

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48481</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and interventions to prevent pressure injury (PI-damage to an area of the skin caused by constant pressure on the area for a long time) for one (1) of three (3) sampled residents (Resident 1) by failing to turn, reposition and to off-load (release pressure) from an area of the body every two hours while in bed, keep clean and dry after a bowel movement or wetness from urine due to incontinence (unwanted passage of urine or stool that you can't control).</p> <p>These deficient practices resulted in:</p> <ol style="list-style-type: none"> 1. Resident 1 developed a facility-acquired Stage 2 (partial-thickness loss of skin, presenting as a shallow open sore or wound) PI on sacrococcyx (tailbone) area on 10/15/24, and proceeded to Stage 3 (Full-thickness loss of skin. Dead and black tissue may be visible) with drainage on 10/22/24. 2. A sacrococcyx PI reopened on 12/18/24 after MASD (Moisture Associated Skin Damage) developed on 12/8/24, and on 12/26/24 Sacrococcyx PI proceeded to Stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone). <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), spondylosis (degeneration of the bones and disks), dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1's Minimum Data Sheet (MDS- a Federal mandated resident assessment tool) dated 9/19/24, indicated Resident 1's was assessed to be dependent and required helper does all of the effort in Activities of Daily Living (ADL- activities such as bathing, dressing and toileting a person performs daily) which included bed mobility, roll to left and right, transfer, dressing, and personal hygiene. toilet hygiene with two or more helper to perform activity.</p> <p>During a record review and concurrent interview with the Treatment Nurse (TN) on 1/29/25 at 10:15 am of Resident 1's clinical record indicated the following:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 555605	If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident 1 ' s Braden Score Assessment (a tool to evaluate a patient's risk for developing pressure injuries) dated 9/19/24, indicated Resident 1 was at high risk for developing PI due to skin often moist, very limited mobility, makes occasional slight changes in body or extremity position and requires moderate to maximum assistance in moving.</p> <p>- Resident 1 ' s admission skin assessment dated [DATE] indicated Resident 1 was admitted with the following skin breakdown:</p> <p>Left heel with suspected Deep Tissue Injury (DTI -a purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear) measured 0.5 (centimeter) cm</p> <p>Left buttock Pressure injury measured 4 cm x 4 cm</p> <p>Right buttock pressure injury measured 5 cm x 5 cm</p> <p>-Resident 1 ' s care plan initiated on 9/28/24 indicated Resident 1 had a left heel pressure injury and potential for pressure ulcer development related to fragile skin, immobility, disease process; dementia, diabetes mellitus (condition of having high blood sugar). The interventions included offloading and repositioning the resident every 2 hours.</p> <p>- Resident 1 ' s Licensed Nurses Notes, dated 10/1/24, indicated resident was seen by the wound consultant (medical professional specialized in wound care) and ordered to discontinue current treatments to the left buttock pressure injury, due to site resolved and to continue current treatment to right buttock and left heel DTI by offloading and repositioning the resident.</p> <p>- The SBAR (Situation, Background, Assessment, and Recommendation- a structured method of communication that helps teams share information about a patient's condition) dated 10/15/2024 timed at 10 am, indicated during the wound consultant, Resident 1 was noted with new sacrococcyx pressure injury Stage 2 measuring 3.5 cm x1.0 cm x 0.1 cm, and with upper mid back Stage 1 (intact skin with a localized area of redness and/or changes in sensation, temperature, or firmness) measuring 2.0 cm x 2.0 cm x 0.1cm, with new treatment to continue to offload and reposition the resident and provide a Low Air Loss mattress (LAL-an air mattress with tiny holes designed to let out air very slowly to keep the skin dry and redistribute pressure).</p> <p>- Resident 1 ' s Weekly Skin assessment dated [DATE] indicated the wound consultant documented Resident 1 had Stage 3 PