical record. The MDS stated it is important to have the informed consent in the active medical record so that the facility staff are aware that the resident consented to the use of bed rails. The MDS further stated without the informed consent, there is a potential for improper communication between staff and the residents.</p> <p>During an interview with the DON, on 10/11/2024 at 3:28 p.m., the DON stated there should be an informed consent in the resident's current medical record. The DON stated without an informed consent, the resident's rights to be informed of the treatments they are receiving would be violated.</p> <p>During a review of the facility's P&P titled, Bed Safety and Bed Rails, last reviewed 4/2024, the P&P indicated the use of bed rails or side rails is prohibited unless the criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation resident assessment, and informed consent.</p>		

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<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** 43418</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services including obtaining and assuring the accurate acquisition and administering of all drug and biologicals to meet the needs for each resident for one of nine sampled residents (Resident 102) investigated under the accidents care area, one of eight sampled residents (Resident 66) investigated during initial pool sampling, and for one of three sampled residents (Resident 390) investigated during medication administration when:</p> <ol style="list-style-type: none"> Resident 102 had a bottle of gas relief medications, a bottle of artificial tears eye drops, and skin protectant at the bedside and stated he self-administers the medication. <p>This deficient practice had the potential for Resident 102 to experience adverse effects from possible reactions from taking other medications.</p> <ol style="list-style-type: none"> The facility failed to indicate a stop date (the date the resident is to stop taking the medication as prescribed) for the use of Rifaximin Tablet (a type of antibiotic) 550 milligrams (mg, a unit of weight), for Resident 66 being investigated during initial sampling of residents. <p>This deficient practice had the potential to result in unnecessarily prolonged therapy increasing the risk of antimicrobial resistance (resistance to bacteria, viruses, fungi, and parasites), super-infection (reinfection or a second infection with a microbial agent), and adverse events (a harmful or abnormal result).</p> <ol style="list-style-type: none"> The facility failed to use a different spoon to mix a couple of medications placed on medication cups with crushed medications for Resident 390 observed during medication administration facility task. <p>This deficient practice could potentially lead to dangerous drug interactions, alter their effectiveness, and make it difficult to accurately dose each medication due to potential chemical reactions between the different drug compounds.</p> <p>Cross-reference F656 and F689.</p> <p>Findings:</p> <ol style="list-style-type: none"> During a review of Resident 102's Admission Record, the admission record indicated the facility originally admitted Resident 102 on 2/21/2024 with diagnoses including, but not limited to, type two diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertension (high blood pressure). <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 102's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/27/2024, the MDS indicated Resident 102 was able to understand and make decisions, required setup assistance with eating, and required moderate to maximal assistance or was dependent on staff for activities of daily living such as hygiene, showering/bathing himself, dressing, toileting, and surface-to-surface transfers.</p> <p>During a review of Resident 102's History and Physical (H&P), dated 2/21/2024, the H&P indicated Resident 102 had the capacity to understand and make his own medical decisions.</p> <p>During a review of Resident 102's Self Administration of Medication, dated 8/27/2024, the self-administration of medication indicated Resident 102 was not granted approval to self-administer.</p> <p>During a review of Resident 102's Order Summary Report, current as of 10/9/2024, the order summary report did not indicate an order for gas relief medication, artificial tears eye drops, or skin protectant.</p> <p>During a review of Resident 102's Care Plans, current as of 10/9/2024, the care plans did not indicate the resident can self-administer medications or keep medications at the bedside.</p> <p>During an observation on 10/8/2024, at 9:05 a.m., inside Resident 102's room, Resident 102 was sleeping in bed with the bedside table positioned to the right of the resident. The bedside table had a bottle of gas relief medication and a tube of skin protectant.</p> <p>During a concurrent observation and interview with Resident 102, on 10/8/2024, at 12:26 p.m., inside Resident 102's room, a bottle of gas relief medication and a bottle of artificial tears eye drops were on top of Resident 102's bedside table and a tube of skin protectant was below the television placed on a dresser to the left of the resident. Resident 102 confirmed he had the medications at the bedside and stated he was allowed to keep his medications at the bedside.</p> <p>During an observation on 10/20/2024, at 1:34 p.m., inside Resident 102's room, a bottle of gas relief medication and a bottle of artificial tears eye drops were on a table placed to the right of the resident.</p> <p>During a concurrent interview and record review with the Minimum Data Set Director (MDSD), on 10/11/2024, at 9:25 a.m., Resident 102's Order Summary Report, current as of 10/11/2024, was reviewed and the MDSD confirmed Resident 102 did not have an order for gas relief medication, artificial tears, and skin protectant. The MDSD stated Resident 102 should have an order for use of those medications so that the physician can approve the use of the medications.</p> <p>During a concurrent observation and interview with the MDSD, on 10/11/2024, at 9:34 a.m., inside Resident 102's room, the MDSD confirmed Resident 102 had a bottle of gas relief medication, a bottle of artificial tears eye drops, and three tubes of skin protectant at the bedside. The MDSD stated Resident 102 should have an order for those medications to make sure the resident is prescribed the correct medication. The MDSD further stated there is a potential for Resident 102 to experience adverse effects and/or there can be a potential reaction with other medications the resident is taking.</p> <p>(continued on next page)</p>		

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<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 with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated there should be a physician's order for medications a resident is taking. The DON stated the physician needs to approve the use of medications. The DON stated if the resident experiences an adverse reaction from use of medication, the facility would not be able to identify the cause. The DON further stated if a physician's order is not obtained, there is a potential for harm from incompatibility between medications.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Adverse Consequences and Medication Errors, last reviewed 4/2024, the P&P indicated examples of medication errors include unauthorized drugs, a drug administered without a physician's order.</p> <p>44376</p> <p>2. During a review of Resident 66's Admission Record (AR), the AR indicated the facility admitted the resident on 12/21/2022, and readmitted the resident on 7/31/2024, with diagnoses including cirrhosis of liver (a condition in which the liver is scarred and permanently damaged), encephalopathy (damage or disease that affects the brain), and viral hepatitis C (an inflammation of the liver caused by the hepatitis C virus).</p> <p>During a review of Resident 66's History and Physical (H&P), dated 1/16/2023, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 66's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated the resident had the ability to make self-understood and to understand others. The MDS indicated the resident was on a high-risk drug class antibiotic.</p> <p>During a review of Resident 66's Order Summary Report, dated 7/31/2024, the report indicated an order for Rifaximin tablet 550 mg. Give one tablet by mouth two times a day for hepatic encephalopathy.</p> <p>During a concurrent interview and record review on 10/10/2024, at 2:14 p.m., with Registered Nurse 1 (RN 1), Resident 66's Order Summary Report, Medication Administration Record (MAR), and Physician's Progress Notes were reviewed. RN 1 stated there was an order for Rifaximin tablet 550 mg tablet without a stop date and the resident was currently taking them. RN 1 stated every time a resident will be started on an antibiotic therapy, they check the indication, the frequency of administration and how long the medication will be taken. RN 1 stated the licensed staff should have notified the physician of the lack of stop date of the antibiotic. RN 1 stated if the doctor wants the medication to be taken continuously the physician should have created a progress note indicating the risk and benefits of taking the medication for a prolonged period of time. RN 1 stated he checked the Physician's Progress Notes and did not find any indication of prolonged therapy. RN 1 stated antibiotics should have a stop date to prevent intolerance to the medication.</p> <p>During a concurrent interview and record review on 10/11/2024, at 2:20 p.m., with the Director of Nursing (DON), Resident 66's Order Summary Report, MAR, and Physician's Progress Notes were reviewed. The DON stated Rifaximin tablet 550 mg is an antibiotic, and it should have a stop date to prevent antibiotic resistance on residents. The DON stated she cannot find any documentation from the physician to justify its prolonged use.</p> <p>(continued on next page)</p>		

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<p>F 0755</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 recent policy and procedure (P&P) titled Antibiotic Stewardship- Orders for Antibiotics, last reviewed on 4/2024, the P&P indicated if an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements:</p> <ul style="list-style-type: none"> a. Drug name; b. Dose; c. Frequency of administration; d. Duration of treatment; e. Start and stop date, or f. Number of days of therapy; g. Route of administration; and h. Indications for use. <p>During a review of the facility provided Highlights of Prescribing Information for Xifaxan (rifaximin) tablets for oral use, with initial U.S. approval in 2004, the prescribing information indicated the recommended dosage of Xifaxan is one 550 mg orally three times a day for 14 days. Patients who experience a recurrence of symptoms can be retreated up to two times with the same dosage regimen.</p> <p>3. During a review of Resident 390's AR, the AR indicated the facility admitted the resident on 11/27/2023, with diagnoses including adult failure to thrive (a syndrome that describes a gradual decline in an older person's physical and mental health), gastrostomy (a surgical procedure used to insert a tube, often referred to as a g-tube, through the abdomen and into the stomach), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 390's H&P, dated 11/29/2023, the H&P indicated the resident did not have the capacity to make decisions but was able to make needs known.</p> <p>During a review of Resident 390's MDS, dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and rarely to never had the ability to understand others. The MDS indicated the resident had a feeding tube.</p> <p>During a review of Resident 390's Order Summary Report, dated 8/28/2024, the report indicated an order for:</p> <p>May crush all crushable medications.</p> <p>Shake well all liquids/suspension medications.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/9/2024, at 8:46 a.m., during medication pass, observed Licensed Vocational Nurse 1 (LVN 1) prepare Resident 390's morning medications. Observed the following medications drawn from the medication cart and crushed crushable medications and shook liquid medications prior to pouring them in the medication cup for g tube administration, the following medications was administered via g-tube:</p> <ol style="list-style-type: none"> Calcium + Vitamin D3 Oral Tablet 500-5 milligram (mg, a unit of weight) - microgram (mcg, a unit of mass equal to one millionth) (Calcium Carbonate-Cholecalciferol). Give 1 tablet via G-Tube one time a day for Supplement. Order Date 11/29/2023 6:08 p.m. Open date of 8/3/24, expiration date of 6/2025. Docusate Sodium Oral Tablet 100 mg (Docusate Sodium). Give 1 tablet via G-Tube two times a day for Bowel Management Hold if Loose Stool. Order Date 11/29/2023 6:08 p.m. Open date of 9/24/24, expiration date of 12/2025. Lactulose Oral Solution 10 grams (gm, unit of weight)/15 milliliters (ml, a unit of volume) (Lactulose). Give 5 ml via G-Tube one time a day for Bowel Management Hold if Loose Stool. Order Date 11/29/2023 6:08 p.m. Open date of 9/26/2024, expiration date of 12/2025. Haloperidol Lactate Oral Concentrate 2 mg/ml (Haloperidol Lactate). Give 1.5 ml via G-Tube two times a day for Psychosis (a group of symptoms that affect the mind and cause a person to lose touch with reality) monitor for behavior (m/b) delusional paranoia (a mental disorder in which a person has an extreme fear and distrust of others and believes that people are trying to harm them) thinking people is here to get her. Order Date 3/14/2024 1202-D/C Date10/07/2024 6:27 p.m. Open date of 10/5/2024, expiration date of 5/31/2025. Losartan Potassium Oral Tablet 25 mg (Losartan Potassium). Give 1 tablet via G-Tube one time a day for Hypertension Hold if systolic blood pressure (SBP) less than (<) 110. Order Date 11/29/2023 6:08 p.m. Expiration date of 9/12/2025. Norliqva Oral Solution 1 mg/ml (Amlodipine Besylate). Give 5 ml via G-Tube two times a day for hypertension (high blood pressure) -HOLD FOR SBP less than (<) 110. <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Order Date 2/23/2024 4:43 p.m.</p> <p>Open date of 9/26/2024, expiration date of 12/2026.</p> <p>7. One Daily/Minerals Oral Tablet (Multiple Vitamins w/ Minerals). Give 1 tablet via G-Tube one time a day for Supplement/Wound management.</p> <p>Order Date 1/18/2024 1:37 p.m.</p> <p>Open date of 10/6/2024, expiration date of 2/2026.</p> <p>8. Benztropine Mesylate Oral Tablet 0.5 MG (Benztropine Mesylate). Give 1 tablet by mouth two times a day for Tremors as evidenced by (AEB) extrapyramidal symptom (EPS, a group of side effects that affect the motor system and are caused by certain medications, especially antipsychotics).</p> <p>Order Date 02/22/2024 10:03 p.m.</p> <p>Expiration date of 9/11/2024.</p> <p>9. Vitamin C Oral Tablet 500 MG (Ascorbic Acid). Give 1 tablet via G-Tube one time a day for Supplement/Wound management.</p> <p>Order Date 1/18/2024 1:37 p.m.</p> <p>Open date of 10/1/2024, expiration date of 9/2025.</p> <p>During a concurrent observation and interview on 10/9/2024, at 9:14 a.m., with LVN 1, inside Resident 390's room, observed LVN 1 pour medication one at a time with in between flushes of water using a spoon to mix a couple of crushed medications mixed with water. LVN 1 stated she should not have used the same spoon on a couple of medications to stir to prevent drug interaction.</p> <p>During an interview on 10/11/2024, at 3:19 p.m., with the DON, the DON stated LVN 1 should have not used the same spoon to stir a couple of crushed medication on a cup to prevent a chemical reaction of medication.</p> <p>During a review of the facility's recent P&P titled, Administering Medications through an Enteral Tube, last reviewed on 4/2024, the P&P indicated the purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube. Administer each medication separately and flush between medications. Use a clean enteral syringe with an ENFit connector to administer medications through an enteral tube.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on interview and record review, the facility failed to ensure the entire medication regimen of the resident was managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being for two of five sampled residents (385 and 65) investigated under unnecessary medications review by failing to:</p> <ol style="list-style-type: none"> 1. Obtain an informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) for Resident 385's use of psychotropic medication (Donepezil, used to treat dementia [memory loss and mental changes] associated with mild, moderate, or severe Alzheimer's disease [a disease characterized by a progressive decline in mental abilities]). 2. Monitor for adverse effects (a harmful or abnormal result) of Resident 65's use of antidepressant (Duloxetine, a medication used to treat major depressive disorder [a serious mental illness that can affect how a person feels, thinks, and acts]). <p>These deficient practices violated the residents right to informed consent and had the potential to result in the use of unnecessary psychotropic drugs and adverse effects (an undesired and harmful result of a treatment or intervention, such as a medication or surgery) of the medication.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 385's Admission Record (AR), the AR indicated the facility admitted the resident on 10/3/2024, with diagnoses including dementia (a progressive state of decline in mental abilities) and depression. <p>During a review of Resident 385's Order Summary Report, dated 10/3/2024, the report indicated an order for Donepezil HCl Oral Tablet 5 mg (Donepezil Hydrochloride). Give 1 tablet by mouth one time a day for dementia.</p> <p>During a review of Resident 385's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/9/2024, the MDS indicated the resident had intact cognition (the ability to maintain a relatively high level of mental functioning, including thinking, learning, memory, and perception).</p> <p>During a review of Resident 385's History and Physical (H&P), dated 10/11/2024, the H&P indicated the resident had the ability to understand and to make decisions.</p> <p>During a concurrent interview and record review, on 10/10/2024, at 9:54 a.m., with Registered Nurse 1 (RN 1), Resident 385's Order Summary Report and Consents were reviewed. RN 1 stated Resident 385 had an order for donepezil HCl Oral 5 mg tablets and there was no consent for its use. RN 1 stated it is important to explain the risk and benefits on the use of psychotropic medications and obtain a consent to the resident or resident representative to honor their right to informed consent.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/11/2024, at 2:09 p.m., with the Director of Nursing (DON), the DON stated before starting a psychotropic drug regimen on a resident the staff should explain the risk and benefits of taking the drug and obtain a consent from the resident or representative to honor the resident's right to informed consent.</p> <p>During a review of the facility's most recent policy and procedure (P&P) titled Health, Medical Condition and Treatment Options, Informing Residents of, last reviewed on 4/2024, the P&P indicated every resident is informed of his or her total health status, medical condition, and options for treatment. Each resident is informed of his/her total health status and medical condition, including diagnosis, treatment recommendations and prognosis, in advance treatment and an on-going basis. If a resident has an appointed representative, the representative is also informed.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Psychotropic Medication Use, last reviewed on 4/2024, the P&P indicated psychotropic medication management includes:</p> <p>d. Adequate monitoring for efficacy and adverse consequences; and</p> <p>e. Preventing, identifying, and responding to adverse consequences.</p> <p>Residents (and/or representatives) have the right to decline treatment with psychotropic medications.</p> <p>a. The staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives.</p> <p>2. During a review of Resident 65's Admission Record (AR), the AR indicated the facility admitted the resident on 5/28/2024, and readmitted the resident on 8/5/2024, with diagnoses including anxiety disorder (a condition where a person has excessive and persistent feelings of fear, dread, and uneasiness) and major depressive disorder.</p> <p>During a review of Resident 65's Care Plan (CP) titled The resident uses antidepressant medication (duloxetine) related to depression ., last revised on 5/28/2024, the CP indicated an intervention to monitor/document/report if needed (PRN) adverse reactions to antidepressant therapy.</p> <p>During a review of Resident 65's H&P, dated 6/4/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 65's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a high-risk drug of antianxiety and antidepressant medications.</p> <p>During a review of Resident 65's Order Summary Report, dated 9/9/2024, the report indicated an order for duloxetine hcl oral capsule delayed release particles 30 mg (Duloxetine HCl). Give one capsule by mouth two times a day for major depressive disorder. Monitor for behavior (m/b) sad facial expression. The report did not indicate any monitoring for adverse effect for the use of antidepressant (duloxetine).</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 65's Medication Administration Record (MAR) for 10/2024, the MAR did not indicate any monitoring for adverse effect of the medication (duloxetine).</p> <p>During a concurrent interview and record review on 10/10/2024, at 11:10 a.m., with RN 1, Resident 65's Order Summary Report, MAR, and CP were reviewed. RN 1 stated there was an order for duloxetine HCl oral 30 mg capsule delayed release particles, however, there was no order for monitoring for its adverse effect. RN 1 stated it is important to monitor for adverse effects on the use of duloxetine to ensure the adverse effects were timely reported to the attending physician to mitigate its effect.</p> <p>During a concurrent interview and record review on 10/11/2024, at 2:11 p.m., with the DON, Resident 65's order summary report and MAR. The DON stated there was an order for duloxetine hcl capsule but there was no order for monitoring its side effects. The DON stated it is important to monitor for the adverse effect/side effect of the medication to establish a basis for the physician to continue or discontinue the medication.</p> <p>During a review of the facility's most recent policy and procedure (P&P) titled Psychotropic Medication Use, last reviewed on 4/2024, the P&P indicated psychotropic medication management includes:</p> <ul style="list-style-type: none"> d. Adequate monitoring for efficacy and adverse consequences; and e. Preventing, identifying, and responding to adverse consequences. 		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43988</p> <p>44376</p> <p>Ensure that residents are free from significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure residents were free of any significant medication errors (means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards) for one of one sampled residents (Residents 70), investigated under insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood) and enoxaparin (a drug used to prevent blood clots), by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (beneath the skin) insulin administration sites.</p> <p>The deficient practices had the potential to result in adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin and enoxaparin such as bruising, lipodystrophy (abnormal distribution of fat), and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).</p> <p>Findings:</p> <p>Cross Reference F658</p> <p>During a review of Resident 70's Admission Record (AR), the AR indicated the facility admitted the resident on 5/30/2024, with diagnoses including type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing) and surgical amputation (the surgical removal of all or part of a limb or extremity such as an arm, leg, foot, hand, to, or finger).</p> <p>During a review of Resident 70's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/9/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a high-risk drug class anticoagulant (a substance that is used to prevent and treat blood clots in blood vessels and the heart) and hypoglycemic medications (drugs that help lower sugar levels).</p> <p>During a review of Resident 70's Order Summary Report, the report indicated an order for:</p> <p>5/3/2024 Enoxaparin sodium injection solution prefilled syringe 40 milligrams (mg, a unit of weight)/0.4 milliliters (ml, a unit of volume) (Enoxaparin Sodium). Inject 40 mg subcutaneously in the afternoon for deep vein thrombosis prophylaxis (dvt ppx, reduces the risk of developing deep vein thrombosis through medications, compression stockings, and devices).</p> <p>8/16/2024 Insulin lispro injection solution 100 unit/ml (Insulin Lispro). Inject as per sliding scale (a progressive increase in pre-meal or nighttime insulin doses): if 60-120= 0; less than (<) 70, may give 8 ounces (oz., a unit of weight) orange juice as tolerated; 125-150= 2 units (the standard amount required for a precise measure of activity); 151-200= 4 units; 201-250= 6 units; 251-300= 8 units; 301-350= 10 units; 351-400= 12 units; greater than (>) 400, call MD. Subcutaneously in the evening for DM before dinner.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/3/2024 Lantus subcutaneous solution 100 unit/ml (Insulin Glargine). Inject 28 units subcutaneously at bedtime for DM.</p> <p>During a review of Resident 70's Location of Administration Report for insulin and enoxaparin from 8/2024 to 10/2024, the report indicated insulin and enoxaparin was administered on:</p> <p>Insulin Lispro Injection Solution 100 unit/ml</p> <p>8/3/2024 at 5:08 p.m. on the Arm - right</p> <p>8/4/2024 at 6:46 p.m. on the Arm - right</p> <p>8/11/2024 at 5 p.m. on the Arm - left</p> <p>8/12/2024 at 5:51 p.m. on the Arm - left</p> <p>8/13/2024 at 5:06 p.m. on the Arm - left</p> <p>8/15/2024 at 6:49 p.m. on the Arm - left</p> <p>8/18/2024 at 4:07 p.m. on the Arm - left</p> <p>8/19/2024 at 5:08 p.m. on the Abdomen - Left Upper Quadrant (LUQ)</p> <p>8/20/2024 at 4:33 p.m. on the Abdomen - LUQ</p> <p>9/3/2024 at 4:50 p.m. on the Arm - left</p> <p>9/4/2024 at 5:03 p.m. on the Arm - left</p> <p>9/23/2024 at 4:23 p.m. on the Arm - right</p> <p>9/25/2024 at 6:13 p.m. on the Arm - right</p> <p>Lantus Subcutaneous Solution 100 unit/ml</p> <p>8/13/2024 at 9:31 p.m. on the Arm - right</p> <p>8/14/2024 at 9:52 p.m. on the Arm - right</p> <p>8/16/2024 at 8:37 p.m. on the Arm - right</p> <p>8/20/2024 at 10:15 p.m. on the Arm - left</p> <p>8/21/2024 at 8:28 p.m. on the Arm - left</p> <p>Enoxaparin Sodium Injection Solution Prefilled Syringe 40 mg/0.4 ml</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9/6/2024 at 7:53 p.m. on the Abdomen - LUQ</p> <p>9/7/2024 at 11:01 p.m. on the Abdomen - LUQ</p> <p>9/12/2024 at 5:46 p.m. on the Abdomen - Right Lower Quadrant (RLQ)</p> <p>9/13/2024 at 6:26 p.m. on the Abdomen - RLQ</p> <p>9/20/2024 at 4:37 p.m. on the Abdomen - Left Lower Quadrant (LLQ)</p> <p>9/21/2024 at 4:45 p.m. on the Abdomen - LLQ</p> <p>During a concurrent interview and record review, on 10/10/2024, at 10:51 a.m., with Registered Nurse 1 (RN 1), Resident 70's Order Summary Report and Location of Administration Report for insulin and enoxaparin from 8/2024 to 10/2024 were reviewed. RN 1 stated there was an order for Enoxaparin sodium injection solution prefilled syringe 40 mg/0.4 ml, Insulin Lispro Injection Solution 100 unit/ml, and Lantus Subcutaneous Solution 100 unit/ml. RN 1 stated there were multiple instances that the insulin and enoxaparin subcutaneous administration was not rotated during the period 8/2024 to 10/2024. RN 1 stated the licensed staff should rotate the insulin and enoxaparin administration sites to prevent bruising and lipodystrophy. RN 1 stated not rotating insulin and enoxaparin administration sites were considered as medication errors.</p> <p>During a concurrent interview and record review, on 10/11/2024, at 2:10 p.m., with the Director of Nursing (DON), Resident 70's Order Summary Report and Location of Administration Report for insulin and enoxaparin from 8/2024 to 10/2024 were reviewed. The DON stated there were multiple instances that insulin and enoxaparin subcutaneous administration were not rotated during 8/2024 to 10/2024. The DON stated the licensed nurses should rotate enoxaparin and insulin administration sites to prevent muscle shrinking and bruising of the skin. The DON stated not rotating insulin and enoxaparin administration sites were considered as medication errors.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Adverse Consequences and Medication Errors, last reviewed on 4/2024, the P&P indicated a medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer's specifications, or accepted professional standards and principles of the professional(s) providing services.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Insulin Administration, last reviewed on 4/2024, the P&P indicated to select an injection site:</p> <p>a. Insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</p> <p>b. Injection sites should be rotated preferably within the same general area (abdomen, thigh, upper arm).</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility provided information sheet How to use your Lantus Solostar pen, copyright 2022, the sheet indicated to rotate your injection sites with each dose to reduce your risk of getting lipodystrophy (pitted or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites.</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>47441</p> <p>Based on observation, interview, and record review the facility failed to ensure kitchen staff were routinely trained and evaluated for competency skills when staff:</p> <p>a. Failed to maintain safety and sanitation in the kitchen when:</p> <ol style="list-style-type: none"> 1. There were cracked racks in the walk-in freezer. 2. Mixer had food debris and residue. 3. Food preparation roof rack had food splatters and food buildup. 4. Chopping boards had scratches and stains. <p>b. Failed to perform hand hygiene after picking up a potato on the floor then continued washing the other batch of potatoes in the preparation sink.</p> <p>c. Failed to follow menus for lunch on 11/20/2024 when [NAME] 1 cooked green peas with onions instead of seas greens without a Registered Dietitian approval.</p> <p>d. Failed to serve breads without hard crust on soft mechanical diets (diet that are soft and chopped).</p> <p>e. Failed to update the allergy list posted in the kitchen and in the electric medical record for Resident's 76.</p> <p>This failure had a potential to result in inaccurate food texture, ineffective therapeutic diets, difficulty swallowing, chewing, eating, allergic reactions and foodborne illnesses (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) of 137 of 139 facility residents getting food from the kitchen.</p> <p>Findings:</p> <p>a. (1) During a concurrent observation and interview on 11/20/2024 at 8:24 a.m. in the walk-in freezer with Assistant Dietary Supervisor (ADS), four (4) of six (6) blue racks had chips and cracks. ADS stated they replaced the racks in the walk-in refrigerator, but he was not aware if they replaced the racks on the walk-in freezer yet.</p> <p>(2) During a concurrent observation and interview on 11/20/2024 at 8:33 a.m. of the mixer with ADS, the mixer was covered in plastic and the internal parts of the mixer had dried-up food residues. ADS stated the staff last used the mixer was yesterday afternoon and it was supposed to be cleaned every after use because the food residue and debris could fall into the food causing cross-contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another). ADS stated cross-contamination could cause residents to get sick and get ill.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(3) During an observation on 11/20/2024 at 8:53 a.m. of the preparation area rack with ADS, the roof rack had food splatters and buildup. ADS stated the preparation roof rack should be cleaned every shift to prevent cross-contamination.</p> <p>(4) During a concurrent observation and interview on 11/20/2024 at 8:55 a.m. of the chopping boards with ADS, the white, brown, and green chopping boards had scratches and the blue chopping board had food splatter. ADS stated the chopping boards were replaced with new ones, but he did not notice the white and brown chopping board had scratches too, hence he would be replacing those too. ADS stated the blue chopping board with food splatter stains was not acceptable due to cross-contamination to food.</p> <p>During an interview on 11/20/2024 at 8:59 a.m. with ADS, ADS stated the racks and chopping boards that had chips and scratches could get on the food and would not be safe for the residents because there could be bacteria in them.</p> <p>During a review of the facility's policy and procedures (P&P) titled Sanitation, reviewed 4/2024, the P&P indicated Policy: The Food and Nutrition Services (FNS) Department shall have equipment of the type and in the amount necessary for the proper preparation, serving, and storing of food. There shall be adequate equipment for cleaning and disposal of waste and general storage. All equipment shall be maintained as necessary and kept in working order. Procedures:</p> <p>The FNS Director is responsible for instructing employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques.</p> <p>The FNS Director is responsible for instructing Food and Nutrition know how to operate and clean equipment in his specific work area.</p> <p>The FNS Director will write the cleaning schedule in which he designates by job title and/or employee who is to do the cleaning task.</p> <p>All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrossions, open seams, cracks, and chipped areas.</p> <p>Kitchen staff is responsible for all the cleaning with the exception of ceiling vents, light fixture, and the hod over stove, which will be cleaned by the maintenance staff.</p> <p>Separate chopping boards are to be used for preparing meats and vegetables. After each use, chopping boards shall be thoroughly cleaned and sanitized.</p> <p>b. During a concurrent observation and interview on 11/20/2024 at 8:44 a.m. of the food preparation with ADS, ADS stated [NAME] 1 picked the potatoes up from the floor then went back to washing the potatoes without washing her (Cook 1 hands and changing her gloves. ADS stated [NAME] 1 missed those steps and it was important for [NAME] 1 to wash her hands for sanitation purposes to get any bacteria out of her hand. ADS stated dirt could transfer bacteria to food and residents could get sick due to bacteria transfer.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled Handwashing/Hand Hygiene, dated 10/2023, the P&P indicated, Policy statement: This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. (1) all personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. (2) All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors.</p> <p>During a review of the facility's P&P titled Handwashing Procedures, reviewed 4/2024, the P&P indicated Handwashing is important to prevent the spread of infection. When hands needed to be washed: (4) Before and after handling foods with hands (cutting, peeling, mixing, etc.)</p> <p>During a review of the facility's P&P titled Sanitation, reviewed 4/2024, the P&P indicated, All Food and Nutrition Services staff shall know the proper handwashing technique. The FNS Director is responsible for proper training of this.</p> <p>c. During a review of the facility's daily spreadsheet titled Cycle 4 2024, dated 11/20/2024, the spreadsheet indicated residents on regular diet (diet with no restrictions) would get the following food items for lunch:</p> <p>Seasoned beans/ham 2/3 cups ([c] a household measurement)</p> <p>Skillet fried potatoes 1/2 c.</p> <p>Seas greens 1/2 c</p> <p>Corn bread/margarine 1 each</p> <p>Apple pie mousse 1/2 c</p> <p>Beverage 8 ounces ([oz] unit of measurement)</p> <p>During an observation on 11/20/2024 at 11:37 a.m. of trayline (area where food trays are assembled), peas with onions was on the steamtable and there were no seas greens prepared.</p> <p>During a concurrent observation and interview on 11/20/2024 at 1:25 p.m. of the test tray (a process of tasting, temping, and evaluating the quality of food) with Registered Dietitian 2 (RD 2), [NAME] 1 and ADS, RD 2 stated soft mechanical would get chopped seas greens. RD 2 stated the ingredients called for variety of greens and maybe substituted with collard greens, turnip, spinach, mustard, kale, or chard. RD 2 stated green peas was not an appropriate substitute for green seas and she was not aware of it. ADS stated spinach was available, but they did not use it. [NAME] 1 stated she has always read the recipe and followed it and thought the recipe for green seas called for green peas. RD 2 stated staff must follow the recipes always. RD 2 stated residents might not eat the food causing weight loss as a potential outcome. ADS stated residents might not be happy with the substitute and may not eat it causing weight loss.</p> <p>During an interview on 11/20/2024 at 2:25 p.m. with RD 2, RD 2 stated she must retrain the staff for proper substitution of food because improper substitution would not provide enough calories leading to weight loss due to inadequate intake.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the P&P titled Menu Planning, dated 4/2024, the P&P indicated, the menu service, which provides seasonal menus with corresponding recipes. All daily menu changes, with the reason for the change, are to be noted on the back of the kitchen spreadsheet or a logbook may be kept. Only the facility Registered Dietitian, FNS director or cook, can make these changes. Only the facility Registered Dietitian or FNS director can make permanent changes. The facility Registered Dietitian is to sign and date spreadsheets when changes are made. Menu changes are also be noted on menus on the consumers board and any other menus which may be noted. The menus are planned to meet nutritional needs of residents in accordance with established national guidelines, physician's orders and, to the extent medically possible, in accordance with the most recent recommended dietary allowances of the Food and Nutrition Board of the National Research Council National Academy of Sciences. Standardized recipes adjusted to appropriate yield shall be maintained and used in food preparation.</p> <p>During a review of the facility's Job Description titled Cook, signed by [NAME] 1 and DS, undated, the Job Description indicated, The [NAME] prepares palatable, nutritionally sound meals consistent with departmental policies and procedures consistent with county, state and federal laws and regulations as applicable, that meet daily nutritional and special dietary needs of each resident. Job Functions:</p> <p>Follow recipes and prepares foods that correspond to menu cycles and recipes prepared by Dietitian.</p> <p>Frequently clean food service work areas as food preparation and service are done, and between tasks.</p> <p>Able to understand and follow written and verbal directions including menus, tray tickets, substitution lists and labels. Able to effectively communicate with staff members and residents through verbal and/or written means.</p> <p>During a review of the facility's competency checklist titled Skills Evaluation dated and signed by [NAME] 1 and DS on 10/14/2024, the competency checklist indicated, [NAME] 1 demonstrated and met competencies for handwashing, reading menus, and spreadsheets</p> <p>d. During a review of the facility's daily spreadsheet titled Cycle 4 2024, dated 11/20/2024, the spreadsheet indicated residents on soft mechanical (diet that are soft and chopped) would get the following food items for lunch:</p> <p>Ground seasoned beans/ham 2/3 c.</p> <p>Chopped skillet fried potatoes 1/2 c.</p> <p>Chopped Seas greens 1/2 c.</p> <p>Corn bread/margarine 1 each</p> <p>Apple pie mousse 1/2 c</p> <p>Beverage 8 ounces</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 11/20/2024 at 1:25 p.m. of the test tray with RD 2, RD 2 stated residents received hard crust of corn bread after testing the tray and it should not be. RD 2 stated soft mechanical diet was used for residents with missing teeth and difficulty swallowing. RD stated if food was not in the right consistency residents might not eat it causing weight loss or residents could choke.</p> <p>During a review of the facility's P&P titled Menu Planning, reviewed 4/2024, the P&P indicated Procedures: The facility's diet manual and diet ordered by the physician should mirror the nutritional care provided by the facility.</p> <p>During a review of the facility's Diet Manual titled Mechanical Soft (Ground), dated 4/2024, the P&P indicated Intended use: To provide a nutritionally adequate that requires a reduced amount of mastication. Normally, this order is for residents who have limited chewing abilities and intact swallowing ability.</p> <p>During a review of the facility's Diet Manual titled Nutritional Management of Dysphagia (difficulty swallowing) - Dysphagia Mechanical, reviewed 4/2020, the Diet Manual indicated This diet consists of foods that are moist, mechanically altered, or easily mashed. This is necessary in order to form a cohesive bolus requiring little chewing. Food must not be sticky or bulky increasing the risk of airway obstruction. General Principles: Food served should form a cohesive bolus and not fall apart when swallowed. Beware of foods that crumble like corn bread, cake, etc. or are dry such as rice, meat without gravy, some vegetables and fruits, or long stringy pasta like spaghetti. Dry food should be softened with fluid or gravy, ground meat moistened with gravy, corn bread pureed or soaked with milk. Rice and vegetables that have a hull such as peas or corn should be pureed.</p> <p>e. During a review of Resident 76's Admission Record, the Admission Record indicated the facility initially admitted Resident 76 on 11/11/2021 and readmitted the resident on 12/18/2021 with diagnoses including essential hypertension (high blood pressure), type two (2) diabetes (a long-term condition that occurs when body does not produce insulin (hormone that lowers the level of glucose [sugar] in the blood) resulting to high levels of blood sugar in the body) and morbid obesity (a chronic disease that is characterized by a body mass index (BMI - a medical screening tool that measures the ratio of your height to your weight to estimate the amount of body fat you have) of 40 or higher).</p> <p>During a review of Resident 76's Minimum Data Sheet (MDS, a resident assessment tool), dated 8/16/2024, the MDS indicated Resident 76's cognition (a mental process that take place in the brain, including thinking, attention, language, learning, memory, and perception) was intact. The MDS indicated Resident 76 needed set-up and clean-up assistance (helper sets up and cleans up, resident completes the activity) when eating.</p> <p>During a review of Resident 76's Physician diet order, dated 2/27/2024, Resident 76's Physician diet order indicated Resident 76's diet was on consistent carbohydrate diet ([CCHO] a diet that had the same amount of carbohydrates in each meal to lower blood sugar levels), mechanical soft chopped texture, regular thin consistency, no added salt ([NAS] diet with no salt packets on the tray), pureed vegetables, for no pork, beef and banana.</p> <p>During a review of the facility log titled Allergy list, dated 11/20/2024 posted in the kitchen, the allergy list indicated, Resident 76 was allergic to artificial flavoring, banana, beef, and pork.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 11/20/2024 at 12:45 p.m. in the trayline area, Dietary Aide 1 (DA 1) announced to staff, Resident 76 was allergic to banana, beef, guava, pork, artificial flavoring agent, banana, and pork.</p> <p>During an observation on 11/20/2024 at 12:48 p.m. of the Resident 76's diet ticket, artificial strawberry flavor was not listed in the allergy section of the meal ticket instead it was listed under resident's dislike section.</p> <p>During a concurrent observation and interview on 11/20/2024 at 1:02 p.m. with Resident 76, Resident 76's band indicated she was allergic to strawberry artificial flavoring and color number five (5). Resident 76 stated she was allergic to artificial flavoring for strawberries only and she itches as an allergic reaction. Resident 76 stated she did not tolerate any strawberry flavoring in Jello or ice cream. Resident 76 she was also allergic to bananas, papaya, guava, and she had redness of the mouth and coughing blood as an allergic reaction if she consumed these products. Resident 76 stated they served her bananas and strawberry in the past in a form of banana pudding and strawberry ice cream.</p> <p>During a concurrent interview and record review on 11/20/2024 at 2:28 p.m. with RD 2, Resident 76's medical records and allergy list were reviewed. Resident 76's medical record indicated Resident 76 was allergic to artificial flavoring agent, beef, banana, guava, pork, and papaya. RD 2 stated the allergy list did not match Resident 76's electronic record and it should match. RD 2 stated Resident 76's diet ticket did not indicate strawberry artificial flavoring in the allergy section. RD 2 stated she has not spoken to Resident 76 and RD 1 nutritional assessment on 10/9/2024 indicated Resident 76 was allergic to artificial flavoring agent, guava, and papaya. RD 2 she needed to talk to Resident 76 to clarify the food allergies.</p> <p>During an interview on 11/20/2024 at 3:00 p.m. with RD 2, RD 2 stated resident was allergic to strawberry artificial flavoring, banana, pork, guava, passion fruit and red dye. RD 2 stated it was important to update resident's food allergies to prevent resident's allergic reactions that could cause change of conditions to residents and death.</p> <p>During a review of the facility's P&P titled Food Allergies and Intolerances, reviewed on 4/2024, the P&P indicated Residents with food allergies and/or intolerances are identified upon admission and offered food substitutions of similar appeal and nutritional value. Steps are taken to prevent resident exposure to the allergen. Interventions:</p> <ol style="list-style-type: none"> 1. Residents are assessed for a history of food allergies and intolerances upon admission and as part of comprehensive assessment. 2. All resident reported food allergies and intolerances are documented in the assessment notes and incorporated into the resident's care plan. 3. Meals for residents with severe food allergies are specially prepared so that cross-contamination with allergens does not occur. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	
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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Job Description titled Dietary Aide signed by ADS on 3/25/2021, the Job Description indicated, The primary purpose of this position is to provide assistance in all dietary functions as directed an in accordance with the established dietary policies and procedures. Duties and Responsibilities:</p> <p>Ensures that dietary procedures are followed in accordance with established policies, production sheets and recipes, including the use of adaptive devices per instructions.</p> <p>Assist in checking dietary trays before distribution to ensure correct meal is going to each resident.</p> <p>Follow cleaning schedule as assigned, including workstations, refrigerators/freezers, stove, steam table, sink, equipment, etc.</p> <p>During a review of the facility's competency checklist titled Skills Evaluation signed by ADS and DS, undated, the competency checklist indicated, ADS met and demonstrated competencies on food allergies, use of meal tickets, allergy reference log and use of equipment and cleaning, sanitizing equipment including equipment competency review.</p> <p>During a review of the facility's Job Description titled Food and Nutrition Services Director, dated and signed by Dietary Supervisor (DS) on 9/16/2024, the Job Description indicated The primary responsibility of your job position is planning, organizing, developing, and directing the overall operation of the Food Service Department following the current federal, state, and local standards, guidelines, and regulations that govern long term care and assisted living facilities. You are entrusted to assure the quality nutritional services are provided on a daily basis and that the Food Service Department is maintained in a clean and sanitary manner. Skills and Knowledge:</p> <p>Must be knowledgeable of food services and procedures as well as the laws, regulations, and guidelines governing food services functions in nursing care facilities.</p> <p>Must maintain the care and use of supplies, equipment, and maintain the appearance of food service area.</p> <p>Must perform regular inspection of food services area for sanitation, order, safety, and proper performance of assigned duties.</p> <p>During a review of the facility's Job Description dated Registered Dietician undated, the Job Description indicated, Position Summary: Responsible for the nutritional care of the residents in accordance with the current applicable federal, state, and local standards, guidelines and regulations, established company policies and procedures, and in coordination with the Director of Dietary Services to ensure that quality food service and nutritional care appropriate to each resident is provided at all times. Duties and Responsibilities:</p> <p>Reviews the dietary requirements of each resident when admitted to facility and as may be required and assists the attending physician in planning resident's prescribed diet plan.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensures that a current, legible diet card with resident's name, room number, diet order, food preferences and any other pertinent information is available for all residents who receive meals, and is updated as needed.</p> <p>Performs documentation duties as required and in accordance with company charting and documentation policies and procedures and government regulations. Ensure documentation is accurate, informative of descriptive of resident's condition, care provided and resident's response.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43418</p> <p>Based on observation, interview, and record review the facility failed to follow the menu and did not meet nutritional needs of 138 of 139 residents on regular texture diets (diet with no restrictions) when:</p> <ol style="list-style-type: none"> The staff served pork BBQ without weighing portion sizes on all the diets, including Resident 105. The cook did not follow the recipe of baked beans for lunch service on 10/8/2024. The facility failed to follow the lunch menu on 10/9/2024 by omitting gravy from the mashed potatoes for Resident 74. <p>These deficient practices had the potential to cause difficulty in eating, chewing, and swallowing to the residents, cause resident dissatisfaction, and decrease food and nutrient intake resulting to unintended (not done on purpose) weight loss.</p> <p>Findings:</p> <ol style="list-style-type: none"> During a review of Resident 105's Admission Record, the Admission Record indicated the facility admitted Resident 105 on 9/17/2024 with diagnoses including type two diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control). <p>During a review of Resident 105's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/23/2024, the MDS indicated Resident 105 had difficulty understanding and making decisions and was able to eat with set-up assistance.</p> <p>During a review of Resident 105's History and Physical (H&P), dated 9/18/2024, the H&P indicated Resident 105 had the capacity to understand and make decisions.</p> <p>During a review of Resident 105's Order Summary Report, dated 9/17/2024, the Order Summary Report indicated Resident 105's diet was a consistent carbohydrate (a therapeutic diet that helps control blood sugar levels), no added salt diet with regular texture, and regular or thin liquid consistency.</p> <p>During a review of Resident 105's Care Plan, dated 9/28/2024, the Care Plan indicated Resident 105 has nutritional problems or potential nutritional problems with interventions including to provide and serve diet as ordered.</p> <p>During an interview with Resident 105, on 10/8/2024, at 9:36 a.m., Resident 105 stated the portion sizes he is served are small and he is still hungry after eating.</p> <p>47441</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of the facility's daily spreadsheet titled Therapeutic Spreadsheet Cycle 4, dated 10/8/2024, the spreadsheet indicated residents on regular portions would get 3 ounces (oz, unit of measurement) of pork and 5 oz of pork for the large portion diets.</p> <p>During an observation on 10/8/2024 at 11:47 a.m. at the trayline area, the sliced pork was not consistent in sizes.</p> <p>During a concurrent observation and interview on 10/8/2024 at 12:44 p.m. with the Dietary Supervisor (DS) and the Assistant Dietary Supervisor (ADS), the large portion diets received two (2) slices of pork. The DS stated large portion diets should receive five (5) oz of pork and regular portion diets should receive three (3) oz of pork. The DS stated large portion diets was used for residents with weight loss and for large-framed residents who would feel hungry and needed more portions and nutrients. The DS stated staff should give 3 pieces (pcs) of meat of large portion diet. The ADS stated they do not have any weighing scale in the kitchen. The DS stated they might have a weighing scale in the office. The DS stated weighing scale should be used to determine the actual portion sizes of pork for accuracy. The DS stated residents could have weight loss if proper portion size were not served to them.</p> <p>During an interview on 10/8/2024 at 12:47 p.m. with [NAME] 1, the ADS, and the DS, [NAME] 1 stated regular portion diets would get 2 pcs of pork and large portion diets would get 3 pcs of pork. [NAME] 1 stated the pork came in as a whole portion and she sliced it. [NAME] 1 stated she estimated the sizes of meats while cutting it and did not use a weighing scale today. [NAME] 1 stated they used a weighing scale in the past that was why she knew 2 pcs is 3 oz and 3 pcs is 5 oz. The ADS stated estimating meat portions without weighing the meat was an okay practice because they already weighed the meats in the past. The ADS stated weight loss would be the potential outcome for not following portion sizes for residents on large portion diets and residents on other diets would not get sufficient food.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated if residents do not receive the specified amount of food according to the menu, it can potentially impact the weight of the resident, by either gaining or losing weight. The DON further stated if residents are not served the right amount, the residents can feel hungry.</p> <p>During a review of the facility's recipe titled BBQ Pork (P) #2 not dated, the BBQ Pork recipe indicated suggested portion 3 oz.</p> <p>During a review of the facility's P&P titled Portion Sizes, dated 4/2024, the P&P indicated, Various portion sizes of food served will be available to better meet the needs of the residents. Procedure: The small and large portion servings will be served as printed on the cook's spreadsheet for every meal. 1/2 size portions are to be given to those residents who request smaller portions than the small portion diet provides. The food server is to give the 1/2 size portion of the regular diet for the food on the main plate-entree, vegetable, and starch.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a concurrent interview and record review on 10/10/2024 at 2:34 p.m. with [NAME] 1 and the RD with the Interpreter's (translating [NAME] 1's language via phone) assistance, the facility's undated recipe titled Baked Beans #2 was reviewed. Baked Beans #2 had an ingredient of pork and beans, light brown sugar, chopped onions, and mustard. [NAME] 1 stated she did not use the pork and beans and used pinto beans for the baked bean dish. [NAME] 1 stated she used the ketchup, light brown sugar, and yellow mustard but did not use chopped onions. [NAME] 1 stated she used onion powder instead of chopped onions because she did not like the flavor of the onion but likes the onion powder when making the baked beans. [NAME] 1 stated she used onion powder and added one spoon to the baked beans using estimation on how the food would taste as it (recipe) did not indicate the amounts. [NAME] 1 stated she said onion to ADS who was interpreting in [NAME] 1's language during the interview on 10/8/2024 and never mentioned onion powder because she (Cook 1) forgot to say powder. [NAME] 1 stated raw onions were available in the kitchen on 10/8/2024. The RD stated the staff (unable to recall who) notified her of the substitution of onions to onion powder after the Immediate Jeopardy (IJ, a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident) was called. he RD stated she did not agree with the substitution of using onion powder for onions based on how [NAME] 1 felt about the flavor as it was not a standard of practice. The RD stated the onion powder could have more ingredients that would contain more food allergens. The RD stated the recipe must be followed to ensure residents got the nutrients that they needed and so they could be aware of the ingredients for food allergies.</p> <p>During a review of the facility's P&P titled Food Preparation dated 4/2024, the P&P indicated Procedure: (1) The facility will use approved recipes, standardized to meet the resident census. (2) Recipes are specific as to portion yield, method of preparation, amounts of ingredients, and time and temperature guide. (3) Prepared food will be sampled.</p> <p>44244</p> <p>c. During a review of Resident 74's Admission Record, the Admission Record indicated the facility admitted the resident on 9/11/2021 and most recently readmitted the resident on 5/18/2024 with diagnoses that included diseases of the liver (organ that removes toxins from the body's blood supply), displaced comminuted fracture (a bone breaks into multiple pieces) of the shaft of the right femur (thigh bone), type two DM, and anemia (a condition where the body does not have enough healthy red blood cells).</p> <p>During a review of Resident 74's MDS, dated [DATE], the MDS indicated the resident was able to understand others and was able to make herself understood. The MDS indicated the resident was dependent on staff for toileting, bathing, dressing, and required substantial assistance with rolling left and right. The MDS further indicated the resident required set up assistance with eating.</p> <p>During a review of Resident 74's Physician Order Summary Report, the report indicated an order for the following:</p> <p>- Consistent carbohydrate diet, regular texture, regular/thin consistency, give large portion of protein, eight ounces (a unit of measurement) of water and sugar free jello at all meals, dated 9/5/2024.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/8/2024 at 9:50 a.m., Resident 74 lay in bed and stated if something is on the menu, it is usually substituted or missing, and they forget to bring the food she asks for. Resident 74 stated the kitchen has been doing this for quite a while.</p> <p>During a review of the facility Noon Meal Menu for October 2024, the menu indicated on 10/9/2024 the menu would include the following:</p> <ul style="list-style-type: none"> -Country Fried Steak -Mashed potatoes with gravy -Seas peas with onions -Roll with margarine -Boston cream pie -Beverage <p>During an observation and interview on 10/9/2024 at 12:20 p.m., Resident 74 sat in bed eating the noon meal. Resident 74 stated she was not served gravy on the mash potatoes. Resident 74 stated they (the facility) always forget something.</p> <p>During a concurrent interview and observation on 10/9/2024 at 12:25 p.m., Certified Nursing Assistant 4 (CNA 4) stated the resident was not served gravy on her mashed potatoes and she did not know why.</p> <p>During an interview on 10/9/2024 at 12:58 p.m. with the Assistant Dietary Supervisor (ADS), the ADS stated it was an oversight that gravy was not provided on Resident 74's mashed potatoes, but it should have been included.</p> <p>During an interview on 10/9/2024 at 1 p.m. with the Dietary Supervisor (DS), the DS stated Resident 74 should have been served gravy on her mashed potatoes. The DS stated when gravy was on the menu and not served to the resident it could lead to resident disappointment. The DS stated when residents are disappointed, they may not eat the food.</p> <p>During an interview on 10/11/2024 at 8:58 a.m. with the DON, the DON stated it was important to follow the facility menu and serve what is indicated. The DON stated resident's get the menu before meals and they know what will be served and they can request a substitution if they do not like what is being served. The DON stated when resident's feel something is wrong it can have a psychosocial impact that could potentially lead to them refusing food and impacting their diet. The DON stated when food is refused it could potentially result in unintended weight loss in residents. The DON stated the facility process was not followed when the kitchen did not follow the posted menu.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility P&P titled, Menu Planning, last reviewed on 4/2024, the P&P indicated menus with corresponding recipes will be provided to the facility at least two weeks in advance. All daily menu changes, with the reason for the change, are to be noted and only the RD or cook can make these changes. Menu changes should also be noted on menus on the consumers board and any other menus which may be posted. The menus are planned to meet nutritional needs of residents in accordance with established national guidelines. Physician's orders and, to the extent medically possible, in accordance with the most recent recommended dietary allowances of the Food and Nutrition Board of the National Research Council National Academy of Sciences.</p> <p>During a review of the facility P&P titled, Tray Identification, last reviewed 4/2024, the P&P indicated the Food Services Manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas.</p> <p>During a review of the facility P&P titled Food Preparation last reviewed 4/2024, the P&P indicated the procedure includes that the facility will use approved recipes, standardized to meet the resident census. Recipes are specific as to portion yield, method of preparation, amounts of ingredients, and time and temperature guide.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43418</p> <p>Based on observation, interview, and record review, the facility failed to prepare food by methods that conserved temperatures when breakfast food temperatures in Station Four (4) had the following temperatures:</p> <ul style="list-style-type: none"> - Sausage patty 113 degrees Fahrenheit (F, a degree of temperature) - Biscuit with gravy 108 F - Milk 49 F - Juice 45 F <p>This deficient practice placed 138 of 140 facility residents, including Resident 19, on regular consistency texture (texture with no restriction) and texture modified diets at risk of unplanned weight loss, a consequence of poor food intake, getting food from the kitchen.</p> <p>Findings:</p> <p>During a review of Resident 19's Admission Record, the Admission Record indicated the facility originally admitted Resident 19 on 7/13/2010 and readmitted the resident on 12/23/2023 with diagnoses including end stage renal disease (ESRD, irreversible kidney failure), dependence on renal dialysis (also known as hemodialysis, a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), and generalized muscle weakness. The Admission Record further indicated Resident 19's room was in Station 4.</p> <p>During a review of Resident 19's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/3/2024, the MDS indicated Resident 19 was able to understand and make decisions, was independent or required setup to moderate assistance with activities of daily living including eating, hygiene, showering/bathing herself, dressing, toileting, and surface-to-surface transfers, and received hemodialysis treatments as a resident.</p> <p>During a review of Resident 19's History and Physical (H&P), dated 12/24/2023, the H&P indicated Resident 19 has the capacity to understand and make decisions.</p> <p>During a review of Resident 19's Order Summary Report, dated 9/3/2024, the Order Summary Report indicated Resident 19 was ordered a consistent carbohydrate renal diet (a therapeutic diet that helps control blood sugar levels and maintains fluid level, electrolytes, and minerals balanced) with regular texture and consistency.</p> <p>During an interview with Resident 19, on 10/8/2024, at 9:44 a.m., Resident 19 stated the hot plates in the kitchen do not keep the food warm and when she receives breakfast, it is served cold. Resident 19 further stated when her food is served cold, it makes her want to eat less.</p> <p>47441</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's daily spreadsheet titled Therapeutic Spreadsheet Cycle 4, dated 10/10/2024, the spreadsheet indicated residents on regular diet (no food restriction) would include the following foods in the tray:</p> <p>Apple juice 4 ounces (oz, a unit of measurement</p> <p>Cold cereal 1 serving</p> <p>Sausage patty 2 each</p> <p>Country gravy 1 oz</p> <p>Biscuit 1 each</p> <p>Coffee 8 oz</p> <p>Milk 8 oz</p> <p>During a concurrent observation and interview on 10/10/2024 at 8:03 a.m., of the test tray (a process of tasting, checking food temperatures, and evaluating the quality of food) with the Dietary Supervisor (DS), the test tray temperatures were as follows:</p> <p>Sausage patty 113 F</p> <p>Biscuit with gravy 108 F</p> <p>Milk 49 F</p> <p>Juice 45 F</p> <p>The DS stated she heard there was a resident who had issues with food temperatures. The DS stated that on 10/10/2024, food temperatures for juice and milk were higher than usual and patty sausage and country gravy were lower in temperature than usual. The DS stated residents would be disappointed if the temperatures of the food were not acceptable and they would not eat the food resulting to weight loss as a potential outcome.</p> <p>During an interview with the Director of Nursing (DON), on 10/11/2024, at 3:28 p.m., the DON stated if food was not served at the appropriate temperatures, it could alter the taste of the food and the residents could lose their appetite. The DON further stated if the residents do not eat their food, there was a potential for the residents to lose weight.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Menu Planning, last reviewed 4/2024, the P&P indicated menus provide a variety of foods in adequate amount each meal and standardized recipes adjusted to appropriate yield shall be maintained and used in food preparation.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled Food Preparation, dated 4/2024, the P&P indicated Food shall be prepared by methods that conserve nutritive value, flavor and appearance. (2) Recipes are specific as to portion yield, method of preparation, amounts of ingredients, and time and temperature guide. (7) Hold foods prior to service for a short time as practical. A maximum 1 hour holding time is recommended. Hot foods should be held prior to service at 140 F or above and cold foods at 41 F or below. Keep foods covered during holding.</p> <p>During a review of the facility's P&P titled Food Preparation and Service, dated 4/2024, the P&P indicated Food Distribution and Service (1) Proper food and cold temperatures are maintained during food distribution and service.</p>		

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NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>47441</p> <p>Based on observation, interview and record review, the facility failed to prepare foods in a form designed to meet individual needs when residents on soft mechanical-chopped diet (diet consisted of food that are chopped half inches ([in] a unit of measurement) and soft foods) received whole hard biscuit on the plate for lunch service.</p> <p>This deficient practice had the potential to cause coughing, choking (to keep from breathing the normal way) and death for 17 of 17 residents on soft mechanical chopped diet.</p> <p>Findings:</p> <p>a. During a review of Resident 135's Admission Record, the admission record indicated the facility initially admitted Resident 135 on 10/1/2024 with diagnoses including, but not limited to chronic obstructive pulmonary disease (COPD, a common lung disease causing restricted airflow and breathing problems), chronic viral hepatitis C (long term liver inflammation and infection), and essential hypertension (high blood pressure).</p> <p>During a review of Resident 135's Minimum Data Sheet (MDS, a standard assessment tool that measures health status), dated 10/5/2024, the MDS indicated, Resident 135's cognition (a mental process that take place in the brain, including thinking, attention, language, learning, memory, and perception) was severely impaired. The MDS indicated Resident 135 needed set-up and clean-up assistance (helper sets up and cleans up, resident completes the activity) when eating.</p> <p>During a review of Resident 135's Physician diet order, dated 10/1/2024, Resident 135's Physician diet order indicated Resident 135 diet was Regular diet Mechanical soft- chopped texture (a diet with foods that were modified in texture to soft, chopped or ground consistency), regular thin consistency.</p> <p>During a review of the facility's daily spreadsheet titled Therapeutic Spreadsheet Cycle 4, dated 10/8/2024, the spreadsheet indicated residents on mechanical soft would include the following foods in the tray:</p> <p>Ground barbecue pork (BBQ) 3 ounces (oz, a unit of measurement)</p> <p>Baked beans 1/2 cup (c, a household measurement)</p> <p>Finely chopped creamy coleslaw 1/2 c</p> <p>Biscuit 1 piece</p> <p>Peach cobbler 1 square</p> <p>Beverage 8 oz</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 10/8/2024 at 12:34 a.m. of Resident's 135 tray, Resident 135 received chopped pork with BBQ sauce, beans in a bowl with pieces of onions, biscuit, clear broth, cake, and juice.</p> <p>During a concurrent observation and interview on 10/8/2024 at 12:35 p.m. with Resident 135, Resident 135 stated the biscuit was too hard. Resident 135 threw the biscuit on the tray, showed how hard it was as he could not even break it with his hand. Resident 135 stated he does not always get hard breads but most of the time he did. Resident 135 stated he could not tolerate and eat the hard breads because he did not have upper and lower teeth.</p> <p>During an observation on 10/8/2024 at 12:43 p.m. in trayline (an area where foods were assembled), Resident 101 received a whole biscuit. Resident 101's meal ticket indicated diet Soft mechanical chopped diet, consistent carbohydrate (CCHO, diet with the same amount of carbohydrates in each meal and avoided simple sugar in the diet), no added salt (NAS, no salt packets on the trays).</p> <p>During an interview on 10/8/2024 at 1:01 p.m. with the Assistant Dietary Supervisor (ADS), ADS stated soft mechanical diets was used for residents with not teeth and could not chew. The ADS stated soft mechanical diet could have biscuit after reviewing the menu spreadsheets. The ADS stated they were not supposed to give soft mechanical diets hard breads. The ADS stated he did not try the biscuit for lunch.</p> <p>During an interview on 10/9/2024 at 10:11 a.m. with Registered Dietitian (RD), the RD stated she provided oversight in the kitchen. The RD stated they used a combination of National Dysphagia Diet (NDD, set of guidelines on modifying food and drink textures for people with chewing and/or swallowing difficulties) and International Dysphagia Diet Standardization Initiatives (IDDSI, the current evidence-based guidelines on modifying food and drink textures for people with chewing and/or swallowing difficulties) guidelines. The RD stated soft mechanical diet was a textured modified using soft foods. The RD stated bread on the soft mechanical diet was a quarter (1/4) inch (in., a unit of measurement) in size and bread edges must be removed because it would be too hard. The RD stated it would not be appropriate to give hard breads on soft mechanical diets as residents could choke, cough and would not tolerate it. The RD stated hard breads would delay residents from eating leading to weight loss as a potential outcome if not addressed.</p> <p>During a review of the facility's Diet Manual titled Mechanical Soft, dated 4/2024, the mechanical soft diet manual indicated Intended use: to provide a nutritionally adequate diet that requires a reduced amount for mastication. Normally this order is for residents who have limited chewing ability and intact swallowing ability. Definition of menu terms: chopped: 1/4 inches to 1/2 in pieces.</p> <p>During a review of the facility's Diet Manual titled Regular Mechanical Soft Diet, dated 2020, indicated Description: The Mechanical Soft diet is designed for residents who experience chewing or swallowing limitations. The regular diet is modified in texture to a soft, chopped or ground consistency as per foods below. Food avoided included breads with hard crust.</p> <p>During a review of the facility's recipe titled Biscuit (F) not dated, the Biscuit recipe indicated, ingredient: biscuit dough, frozen 2.2 oz. Note: it is recommended to serve puree bread/biscuit or gelled bread for dysphagia soft and bite-sized level 6 diets. Chop regular portions. Make sure all particles are more than 15mmx15mm (1/2 in.) in size.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's Policies and Procedures (P&P) titled Food Production, dated 4/2024, the Food Production P&P indicated The preparation of food will be done following standard food handling techniques. Standardized recipes, quantity cookbooks, safe handling and an approved diet manual will be made available to assist Food and Nutrition Services employees.</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** 47441</p> <p>Based on observation, interview, and record review, the facility failed to ensure that one of one sampled resident (Resident 135) was not given food containing allergens (a substance that causes an allergic [a condition that causes illness when someone eats certain foods or touches or breathes in certain substances] reaction) when on 10/8/2024, Resident 135, who was allergic to onions, was served baked beans containing onions for lunch.</p> <p>This deficient practice resulted in Resident 135 being served baked beans containing onions which had the potential to result in a life-threatening condition such as anaphylactic shock (severe allergic reaction including closure of airways), severe tachycardia (increased heart rate), cardiac arrest (sudden loss of heart function, breathing, and consciousness [the state of being awake and aware of one's surroundings]) and/or death for Resident 135.</p> <p>On 10/8/2024 at 4:03 p.m., the State Survey Agency (SSA) called an Immediate Jeopardy (IJ- a situation in which the provider's noncompliance with one or more requirements of participation has caused or is likely to cause serious injury, harm, impairment, or death of a resident) situation in the presence of the Administrator (ADM) and the Director of Nursing (DON) for the facility's failure to ensure that facility staff did not provide food containing a known allergen to Resident 135.</p> <p>On 10/11/2024 at 8:35 a.m., the ADM provided an IJ Removal Plan (a plan that identifies all actions the facility will take to immediately address the noncompliance that has resulted in the IJ situation) which included the following summarized actions:</p> <ol style="list-style-type: none"> On 10/8/2024, Resident 135 was assessed by a licensed nurse (Licensed Vocational Nurse 7 [LVN 7]) for signs and symptoms (s/s) of food allergies. No allergic reaction was observed. On 10/8/2024, the DON notified Resident 135's primary physician indicating the resident was mistakenly served food (baked beans) containing onions during lunch on 10/8/2024. On 10/8/2024, the Dietary Supervisor (DS) visited Resident 135 to discuss the resident's food allergies and food preferences. On 10/8/2024, the DS conducted a review of all current resident's medical records residing in the facility with noted food allergies and there were no issues found. On 10/8/2024, the DS conducted an in-service (staff training) with all dietary staff on the facility's Food Allergy Policy which included implementing colored meal tray card [a card that lists a resident's dietary needs, preferences, and restrictions] and reviewing menu or recipe to offer substitutes addressing food allergies. On 10/8/2024, for higher visibility (how clear the food allergies can be noticed), green meal tray cards indicating food allergies were created for residents with food allergies. <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>7. On 10/8/2024, residents with food allergies were provided a green non-removable arm band with their names and food allergies.</p> <p>8. On 10/8/2024, the Director of Staff Development (DSD) provided an in-service to the licensed nurses and Certified Nursing Assistants (CNAs) which included the green non-removable arm bands as visual identifier for residents who have food allergies.</p> <p>9. On 10/9/2024, the Registered Dietitian (RD) reviewed current residents' medical records to ensure food allergies are up to date.</p> <p>10. On 10/9/2024, the RD conducted a one to one (1:1- when one trainer works with one learner) in-service with the Cooks (Cooks 1 and [NAME] 2) and the DS regarding the facility policy on food allergies, food likes or dislikes, menu, recipes, and to accommodate food item substitution to address food allergies.</p> <p>11. On 10/9/2024, before the breakfast service, the RD, the Cooks (Cooks 1 and [NAME] 2), and the DS conducted kitchen huddles (short, regular meeting where the staff discusses resident safety and plans for the day ahead) on menu, recipes, and meal substitution (if applicable) for residents with food allergies.</p> <p>12. A list of residents and their food allergies will be posted in the kitchen meal preparation area to allow dietary staff to easily identify all residents' food allergies. The list of residents and their food allergies will be written in English and Spanish. Identified residents with food allergies will be served alternate meals.</p> <p>13. The facility will implement a new menu system called Menus 2U which integrates Electronic Health Records (EHR - digital version of a resident's medical records stored in a computer) and ensures that all new dietary orders and food allergies are automatically entered into the facility's EHR. The software will include printing of the updated diet slip (includes diet orders, food/drink preferences, food allergies, special utensils, and meal instructions) for each meal by the DS or designee and the dietary staff will reference the meal preparation during meal tray line (an area where resident's food is assembled), avoiding inaccuracies, and identifying allergies. Included in the diet slip are the following:</p> <ul style="list-style-type: none"> a. Diet order b. Diet consistency c. Diet texture d. Likes and dislikes e. Food allergy f. Beverage preferences g. Tray instruction <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>h. Feed instructions</p> <p>i. Special utensils.</p> <p>14. Starting on 10/9/2024, the DS or designee will conduct a daily review of all current residents' medical records to ensure that residents with food allergies are included on the allergy list visibly posted during the meal tray line process.</p> <p>15. Starting on 10/9/2024, the DS or designee will conduct daily huddles with all dietary staff in English and Spanish to discuss current residents with food allergy to ensure meals that will be served will not contain food allergies.</p> <p>16. Starting on 10/9/2024, the DS or designee will conduct daily meal tray audit for allergies using the Tray line Supervisory Inspection Log every breakfast, lunch, and dinner meals and every 10 a.m., 2 p.m., and 8 p. m. snacks.</p> <p>17. Licensed Nurses shall check meal trays for any food allergies, food dislikes, and preferences before serving the residents. Any discrepancy in accuracy on the meal prepared in comparison with the diet slip will be returned to the kitchen by the licensed nurse for correction and replacement.</p> <p>18. The DS will conduct a review of food preferences and allergies upon admission, readmission, quarterly, and as needed. The Health Information Department will conduct an audit monthly to validate this process. Audit findings will be forwarded to the DON and to the ADM for further follow through.</p> <p>19. The RD will conduct monthly review of residents with food allergies and update the list of residents and their food allergies as needed.</p> <p>On 10/11/2024 at 3:21 p.m., while onsite and after verifying the facility's full implementation of the IJ removal plan, the SSA accepted the IJ Removal Plan and removed the IJ in the presence of the DON.</p> <p>Findings:</p> <p>During a review of Resident 135's Admission Record, the Admission Record indicated the facility initially admitted Resident 135 on 10/1/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD - a common lung disease causing restricted airflow and breathing problems), chronic viral hepatitis C (long term liver inflammation and infection), and essential hypertension (chronic elevation of blood pressure from an unknown cause).</p> <p>During a review of Resident 135's Minimum Data Sheet (MDS - a federally mandated resident assessment tool) dated 10/5/2024, the MDS indicated Resident 135's cognition (ability to think and make decisions) was severely impaired. The MDS indicated Resident 135 needed set-up and clean-up assistance (helper sets up and cleans up, resident completes the activity) when eating.</p> <p>During a review of Resident 135's Physician Orders dated 10/1/2024, the Physician Orders indicated to provide mechanical soft (a texture-modified diet that consists of foods that are soft and easy to chew and swallow) chopped texture (a food texture that is intended to be safe and easy to swallow) diet.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 135's Allergy List dated 10/1/2024, the Allergy List indicated Resident 135 was allergic to onions.</p> <p>During a review of Resident 135's Care Plan (undated), the Care Plan indicated Resident 135 has an allergy to onions. The Care Plan goal was for Resident 135 not to be served with food containing onions at any time. Resident 135's Care Plan included the following interventions:</p> <ul style="list-style-type: none"> o Inform staff or caregivers of resident's allergy. o Label the Physician's Order Sheet, Medication Administration Record (MAR - a document of the medications administered to a resident), treatment sheet, and face sheet of Resident 135's allergy. <p>During a review of Resident 135's MAR dated 10/8/2024, the MAR indicated Resident 135 was allergic to onions.</p> <p>During a review of the facility's daily spreadsheet titled Therapeutic Spreadsheet Cycle 4, dated 10/8/2024, the daily spreadsheet indicated residents on mechanical soft diet would include the following foods in the tray:</p> <ul style="list-style-type: none"> o Ground barbecue pork (BBQ) three (3) ounces (oz, a unit of measurement) o Baked beans half (1/2) cup (c, a household measurement) o Finely chopped creamy coleslaw 1/2 c o Biscuit o Peach cobbler o Beverage eight (8) oz <p>During an observation of the meal tray line process on 10/8/2024 at 11:53 a.m., the trays with utensils, condiments, and meal tray tickets (includes resident's diet, allergy, likes/dislikes, food preferences) were set in the meal carts (used to transport or deliver the meal trays). Dietary Aide 1 (DA 1) announced the resident's diet textures, likes, and dislikes then the allergies. [NAME] 1 and [NAME] 2 dished out (distributed) the foods from the steamtable (food-holding equipment designed to keep hot foods at a safe holding temperature) to the plates. DA 1 checked the accuracy and completeness of each tray. The DS checked the accuracy of the trays before the meal carts came out of the kitchen.</p> <p>During a review of Resident 135's meal tray ticket on 10/8/2024 at 12:25 p.m., Resident 135's meal tray ticket indicated Resident 135 was on mechanical soft diet, was allergic to onions, disliked salad and coleslaw, and preferred soup and juice.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 10/8/2024 at 12:25 p.m. at the kitchen with the DS, observed Resident 135's meal tray contained chopped pork with BBQ sauce, a bowl of beans with chopped onions, biscuit, cake, and juice. The DS stated Resident 135 did not get the soup as the dietary staff forgot to put the soup on the tray. The DS requested a vegetable soup from the dietary staff and placed the vegetable soup on Resident 135's tray. The DS stated Resident 135 was okay with cooked onions that was included in the vegetable soup. The SSA informed the DS that onions were listed as an allergy of Resident 135. The DS replaced the vegetable soup with clear broth for Resident 135.</p> <p>During an observation on 10/8/2024 at 12:29 p.m. in the kitchen hallway, LVN 2 and LVN 3 checked the meal trays for Station 2's meal cart where Resident's 135 lunch tray was placed. LVN 3 read the diet list (a list of residents with diet, allergies, likes, and dislikes) and LVN 2 checked the meal tray and meal tray ticket for Resident 135's tray accuracy. LVN 2 and LVN 3 stated the meal trays for Station 2 residents were okay to distribute to Station 2. Resident 135's meal tray was served and was set on Resident 135's bedside table.</p> <p>During an observation on 10/8/2024 at 12:39 p.m., in Resident 135's room, observed Resident 135's meal tray at bedside. Resident 135's meal tray had chopped pork with BBQ sauce, beans in a bowl with pieces of chopped onions, biscuit, clear broth, cake, and juice.</p> <p>During an interview and a record review of the facility's recipe titled Baked Beans #2 on 10/8/2024 at 12:56 p.m. with [NAME] 1 and the Assistant Dietary Supervisor (ADS), [NAME] 1 stated with ADS interpreting in [NAME] 1's language that she (Cook 1) used only the recipe titled Baked Beans #2 for the baked beans. The Baked Beans #2 recipe indicated the following ingredients: pork and beans, light brown sugar, chopped onions, ketchup, and yellow mustard. [NAME] 1 stated she did not use the pork and beans and used the pinto beans from scratch instead. [NAME] 1 stated she then added ketchup, onions, brown sugar, and mustard. [NAME] 1 stated she did not prepare a separate recipe for any resident.</p> <p>During an interview on 10/8/2024 at 12:59 p.m. with the DS, the DS stated that if Resident 135 consumed the food item with onions, he (Resident 135) would have food reactions such as rash (an area of the skin that has changes in texture or color and may look inflamed or irritated) and other allergic reactions.</p> <p>During an interview on 10/8/2024 at 1:08 p.m. with Resident 135, Resident 135 stated he did not eat the beans on his meal tray because he was afraid that the beans had onions. Resident 135 stated the staff (unable to recall who) told him that the baked beans may have contained onions, and the meal tray was taken away from him by the staff (unable to recall who). Resident 135 stated his throat will swell up and close if he consumes onions.</p> <p>During an interview on 10/9/2024 at 9:52 a.m. with DA 1, DA 1 stated his role in meal tray line was to announce the allergy and check the meal trays for accuracy with what the meal tray ticket indicated. DA 1 stated he did not know that the baked beans had onions as it was not specified on the spreadsheet or the menu. DA 1 stated it was important for the meal tray to be allergen-free for residents with food allergies because they (residents) could be in danger and could potentially cause death.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/9/2024 at 11 a.m. with LVN 2 and LVN 3, LVN 2 stated they (LVN 2 and LVN 3) checked all the trays for accuracy, food dislikes, allergies, and diet types on 10/8/2024 for lunch meal. LVN 2 stated she checked the tray, meal tray tickets, and food on the meal tray and LVN 3 read and checked the diet list. LVN 2 stated they checked all the trays from Station 1 to Station 4. LVN 3 stated she (LVN 3) did not see any onions in any of the food served for Resident 135 and there was no way that they could know if onion was an ingredient in the baked beans.</p> <p>During an interview on 10/10/2024 at 10:56 a.m. with the ADM, the ADM stated that he (ADM) needed to verify with [NAME] 1's interpreter (ADS) about the ingredient that she (Cook 1) used in cooking the baked beans as he (ADM) was told that [NAME] 1 stated she used onion powder.</p> <p>During a review of the ADM's email on 10/10/2024 at 1:48 p.m., the ADM email indicated that he confirmed with the ADS who interpreted during [NAME] 1's interview on 10/8/2024, that [NAME] 1 stated she (Cook 1) used onion powder in the baked bean dish.</p> <p>During an interview on 10/10/2024 at 2:09 a.m. with the RD, the RD stated the dietary staff should not serve any food items, derivatives, flavoring, powder, and all products containing a particular allergen. The RD stated residents with onion allergies should not get onions, onion derivatives, onion powder, onion flavor, and all onion products on their meal trays. The RD stated residents could have the same anaphylactic reactions (anaphylactic shock) if they (residents) consumed food and food products containing the food allergen.</p> <p>During a concurrent interview and record review on 10/10/2024 at 2:34 p.m. with [NAME] 1 and the RD with the Interpreter's (translating [NAME] 1's language via phone) assistance, the facility's undated recipe titled Baked Beans #2 was reviewed. Baked Beans #2 had an ingredient of pork and beans, light brown sugar, chopped onions, and mustard. [NAME] 1 stated she did not use the pork and beans and used pinto beans for the baked bean dish. [NAME] 1 stated she used the ketchup, light brown sugar, and yellow mustard but did not use chopped onions. [NAME] 1 stated she used onion powder instead of chopped onions because she did not like the flavor of the onion but likes the onion powder when making the baked beans. [NAME] 1 stated she used onion powder and added one spoon to the baked beans using estimation on how the food would taste as it (recipe) did not indicate the amounts. [NAME] 1 stated she said onion to ADS who was interpreting in [NAME] 1's language during the interview on 10/8/2024 and never mentioned onion powder because she (Cook 1) forgot to say powder. [NAME] 1 stated raw onions were available in the kitchen on 10/8/2024. The RD stated the staff (unable to recall who) notified her of the substitution of onions to onion powder after the IJ was called. The RD stated she did not agree with the substitution of using onion powder for onions based on how [NAME] 1 felt about the flavor as it was not a standard of practice. The RD stated the onion powder could have more ingredients that would contain more food allergens. The RD stated the recipe must be followed to ensure residents got the nutrients that they needed and so they could be aware of the ingredients for food allergies.</p> <p>During an interview on 10/11/2024 at 2:45 p.m. with the DS, the DS stated onion powder was a derivative of onion and residents could have same reaction if they were allergic to onions; hence, it (onion powder) should not be given on the meal tray.</p> <p>During a review of the facility's product ingredient titled Ingredient Specification Onion dated 9/15/2024, the facility's product specification indicated, Description: Dehydrated onion (Allium cepa [common onion/bulb onion]) product prepared from fresh, sound, wholesome, first quality white onion.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policies and procedures (P&P) titled Food Allergies and Intolerances dated 4/2024, the P&P indicated, Residents with food allergies and/or intolerances are identified upon admission and offered food substitution of similar appeal and nutritional value. Steps are taken to prevent residents' exposure to the allergen.</p> <p>General Guidelines:</p> <p>1. Food Allergies are immune system responses to allergens (food). Immunoglobulin E ([NAME]) antibodies (type of protein in the body that are part of the immune system and play a role in allergic reactions) to foods attach to mast (white blood cells that are part of the body's immune system and act as the body's alarm system) cells in body tissue (e.g., skin, nose, throat, lungs, and gastrointestinal tract) and basophils (a type of white blood cell that help the body's immune system fight allergens) in blood. When allergens are eaten, the [NAME] antibodies attach to mast cells and basophils in certain sites and those cells produce histamine (chemical released by the body's immune system that causes many effects, including allergy symptoms), an inflammatory compound.</p> <p>Assessment and Interventions:</p> <ul style="list-style-type: none"> o Residents are assessed for history of food allergies and intolerances upon admission and as part of the comprehensive assessment. o All residents reported food allergies and intolerances are documented in the assessment notes and incorporated into the resident's care plan. o Meals for residents with severe food allergies are specifically prepared so that cross-contamination (the unintentional transfer of harmful bacteria or other microorganisms from one food, utensil, or surface to another) with allergens does not occur. o Residents with food intolerances and allergies are offered appropriate substitutions for food that they cannot eat. <p>During a review of the facility's P&P titled Allergies dated 4/2024, the P&P indicated, Procedure: (1) Upon admission to the community resident allergies will be identified. These will be noted on the nutritional assessment that is completed on admission. (4) The resident's menu will be modified to eliminate foods to which the resident is allergic.</p> <p>During a review of the facility's P&P titled Accurate Diet Service dated 4/2024, the P&P indicated Policy: Each resident will receive the proper diet as prescribed by their physician or qualified designee. Procedure: (1) Before each meal service, a Food and Nutrition Services Department employee will check the meal tray cards with master list to assure the correct diet order, consistency order, and liquid consistency order on the card. (2) Prior to serving the tray, the nurse aide must check the diet cart to assure that the correct meal tray is being served to the resident. If there is doubt, the charge nurse should be notified, and the chart checked for the current physician's order.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47441</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 when:</p> <ul style="list-style-type: none"> a. Two (2) vents had dust buildup in the walk-in refrigerator. b. Five (5) of six (6) blue racks were chipped, cracked and rusted in the walk-in refrigerator and one (1) of 6 racks was chipped in the walk-in freezer. c. There was an ice buildup in the walk-in freezer, curtains and door. d. [NAME] 1 was wearing a gold bracelet during food preparation. e. Internal parts of the mixer had dry food residue. f. Roof rack had dried food splatters and buildup. g. Chopping boards had scratches and were sticky to touch. <p>These failures had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 138 of 139 medically compromised residents who received food and ice from the kitchen.</p> <p>Findings:</p> <ul style="list-style-type: none"> a. During an observation on 10/8/2024 at 8:09 a.m. inside the walk-in refrigerator, the 2 vents had dust buildup. <p>During a concurrent observation and interview on 10/8/2024 at 8:22 a.m. with the Dietary Supervisor (DS), the DS stated the vents was cleaned yesterday during the delivery of food. The DS touched the vent and stated it looked like the vent had dust buildup. The DS stated the dusts could go in the food and food could be contaminated that would cause residents to get sick of foodborne illnesses.</p> <p>During a review of facility's Policies and Procedures (P&P) titled Sanitation, date 4/2024, the Sanitation P&P indicated, POLICY: The Food and Nutrition Services Department shall have equipment of the type and in the amount necessary for the proper preparation, serving, and storing of food. There shall be adequate equipment for cleaning and disposal of waste and general storage. All equipment shall be maintained as necessary and kept in working conditions.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated,4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During an observation on 10/8/2024 at 8:06 a.m. inside the walk-in refrigerator, 5 of 6 blue racks had chips and rusts.</p> <p>During an observation on 10/8/2024 at 8:13 a.m. inside the walk-in freezer, 1 of 6 racks had chips.</p> <p>During an interview on 10/08/2024 at 8:25 a.m. with DS, DS stated the racks had chips and it was not okay because particles could go to the food and contaminate it.</p> <p>During an interview on 10/8/2024 at 8:31 a.m. with DS, DS stated she was aware of the chips on the shelves in the refrigerator.</p> <p>During a review of facility's P&P titled Sanitation, dated 4/2024, the Sanitation P&P indicated, (6) Employees are to alert the FNS Director immediately to any equipment needing repair. (7) The FNS Director (and or cook in their absence) will report any equipment needing repair to the maintenance man. (11) All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosion, open seam, cracks, and chipped areas.</p> <p>During a review of facility's P&P titled Refrigerator and Freezer, dated 4/2024, the Refrigerator and Freezer P&P indicated (9) Periodically inspect shelves and replace if coating is chipped away exposing metal shelves.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 4-202.11 Food-Contact Surfaces. The purpose of the requirements for multiuse food-contact surfaces is to ensure that such surfaces are capable of being easily cleaned and accessible for cleaning. Food contact surfaces that do not meet these requirements provide a potential harbor for foodborne pathogenic organisms. Surfaces which have imperfections such as cracks, chips, or pits allow microorganisms to attach and form biofilms. Once established, these biofilms can release pathogens to food. Biofilms are highly resistant to cleaning and sanitizing efforts.</p> <p>c. During an observation on 10/8/2024 at 8:13 a.m. in the walk-in freezer, the plastic curtains and door had ice buildup.</p> <p>During a concurrent observation and interview on 10/08/2024 at 8:35 a.m. with the DS, the DS stated the freezer had ice buildup that could be from hot air going in. DS stated if there was hot air, the food products would not be in proper temperatures and food could spoil and harm the residents.</p> <p>During a review of the facility's P&P titled Refrigerator and Freezer, dated 4/2024, the Refrigerator and Freezer P&P indicated, Maintaining a clean refrigerator and freezer can improve the safety and quality of your foods. The best cleaning results, always refer to your owner's manual.</p> <p>d. During an observation on 10/8/2024 at 10:30 a.m. in the preparation area, [NAME] 1 was wearing gold bracelet while molding the dough of the biscuit.</p> <p>During an interview on 10/9/2024 at 10:45 a.m. with the DS, the DS stated she asked [NAME] 1 to remove the jewelry yesterday as the staff were not allowed to wear jewelries in the kitchen for infection control purposes.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled Dress Code, dated 4/2024, the Dress Code P&P indicated Proper Dress: (7) No excessive jewelry, just wedding rings on hand, non-dangling earrings on ears, and wristwatch. Wristwatch and wedding rings needed to be covered with gloves when handling food.</p> <p>A review of Food Code 2022, the Food Code 2022 indicated 2-303.11 Prohibition. Except for a plain ring such as wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.</p> <p>e. During an observation on 10/8/2024 at 10:50 a.m. the mixer had dried food buildup.</p> <p>During a concurrent observation interview on 10/9/2024 at 1:11 p.m. with [NAME] 1 and the DS, the internal parts of the mixer had dried up food. [NAME] 1 stated she did not use the mixer today and it was cleaned yesterday. DS stated the inside part of the mixer had dried food debris and it needed to be cleaned to prevent contamination issues.</p> <p>During a review of facility's P&P titled Electrical Food Machines, dated 4//2024, the Electrical Food Machines P&P indicated, Keep and maintain all food machines in good operating, sanitary condition. This includes mixers, grinders, slicers, and toasters. (3) Clean the beater shaft and body of the machine with warm water and detergent following manufacturer's instructions. Hard scrubbing and harsh soaps might remove the paint. (4) After washing and rinsing, allow beater and bowl to air dry. Then store in the proper place.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 4-602.12 Cooking and Baking Equipment. (A) The food contact surfaces of cooking and baking equipment shall be cleaned at least every 24 hours. This section does not apply to hot oil cooking and filtering equipment if it is cleaned as specified subparagraph 4-602.11 (D)(6).</p> <p>f. During an observation on 10/8/2024 at 11:01 a.m. in the preparation area, the roof of the rack had dirt buildup.</p> <p>During an interview on 10/08/2024 at 11:03 a.m. with Assistant Dietary Supervisor (ADS), the ADS stated the preparation areas were cleaned every shift. The ADS stated the roof of the rack had dirt buildup and it should be cleaned to prevent cross-contamination. The ADS stated cross-contamination could harm the residents and could get sick of foodborne illnesses.</p> <p>During a review of facility's P&P titled Sanitation, dated 4/2024, the Sanitation P&P indicated, (16) The kitchen staff is responsible for all the cleaning with the exception of ceiling vents, light fixtures, and the good over stove, which will be cleaned by the maintenance staff.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated,4-602.13 Nonfood-Contact Surfaces. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>g. During concurrent observation and interview on 10/8/2024 at 11:02 a.m. the red, green chopping board had scratches and the blue chopping board was sticky to touch in the clean area.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/8/2024 at 11:05 a.m. with the ADS, the ADS stated the blue chopping board was dirty and it was in the clean area that could cause cross-contamination. The ADS stated the red and green chopping boards are used up as it had lines. The ADS stated residue could go to the food as physical contaminants. The DS stated chopping boards that had scratches could attract bacteria.</p> <p>During a review of facility's P&P titled Sanitation, dated 4/2024, the Sanitation P&P indicated (12) Plastic ware, china, and glassware that becomes unsightly, sanitary, or hazardous because of chips, cracks, or loss of glaze shall be discarded. Plastic ware is bleached as necessary to prevent staining. (20) Separate chopping boards are to be used for preparing meats and vegetables. After each use, chopping boards shall be thoroughly cleaned and sanitized.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated, 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation. (2) Except when combined as ingredients, separating types of raw animals from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: (b) Arranging each type of food in equipment so that cross-contamination of one type with another is prevented and (c) Preparing each type of food at different times or in separate areas.</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>47441</p> <p>Based on observation, interview, and record review the facility failed to have a policy regarding the use and storage of food brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption when the policy did not include shelf life for prepared foods for storing food brought in by family and other visitors and there was no designated refrigerator for resident's outside food sources.</p> <p>This deficient practice had the potential to cause a decrease food intake resulting to unintentional (without trying) weight loss, frustrations, and psychosocial harm to 138 of 139 facility residents.</p> <p>Findings:</p> <p>A review of the facility's Policies and Procedures (P&P) titled Food for Residents from Outside Source dated 4/2024, indicated Policy Statement: Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents. Policy interpretation and Implementation:</p> <p>Food bought by family/visitors is left with resident to consume later will be labeled and stored in a manner that is clearly distinguishable from facility-prepared food.</p> <ul style="list-style-type: none"> o Non-perishable foods will be stored in re-sealable containers with tight-fitting lids. Intact fresh fruit maybe stored without a lid. o Perishable food must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with resident's name, the item and the use by date. <p>The nursing staff will discard perishable foods on or before the use by date.</p> <p>The P&P did not indicate any guidelines on shelf life of prepared and perishable foods.</p> <p>During an interview on 10/9/2024 at 2:55 p.m. with Dietary Supervisor (DS), DS stated they have a designated refrigerator located in the nurses' station to store food from the outside source but needed to confirm.</p> <p>During a record review on 10/9/2024 at 2:23 p.m. of a text message of the DS, the DS text message indicated they do not have a shared refrigerator for storing food from home for the residents in the nurse's station.</p> <p>During an interview on 10/10/2024 at 11:40 p.m. with Registered Nurse 1 (RN 1) he was not familiar with the food from home policy.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/10/2024 at 11:49 a.m. with the Director of Nursing (DON), the DON stated resident's friends and relatives could bring food from the outside if the resident's finished it in one meal. DON stated they do not have a refrigerator for storing food from outside source for the resident. DON stated the food would go to waste and it would be spoiled if residents kept the food at the bedside because it would not be on proper temperatures. The DON stated the food would not be safe for consumption and residents could have food borne illnesses as a potential harm. The DON stated residents could also be disappointed for not having a safe storage space for their food if they wanted to eat it later.</p> <p>During an interview on 10/10/2024 at 11:56 a.m. with the Director of Staff Development (DSD), the DSD stated he did not do any in-services yet regarding resident's food from outside sources but planned to re-in servicing the staff about it.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>47441</p> <p>Based on observation, interview, and record review, the facility failed to dispose garbage and refuse properly by not maintaining the trash area free from trash, plastic, plastic cups, plastic containers, soiled gloves, paper bag of food, papers on the dumpster's (a large trash metal container designed to be emptied into a truck) floor.</p> <p>This deficient practice had a potential to attract birds, flies, insects, pest and possibly spread infection to 138 of 139 facility residents.</p> <p>Findings:</p> <p>During an interview on 10/9/2024 at 1:41 p.m with the Dietary Supervisor (DS), the DS stated the trashes from the kitchen were taken out to the dumpster after every meal.</p> <p>During an observation on 10/9/2024 at 2:45 p.m. in the dumpster area, while two kitchen staff were throwing the kitchen trash, it was observed that there were trashes such as paper bag of food, soiled gloves, plastic cups, plastic containers, papers were on the floor.</p> <p>During a concurrent observation and interview on 10/9/2024 at 2:49 p.m. with the Environmental Service Director (EVSD), EVSD stated they used the power wash the dumpster area once a month for cleaning. The EVSD stated the area was not clean and free from trash and the plan was to get new trash bins and clean the area today. The EVSD stated it was important to maintain the cleanliness of the dumpster area for infection control as fly could be attracted and could spread diseases to residents.</p> <p>During a review of facility's Policies and Procedures (P&P) titled Miscellaneous Areas, reviewed 4//2024, Miscellaneous Areas P&P indicated, Trash Procedure: (2) Garbage and trashcan must be inspected daily that no debris is on the ground or surrounding areas, and that the lids are closed. Trash Collection Area: The trash collection area is a potential feeding ground for vermin and rodents and must be kept clean. (1) The area must be swept and washed down by maintenance with a detergent on a regular basis. If a commercial service is used, arrangements must be made for periodic exchange of trash bins.</p> <p>During a review of Food Code 2022, indicated, 5-501.116 Cleaning Receptacles. Proper storage and disposal of garbage and refused are necessary to minimize the development of odors, prevent such waste from becoming an attractant and harborage of breeding place for insects and rodents, and prevent the soiling of food preparation and food service areas. Improperly handled garbage creates nuisance conditions, makes housekeeping difficult, and may be possible source of contamination of food, equipment, and utensils. Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. Proper equipment and supplies must be made available to accomplish thorough and proper cleaning of garbage storage areas and receptacles so that unsanitary conditions can be eliminated.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38552</p> <p>Based on interview and record review, the facility failed to maintain medical records with accepted professional standards to one of five sampled residents (Residents 57) selected for immunization review by failing to ensure to document vaccine (medications used to prevent diseases usually given by injection or by mouth) administration on the Medication Administration Record (MAR) when influenza vaccine (flu shot) and coronavirus disease-2019 (COVID-19 - a highly contagious respiratory illness capable of producing severe symptoms) vaccine they were administered.</p> <p>This deficient practice had the potential to result in inaccurate documentation in the medical record regarding Residents 57's immunization record.</p> <p>Findings:</p> <p>During a review of Resident 57's Admission Record, the Admission Record indicated the facility originally admitted the resident on 4/28/2021 and readmitted the resident on 9/12/2024 with diagnoses including orthopedic (relating to musculoskeletal system encompassing muscles, bones, tendons, ligaments, and joints) aftercare following surgical amputation (removal of all or part of a limb or an extremity) and type 2 diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control) with hyperglycemia (high blood sugar).</p> <p>During a review of Resident 57's Skilled Nursing History and Physical (H&P), dated 9/18/2024, the H&P indicated the resident has the capacity to understand and make decisions.</p> <p>During a review of Resident 57's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 9/16/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The resident had intact cognition (mental process that take place in the brain, including thinking, attention, language, learning, memory, and perception).</p> <p>During a review of Resident 57's MAR for the month of 9/2024, the MAR indicated the following:</p> <ul style="list-style-type: none"> - May administer annual influenza vaccination one time only until 9/27/2024, order date 9/27/2024. - May administer COVID-19 2024-2025 vaccination one time only until 9/27/2024, order date 9/27/2024. <p>During a concurrent interview and record review of Resident 57's MAR for the month of 9/2024, on 10/10/2024 at 2:24 p.m., with MDS Nurse 1 (MDSN 1), MDSN 1 stated the resident's annual influenza and COVID-19 vaccine had no initial of the licensed nurse who administered the vaccines on 9/27/2024. MDSN 1 stated the Infection Preventionist (IP) is the one who facilitated the immunization and should have signed the resident's MAR once completed.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/11/2024 at 2:00 p.m., the Director of Nursing (DON) stated they had an outside clinic come and visit (administered the influenza and COVID-19 vaccinations) to the residents. The DON stated the IP is responsible for documenting on the monitoring for 72 hours and the administration site. The DON stated documenting in the MAR to make sure vaccine was administered and avoid duplication of administration. The DON stated the potential on not documenting on the MAR places the resident at risk for breakdown of communication with the licensed nurses if it was administered or not.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Charting and Documentation, last reviewed on 4/2024, the P&P indicated the following information is to be documented in the resident medical record including medications administered.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on observation, interview, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to:</p> <ol style="list-style-type: none"> 1. Ensure an unlabeled, used urinal bottle was not readily available for resident use for one of three sampled residents (Resident 95) reviewed under the Urinary Catheter (a hollow tube inserted into the bladder to drain or collect urine) or Urinary Tract Infection (UTI- an infection in the bladder/urinary tract) care area and for two residents (Resident 77, and 127) randomly observed during the screening process. <p>These deficient practices had the potential to spread infections and illnesses among residents and staff.</p> <ol style="list-style-type: none"> 2. Resident 385's nebulizer tubing (a tube that connects the air compressor to the medication cup in a nebulizer) with the mask was not touching the floor and was dated with the date it was last changed for one of three sampled residents investigated under respiratory care. 3. Resident 131 and 70's urinal bottles were labeled with the name or room number for two of three sampled residents investigated under urinary tract infection (UTI). 4. Resident 65's oxygen tubing via nasal cannula (a medical device that provides supplemental oxygen to patients through two prongs inserted into the nostrils) was labeled with the date it was last changed for one of three sampled residents investigated under respiratory care. 5. Licensed Vocational Nurse 1 (LVN 1) failed to ensure the irrigation syringe plunger (the part that moves up and down to create a vacuum that pulls liquid into the syringe) was not placed on top of the contaminated drawer while manipulating the gastrostomy tube (g-tube, a small, flexible tube that is surgically inserted through the abdomen and into the stomach to provide nutrition, fluids, and medicine) of Resident 90 for the medication to be infused during medication administration facility task. 6. The Hoyer lift sling (cloth) (a device that is used to transfer patients from one surface to another using a Hoyer lift) was for single resident use only. <p>These deficient practices had a potential to spread infections and illnesses among residents.</p> <ol style="list-style-type: none"> 7. Ensure Resident 104's oxygen tubing (a flexible, clear hose that delivers oxygen to a patient during oxygen therapy that is connected to an oxygen source) was not touching the floor. 8. Ensure Resident 116's oxygen tubing was changed according to the facility's policy and procedures (P&P). <p>These deficient practices had a potential to spread infections and illnesses among residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. Ensure washer water temperature, dryer temperatures, and lint trap cleaning were recorded.</p> <p>This deficient practice had the potential to result in ineffective disinfection and accumulation of lint that may ignite and cause a fire.</p> <p>10. Ensure linen cart covers were made of nonporous (does not allow liquid or air to pass through it) materials and ensure Laundry Staff 1 (LS 1) was knowledgeable of disinfectant contact time (the amount of time required for a surface to remain wet for your disinfectant to be fully effective) when cleaning linen carts.</p> <p>These deficient practices had the potential to expose clean linens to dust, smoke, and or airborne contaminants.</p> <p>11. Develop water management program (identify hazardous conditions and take steps to minimize the growth and transmission of Legionella [a bacteria that can cause Legionnaire's disease (a serious type of pneumonia [an infection that inflames the air sacs in one or both lungs]) and Pontiac fever (a mild flu-like illness caused by exposure to Legionella bacteria)] and other waterborne pathogens in building water system) for that is based on Centers for Disease Control and Prevention (a national public health agency in the United States) and American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE - a nonprofit organization that develops and publishes standards for the heating, ventilating and air conditioning industry) recommendations for developing a Legionella water management program for two of two months (September 2024 and October 2024) reviewed under Infection Control facility task.</p> <p>This deficient practice had the potential to spread infectious microorganisms and placed all the residents and staff at risk for Legionella exposure and other water borne pathogens resulting in serious illnesses including severe pneumonia requiring hospitalization .</p> <p>Findings:</p> <p>1.a. During a review of Resident 95's Admission Record, the Admission Record indicated the facility admitted the resident on 5/31/2024 and readmitted the resident on 4/3/2024 with diagnoses that included paraplegia (loss of movement and/or sensation, to some degree, of the legs), overactive bladder, and neuromuscular (relating to nerves and muscles) dysfunction of the bladder.</p> <p>During a review of Resident 95's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/6/2024, the MDS indicated the resident was able to understand others and was able to make himself understood. The MDS further indicated the resident required supervision with personal hygiene, dressing, and toileting.</p> <p>1.b. During a review of Resident 127's Admission Record, the Admission Record indicated the facility admitted the resident on 8/15/2024 and readmitted the resident on 9/11/2024 with diagnoses that included displaced fracture (broken bone) of medial malleolus (small prominent bone on the inner side of the ankle) of left tibia (shin bone), fracture of upper and lower end of left fibula (outer end of the two bones between the knee and the ankle), and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 127's MDS dated [DATE], the MDS indicated the resident was able to understand others and was able to make himself understood. The MDS further indicated the resident required supervision with eating, oral hygiene, personal hygiene, dressing, and toileting.</p> <p>1.c. During a review of Resident 77's Admission Record, the Admission Record indicated the facility admitted the resident on 7/19/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial paralysis or weakness on one side of the body) following cerebral infarction (stroke, loss of blood flow to a part of the brain) affecting right dominant side, and muscle weakness.</p> <p>During a review of Resident 77's MDS dated [DATE], the MDS indicated the resident was able to understand others and was able to make himself understood. The MDS further indicated the resident required partial/moderate assistance with personal hygiene, dressing, bathing, and toileting.</p> <p>During an observation and interview on 10/8/2024 at 9:15 a.m., in Resident 77, 95, and 127s shared room; observed Resident 77 sitting in his wheelchair (WC), Resident 95 sitting in his motorized WC, and Resident 127 sitting on his bed. Observed a used, unlabeled urinal hanging from the metal hand rail in the restroom.</p> <p>During a concurrent interview and observation on 10/8/2024 at 9:30 a.m., with Certified Nursing Assist 3 (CNA 3), observed CNA 3 entered the shared restroom and stated the urinal was not labeled and she does not know which resident the urinal belonged to. CNA 3 stated if the urinal is left in the restroom, it should be labeled. CNA 3 stated she would throw out the urinal because she was not sure which resident it belonged to.</p> <p>During an interview on 10/11/2024 at 8:58 a.m., with the Director of Nursing (DON), the DON stated all urinals should be labeled immediately when staff provide them and bring them into a resident's room. The DON stated the importance of labeling the urinals was to prevent residents from using urinals that did not belong to them. The DON stated it was an infection control issue and urinals were a personal belonging that could potentially cause cross contamination (the process by which bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effect). The DON stated the facility policy and procedure was not followed when the urinal was not labeled.</p> <p>During a review of the facility P&P titled, Cleaning and Disinfection of Resident-Care Items and Equipment,' last reviewed 4/2025, indicated resident-care equipment, including reusable items, will be cleaned and disinfected. Single resident reusable - use items are cleaned/disinfected between uses by a single resident and disposed of afterwards (e.g. urinals).</p> <p>During a review of the facility P&P titled, Infection Prevention and Control, last reviewed 4/2025, indicated an infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Important facets of infection prevention include educating staff and ensuring that they adhere to proper techniques and procedures.</p> <p>44376</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a review of Resident 385's Admission Record (AR), the AR indicated the facility admitted the resident on 10/3/2024, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), and dependence on supplemental oxygen (a medical treatment that provides extra oxygen to people who have breathing problems or low blood oxygen levels).</p> <p>During a review of Resident 385's MDS dated [DATE], the MDS indicated the resident had intact cognition (the ability to maintain a relatively high level of mental functioning, including thinking, learning, memory, and perception).</p> <p>During a review of Resident 385's History and Physical (H&P), dated 10/11/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 385's Order Summary Report, the report indicated and order for:</p> <p>10/5/2024 Albuterol sulfate nebulization solution (2.5 milligrams [mg, a unit of weight]/3 milliliters [ml, a unit of volume]) 0.083%. 3 milliliters inhale orally via nebulizer every six hours for shortness of breath.</p> <p>10/3/2024 Budesonide inhalation suspension 0.5 mg/2 ml (Budesonide [Inhalation]). 2 ml inhale orally two times a day for COPD.</p> <p>During an observation and interview on 10/8/2024 at 9:37 a.m., with LVN 4, inside Resident 385's room, observed Resident 385's nebulizer machine at the bedside with the mask and the tubing touching the floor with no date on the tubing of when it was last changed. LVN 4 stated the tubing should be labeled with the date it was last changed to prevent the staff from using old tubing that can harbor bacteria and viruses that can make the resident sick, and when the nebulizer tubing and mask is not in use it should be stored in a plastic bag to prevent the tubing from dangling on the floor to prevent infection. LVN 1 was observed disposing off the nebulizer tubing and replaced the machine with a new nebulizer mask and tubing and labeled the tubing with the date it was changed.</p> <p>During an interview on 10/11/2024, at 2:09 p.m., with the Director of Nursing (DON), the DON stated LVN 4 did the right thing by removing the contaminated nebulizer tubing and mask touching the floor that was not dated with the date it was last changed and replaced them with a new nebulizer tubing with a mask and labeled the date it was changed due to the risk for infection that can make the resident sick with a respiratory illness.</p> <p>During a review of the facility's recent P&P titled Infection Prevention and Control Program, last reviewed on 4/2024, the P&P indicated an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>3.a. During a review of Resident 131's Admission Record (AR), the AR indicated the facility admitted the resident on 9/16/2024, and readmitted the resident on 9/25/2024, with diagnoses including pressure ulcer of left buttock stage 3 (the skin develops an open, sunken hole called a crater or ulcer) and intellectual disabilities (a lifelong condition that limits a person's mental functioning and skills, such as communicating, taking care of themselves, and social skills).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 131's H&P, dated 9/27/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 131's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and sometimes understand others.</p> <p>During a concurrent observation and interview on 10/8/2024, at 10:31 a.m., during resident screening, inside Resident 131's room, with Certified Nursing Assistant 9 (CNA 9), observed Resident 131's urinal bottle at the resident's bedside drawer without the resident's name or room number. CNA 9 stated the urinal bottle should be labeled with the name or room number of the resident to prevent switching of urinals from other residents that can cause contamination getting the resident sick.</p> <p>During an interview on 10/11/2024, at 2:10 p.m., with the DON, the DON stated the urinal bottle should be labeled with the name of the resident or resident's initials or room number to prevent switching urinal bottle with other residents that can cause infection.</p> <p>During a review of the facility's recent P&P titled Infection Prevention and Control program, last reviewed on 4/2024, the P&P indicated an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>3.b. During a review of Resident 70's Admission Record (AR), the AR indicated the facility admitted the resident on 5/3/2024, with diagnoses including surgical amputation (the surgical removal of a body part, such as a finger, toe, hand, foot, arm, or leg) and gastritis (a condition where the stomach lining becomes inflamed, or swollen and red).</p> <p>During a review of Resident 70's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a concurrent observation and interview on 10/8/2024, at 10:21 a.m., with Certified Nursing Assistant 11 (CNA 11), observed two urinal bottles without label hanging at the foot part of the resident's bed. CNA 11 stated the urinal bottles should be labeled with the resident's name to prevent switching of urinals with other residents to prevent spread of infection.</p> <p>During an interview on 10/11/2024, at 2:10 p.m., with the DON, the DON stated the urinal bottle should be labeled with the name of the resident or resident's initials or room number to prevent switching urinal bottle with other residents that can cause infection.</p> <p>During a review of the facility's recent P&P titled Infection Prevention and Control Program, last reviewed on 4/2024, the P&P indicated an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. During a review of Resident 65's Admission Record (AR), the AR indicated the facility admitted the resident on 5/28/2024, and readmitted the resident on 8/15/2024, with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), and coronavirus disease (COVID-19, a virus identified as the cause of an outbreak of respiratory illness).</p> <p>During a review of Resident 65's H&P, dated 6/4/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 65's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on oxygen therapy (a treatment that provides extra oxygen to help people breathe and function when their body does not get enough oxygen from the air).</p> <p>During a review of Resident 65's Order Summary Report, dated 5/28/2024, the report indicated an order for oxygen at 2 liters per minute (L/min, a unit of measurement that describes the flow rate of a substance in liters per minute) via nasal cannula to keep O2 sats above 92%. Dx: COPD with exacerbation. PRN.</p> <p>During a concurrent observation and interview on 10/8/2024, at 10:45 a.m., with LVN 4, inside Resident 65's room, observed Resident 65's oxygen via nasal cannula 9a medical device that provides supplemental oxygen to patients through two prongs inserted into the nostrils) tubing without a label of the date it was last changed. LVN 4 stated the oxygen tubing via nasal cannula should be dated so the staff will know when to change them again to prevent infection.</p> <p>During an interview on 10/11/2024, at 2:09 p.m., with the DON, the DON stated the staff should have labeled the oxygen tubing with the date it was last changed to know when the tubing is due to be changed to prevent infection.</p> <p>During a review of the facility's recent P&P titled Infection Prevention and Control Program, last reviewed on 4/2024, the P&P indicated an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>5. During a review of Resident 390's Admission Record (AR), the AR indicated the facility admitted the resident on 11/27/2023, with diagnoses including adult failure to thrive (a syndrome of decline in an elderly person's physical and psychological health), gastrostomy (a surgical procedure used to insert a tube, often referred to as a g-tube, through the abdomen and into the stomach), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 390's H&P, dated 11/29/2023, the H&P indicated the resident cannot make own decisions but can make needs known.</p> <p>During a review of Resident 390's MDS, dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and rarely to never had the ability to understand others. The MDS indicated the resident had a feeding tube.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 390's Order Summary Report, dated 8/28/2024, the report indicated an order of may crush all crushable medications and shake well all liquids/suspension medications.</p> <p>During an observation and interview on 10/9/2024, at 9:14 a.m., with LVN 1, during medication administration observation, observed LVN 1 placed piston syringe plunger on top of the drawer not wiped with antiseptic wipe in preparation for g-tube administration of medications. LVN 1 stated she should have not placed the plunger on the top of the drawer which was not sanitized to prevent infection to residents.</p> <p>During an interview on 10/11/2024, at 3:19 p.m., with the DON, the DON stated the staff should have not place the plunger on the contaminated surface of the drawer to prevent infection to residents.</p> <p>During a review of the facility's recent P&P titled, Cleaning and Disinfection of Resident-Care Items and Equipment, last reviewed on 4/2024, the P&P indicated resident-care equipment including reusable items and durable medical equipment will be cleaned and disinfected according to CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard.</p> <p>During a review of the facility's recent P&P titled Administering Medications through an Enteral Tube, last reviewed on 4/2024, the P&P indicated the purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube. Administer each medication separately and flush between medications. Use a clean enteral syringe with an ENFit connector to administer medications through an enteral tube.</p> <p>During a review of the facility's most recent P&P titled Infection Prevention and Control Program, last reviewed on 4/2024, the P&P indicated an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>6. During an observation on 10/8/2024, at 9:10 a.m., the Hoyer lift sling made of cloth was hanging on the Hoyer lift machine near Station A.</p> <p>During a concurrent observation and interview on 10/9/2024, at 8:05 a.m., with Certified Nursing Assistant 5 (CNA 5), at the hallway near Station A. The Hoyer lift sling was still hanging on the Hoyer lift machine near Station A. CNA 5 stated the Hoyer lift sling was used for multiple residents in the station. CNA 5 stated the sling was supposed to be for single resident use only and should not be left hanging on the Hoyer lift machine as a staff may use them on another resident that can potentially spread infection. CNA 5 stated the sling should be brought to the laundry room for reprocessing.</p> <p>During an interview on 10/11/2024, at 2:09 p.m., with the Director of Nursing (DON), the DON stated the Hoyer lift sling (cloth) should not be used on multiple residents as they are intended for single resident use only. The DON stated the cloth slings should be kept inside the resident's room where the cloth sling was assigned to prevent the spread of infection.</p> <p>During a review of the facility's recent P&P titled Lifting Machine, Using a Mechanical, last reviewed on 4/2024, the P&P indicated to make sure the battery is charged. Sling care:</p> <ol style="list-style-type: none"> 1. Disinfect slings in between residents (unless disposable). <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Wash and sanitize according to manufacturer's instructions.</p> <p>3. Discard any worn, frayed, or ripped slings.</p> <p>During a review of the facility's recent P&P titled Infection Prevention and Control Program, last reviewed on 4/2024, the P&P indicated an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>During a review of the facility's most recent P&P titled Safe Lifting and Movement of Residents, last reviewed on 4/2024, the P&P indicated mechanical lifts shall be made readily available to staff 24 hours a day. Back-up battery packs on remote chargers shall be provided as needed so that lifts can be used 24 hours a day while batteries are being charged. Enough slings, in sizes required by residents in need, will be available at all times. As an alternative, residents with lifting and movement needs will be provided with single residents use disposable slings.</p> <p>43988</p> <p>7. During a review of Resident 104's Admission Record, the Admission Record indicated the facility admitted the resident on 10/1/2023 with diagnoses including type two diabetes mellitus (DM 2 - a long term condition that causes the level of sugar [glucose] in the blood to become too high), history of falling, and dependence on supplemental oxygen.</p> <p>During a review of Resident 104's H&P dated 10/4/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 104's MDS dated [DATE], the MDS indicated the resident had an intact cognition and required set-up or clean-up assistance with eating; supervision/touching assistance with rolling left and right; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 104's Order Summary Report, the Order Summary Report indicated the following physician's orders:</p> <p>10/1/2023: Oxygen at three (3) liters per minute (L/min - a unit of measurement) via nasal cannula (NC - a thin, flexible tube with 2 prongs that delivers oxygen to a patient thru the nose) to keep oxygen saturation (a measurement of how much oxygen is in the blood compared to how much it could carry) above 92 percent (% - a unit of measurement) continuous every shift.</p> <p>During a review of Resident 104's care plan on altered respiratory status initiated on 6/4/2024 and last revised on 7/11/2024, the care plan indicated to administer oxygen at 3 L/min via NC to maintain oxygen saturation at above 92% every shift.</p> <p>During an observation on 10/8/2024 at 11:58 a.m., inside Resident 104's room with LVN 5, LVN 5 stated the resident's oxygen tubing was not placed inside the plastic storage bag and was touching the floor. LVN 5 stated the oxygen tubing should not have been touching the floor as the floor was dirty and already contaminated the tubing which may lead to resident getting an infection. LVN 5 stated oxygen tubing were supposed to be placed inside the plastic storage when not in use.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/11/2024 at 3:30 p.m., the DON stated oxygen tubing were supposed to be placed inside the plastic storage bag when not in use. The DON stated Resident 104's oxygen should have been inside the plastic storage bags and not touching the floor. The DON stated the oxygen tubing got contaminated already and the resident can acquire infection from a contaminated tubing.</p> <p>During a review of the facility's P&P titled, Infection Prevention and Control Program (IPCP), last reviewed 4/12/2024, the P&P indicated an IPCP is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&P indicated important facets of infection prevention include but not limited to instituting measures to avoid complications or dissemination, and educating staff and ensuring that they adhere to proper techniques and procedures.</p> <p>8. During a review of Resident 116's Admission Record, the Admission Record indicated the facility admitted the resident on 5/31/2024 and readmitted the resident on 7/31/2024 with diagnoses including history of falling, malignant neoplasm of breast (abnormal growth of tissue in the breast capable of spreading to other parts of the body), and psychosis (a condition that affects the brain and causes the individual to believe and experience things that are not real).</p> <p>During a review of Resident 116's H&P dated 8/6/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 116's MDS dated [DATE], the MDS indicated the resident had severely impaired cognition and required set-up or clean-up assistance with eating; supervision/touching assistance with rolling left and right, sit to lying, lying to sitting on edge of bed, sit to stand, and ambulating up to 150 feet; partial/moderate assistance from staff with all other ADLs.</p> <p>During a review of Resident 116's Order Summary Report, the Order Summary Report indicated the following physician's orders dated 8/2/2024:</p> <ul style="list-style-type: none"> o Oxygen at 2 L/min via NC to keep oxygen saturation above 90 % for comfort measures as needed. o Oxygen - change oxygen tubing on Sunday of every week one time a day every Sunday. <p>During a concurrent observation and interview on 10/8/2024 at 11:49 a.m., inside Resident 104's room with LVN 4, LVN 4 verified the date on Resident 116's oxygen tubing was 9/22/2024. LVN 5 stated oxygen tubing were supposed to be changed every week on Sundays. LVN 4 stated the oxygen tubing had not been changed for more than 2 weeks. LVN 4 stated the tubing should have been changed weekly on Sundays as indicated in the physician's orders. LVN 4 stated it was an infection control issue as the resident can acquire infection from an oxygen tubing that was not changed as scheduled.</p> <p>During an interview on 10/11/2024 at 10:06 a.m., the Minimum Data Set Nurse 1 (MDSN 1) stated oxygen tubing should be changed every week on Sundays. MDSN 1 stated if the date on the oxygen tubing indicated 9/22/2024, the tubing was more than 2 weeks old. MDSN 1 stated Resident 116's oxygen tubing should have been changed as scheduled on Sundays as it was an infection control issue, and the resident could get an infection from the tubing that was not changed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Infection Prevention and Control Program (IPCP), last reviewed 4/12/2024, the P&P indicated an IPCP is established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&P indicated important facets of infection prevention include but not limited to instituting measures to avoid complications or dissemination, and educating staff and ensuring that they adhere to proper techniques and procedures.</p> <p>38552</p> <p>9. During a concurrent interview and record review on 10/10/2024 at 9:48 a.m., reviewed the washer water temperature log, dryer temperature log, and lint trap cleaning log with LS 1. LS 1 stated there were no initials on the logs for 10/9/2024 afternoon shift. LS 1 stated they were supposed to sign/initial the logs after they have completed the tasks (checking the water temperature, checking the dryer temperature, and cleaning the lint trap).</p> <p>During an interview on 10/11/2024 at 3:30 p.m., the DON stated the laundry water temperature log, dryer temperature log, and the lint trap log should be checked and completed. The DON stated it is important to ensure the checks were done as part of infection control to ensure proper temperatures to kill bacteria during the laundry process.</p> <p>During a review of the facility's P&P titled, Surveillance for Infections, last reviewed 4/2024, the P&P indicated the surveillance should include a review of any or all the following information to help identify possible indicators of infections including temperature logs.</p> <p>During a review of the facility's P&P titled, Quality Control, Environmental Services, last reviewed 4/2024, the P&P indicated quality control records are maintained by the department directors and a copy of each record is provided to the facility Quality Assessment and Assurance Committee (responsible for ensuring quality of care and quality of life in the facility) monthly.</p> <p>10. During an interview on 10/10/2024 at 10:11 a.m., LS 1 stated she cleans and sprays the linen cart used for clean linens with disinfectant daily. LS 1 stated if the linen cart has rips or tears, she would inform the laundry supervisor.</p> <p>During a concurrent observation and interview on 10/11/2024 at 8:10 a.m., in the hallway outside of the clean linen room, LS 1 stated she sprays the linen carts with the disinfectant cleaner. LS 1 stated she sprays the disinfectant cleaner on the linen cart and leaves the disinfectant cleaner on the linen cart for 20 seconds and after 20 seconds she wipes the surface of the linen cart down.</p> <p>LS 1 stated the linen cart cover is made of porous (something is full of tiny holes or openings that allow air, water, or light to pass through) material where air and water can pass through. The Maintenance Supervisor (MS) stated the disinfectant cleaner is used for nonporous materials to disinfect the linen cart (including its cover) and to kill the viruses. The MS stated the disinfectant cleaner container indicated 10 minutes of contact time which means it should stay on the surface for 10 minutes before wiping down. LS 1 stated she should have left the disinfectant cleaner on for 10 minutes before wiping it down.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/11/2024 at 2:14 p.m., the DON stated there is a risk for cross contamination of clean linens when using porous materials to cover the clean linen cart. The DON stated the disinfectant cleaner will not be effect[TRUNCATED]		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Deficiency Text Not Available</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on observation, interview, and record review the facility failed to maintain mechanical, electrical, and patient care equipment in safe operating condition investigated during random observations by:</p> <ol style="list-style-type: none"> 1. Failing to ensure the bed controller (device used to change the height and angle of the bed) cords for Resident 114 and Resident 22 did not have exposed wires. 2. Failing to ensure the call light (a device used by a resident to signal his or her need for assistance from staff) cord for Resident 104 did not have exposed wires. <p>These deficient practices had the potential to place the residents at risk for injury.</p> <ol style="list-style-type: none"> 3. Failing to ensure the Hoyer lift (a medical device that helps caregivers move patients from one place to another with minimal physical effort) was plugged in the wall outlet to charge when not in use. <p>The deficient practice had the potential to result in the Hoyer lift to stop working while the resident was suspended in the Hoyer lift sling (a harness that attaches to a Hoyer lift to help move patients who have limited mobility or are bed-bound) that can lead to accidents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1.1. During a review of Resident 114's Admission Record, the Admission Record indicated the facility admitted the resident on 3/1/2024 with diagnoses including to altered mental status (a change in mental function that stems from illnesses, disorders and injuries affecting the brain), atrial fibrillation (a condition where the heart's upper chambers beat irregularly and often too fast, causing the heart to not pump blood properly), and facial weakness following cerebral infarction (a type of stroke that occurs when a blood clot blocks blood flow to the brain). <p>During a review of Resident 114's History and Physical (H&P) dated 3/2/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 114's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/22/2024, the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required set-up or clean-up assistance with eating; supervision/touching assistance with rolling from left and right; substantial/maximal assistance with toileting hygiene and showering/bathing self; partial/moderate assistance from staff with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During an observation on 10/8/2024 at 10:32 a.m., inside Resident 114's room with Certified Nursing Assistant 2 (CNA 2), observed the base of Resident 114's bed controller with the white, gray, blue, yellow, red, and green wires exposed.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/8/2024 at 11:00 a.m. with the Maintenance Supervisor (MS), the MS stated that he was awaiting delivery of bed controllers that were ordered. The MS stated there is a possibility Resident 114 can get electrocuted with the exposed wires from the bed controller which can result to getting injuries.</p> <p>During an interview on 10/8/2024 at 11:15 a.m., with the Director of Nursing (DON, the DON stated Resident 22's bed control cord was wrapped with white plastic tape and had the white, gray, blue, yellow, red, and green wires exposed (not covered with the tape). The DON stated the maintenance department oversees maintaining resident care equipment in good working condition. The DON stated the MS should have replaced the bed control immediately as it can place the resident at risk for injuries from possible electrocution.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, last reviewed 4/2024, the P&P indicated:</p> <p>The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p> <p>Functions of maintenance personnel include but not limited to maintaining the building in good repair and free of hazards.</p> <p>During a review of the facility's P&P titled, Hazardous Areas, Devices, and Equipment, last reviewed 4/2024, the P&P indicated all hazardous areas, devices, and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. The P&P indicated a hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include but are not limited to devices and equipment that are improperly used or poorly maintained.</p> <p>1.2. During a review of Resident 22's Admission Record, the Admission Record indicated the facility admitted the resident on 5/31/2017 and readmitted the resident on 9/16/2018 with diagnoses including type two diabetes mellitus (DM 2 - a long term condition that causes the level of sugar [glucose] in the blood to become too high) generalized muscle weakness, and osteoarthritis (a chronic condition where the joints in your body become inflamed and damaged, causing pain, swelling, stiffness and reduced movement).</p> <p>During a review of Resident 22's H&P dated 5/20/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 22's MDS dated [DATE], the MDS indicated the resident had moderately impaired cognition and required set up or clean up assistance with eating; supervision/touching assistance with rolling left and right; partial/moderate assistance from staff with all other ADLs.</p> <p>During an observation on 10/8/2024 at 10:23 a.m., inside Resident 22's room, observed the base of Resident 22's bed control wrapped with white colored plastic tape. Further down the bed controller cable, observed white, gray, blue, yellow, red, and green wires exposed and not covered with the tape.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 10/8/2024 at 10:39 a.m. inside Resident 22's room with CNA 2, CNA 2 stated Resident 22's bed controller was covered with white tape but the white, gray, blue, yellow, red, and green wires were exposed. CNA 2 stated the exposed wires can get Resident 22 electrocuted which may lead to injuries.</p> <p>During an interview on 10/8/2024 at 11:00 a.m. with the Maintenance Supervisor (MS), the MS stated that he was awaiting delivery of bed controllers that were ordered. The MS stated he is aware of the issue. The MS stated there is a possibility Resident 22 can get electrocuted with the exposed wires from the bed controller which can result to getting injuries.</p> <p>During an interview on 10/8/2024 at 11:15 a.m., with the Director of Nursing (DON, the DON stated Resident 22's bed control cord was wrapped with white plastic tape and had the white, gray, blue, yellow, red, and green wires exposed (not covered with the tape). The DON stated the maintenance department oversees maintaining resident care equipment in good working condition. The DON stated the MS should have replaced the bed control immediately as it can place the resident at risk for injuries from possible electrocution.</p> <p>During a review of the facility's P&P titled, Maintenance Service, last reviewed 4/2024, the P&P indicated:</p> <p>The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p> <p>Functions of maintenance personnel include but not limited to maintaining the building in good repair and free of hazards.</p> <p>During a review of the facility's P&P titled, Hazardous Areas, Devices, and Equipment, last reviewed 4/2024, the P&P indicated all hazardous areas, devices, and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. The P&P indicated a hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include but are not limited to devices and equipment that are improperly used or poorly maintained.</p> <p>1.3 During a review of Resident 104's Admission Record, the Admission Record indicated the facility admitted the resident on 10/1/2023 with diagnoses including DM 2, history of falling, and dependence on supplemental oxygen.</p> <p>During a review of Resident 104's H&P dated 10/4/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 104's MDS dated [DATE], the MDS indicated the resident had an intact cognition) and required set-up or clean-up assistance with eating; supervision/touching assistance with rolling left and right; partial/moderate assistance from staff with all other ADLs.</p> <p>During an observation on 10/8/2024 at 11:58 a.m., inside Resident 104's room with Licensed Vocational Nurse 5 (LVN 5), LVN 5 stated Resident 104's call light on top of the bed had wires exposed at the base of the call light. LVN 5 stated the wires exposed were black and white. LVN 5 stated the resident can get injuries from accidents like electrocution.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/8/2024 at 11:15 a.m., with the Director of Nursing (DON, the DON stated the maintenance department oversees maintaining resident care equipment in good working condition.</p> <p>During a review of the facility's P&P titled, Maintenance Service, last reviewed 4/2024, the P&P indicated:</p> <p>The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p> <p>Functions of maintenance personnel include but not limited to maintaining the building in good repair and free of hazards.</p> <p>During a review of the facility's P&P titled, Hazardous Areas, Devices, and Equipment, last reviewed 4/2024, the P&P indicated all hazardous areas, devices, and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible. The P&P indicated a hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include but are not limited to devices and equipment that are improperly used or poorly maintained.</p> <p>44376</p> <p>2. During an observation on 10/8/2024 at 9:10 a.m., the Hoyer lift not was not plugged in the wall outlet near Station A.</p> <p>During a concurrent observation and interview on 10/9/2024, at 8:05 a.m., with Certified Nursing Assistant 5 (CNA 5), at the hallway near Station A the Hoyer lift still was not plugged in the wall outlet. CNA 5 stated the Hoyer lift should be plugged in the wall outlet to charge the battery when not in use, to prevent the Hoyer lift from draining its battery while a resident is suspended on a Hoyer lift sling that can potentially cause an accident.</p> <p>During an interview on 10/11/2024, at 2:09 p.m., with the Director of Nursing (DON), the DON stated Hoyer lift should be plugged in the wall outlet to charge the battery when not in use to avoid interruption while using the machine.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Lifting Machine, Using a Mechanical, last reviewed on 4/2024, the P&P indicated to make sure the battery is charged.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Safe Lifting and Movement of Residents, last reviewed on 4/2024, the P&P indicated mechanical lifts shall be made readily available to staff 24 hours a day. Back-up battery packs on remote chargers shall be provided as needed so that lifts can be used 24 hours a day while batteries are being charged.</p> <p>During a review of the facility provided undated Patient Lift 1 (PL 1) User Manual, the manual indicated it is recommended that the battery should be recharged daily to prolong battery life.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 47441</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the food services department when seven (7) flies (a type of insect) were observed in the kitchen.</p> <p>This deficient practice had a potential to result in 138 of 139 residents, who received food from the kitchen, to acquire food borne illnesses (illness caused by consuming contaminated foods or beverages) by consuming potentially contaminated food.</p> <p>Findings:</p> <p>During an observation on 10/8/2024 at 8:05 a.m. one (1) fly was flying around the preparation area.</p> <p>During an observation on 10/8/2024 at 11:08 a.m. 1 fly was flying around the kitchen.</p> <p>During an observation on 10/8/2024 at 11:18 a.m. 1 fly landed on the back screen door. The back door had a little space for fly entry.</p> <p>During an observation on 10/8/2024 at 11:37 a.m. 1 fly landed on the food preparation area.</p> <p>During a concurrent observation and interview on 10/8/2024 at 11:58 a.m. with the Dietary Supervisor (DS), there was 1 fly flying around the trayline area. The fly landed on one of the employees' body parts. DS stated there was a fly in the kitchen.</p> <p>During an observation on 10/8/2024 at 12:05 p.m. in the trayline (area where food was assembled), there was a fly flying around.</p> <p>During an observation on 10/8/2024 at 12:28 p.m. 1 fly landed on the scoop used for soft mechanical diet (diet consistent of foods that are chopped and soft in texture) in trayline.</p> <p>During an interview on 10/9/2024 at 10:34 a.m. with the Registered Dietitian (RD), the RD stated they have a pest control program, and their last visit was September 2024. The RD stated it was important to have a kitchen that was pest-free to make sure the foods were not contaminated. The RD stated pest would carry diseases in food preparation and would contaminate food. The RD stated residents could get sick with nausea and vomiting as a potential outcome of eating contaminated food.</p> <p>During an interview on 10/9/2024 at 10:40 a.m. with the DS, the DS stated the pest control vendor was in the facility last Friday. The DS stated it was not okay to have flies in the kitchen as it was not sanitary because it could contaminate foods. The DS stated food borne illnesses would be the potential outcome to the residents.</p> <p>During a review of facility's Policies and Procedures (P&P) titled Miscellaneous Areas, reviewed 4/2024, Miscellaneous Areas P&P indicated, Fly and Vermin Control. Flies are carriers of disease and are a constant enemy of high standards of sanitation in the Food and Nutrition Services Department. Suggestions for fly and vermin control:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER MacLay Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12831 MacLay Street Sylmar, CA 91342	

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 - Some</p>	<ol style="list-style-type: none"> 1. All doors and windows must be properly screened. 2. Food must be properly covered and stored. 3. The Food and Nutrition Services Department [NAME] be kept free soil and clutter. 4. Arrangements should be made by the administrator for pest control service on a routine basis. <p>During a review of the facility's P&P titled Pest Control, reviewed 4/2024, the Pest Control P&P 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. (3) Window are screened at all times.</p> <p>During a review of Food Code 2022, the Food Code 2022 indicated 6.501.111 Controlling Pests. The premises shall be maintained free of insects, rodents and other pests shall be controlled to eliminate their presence on the premises by:</p> <p>(A) Routinely inspecting incoming shipments of food and supplies.</p> <p>(B) Routinely inspecting the premises for evidence of pests.</p> <p>(C) Using methods, if pests are found, such as trapping devices or other means of pest control specified under SS 7-202.12, 7-206.12, and 7-206.13.</p> <p>(D) Eliminating harborage conditions.</p>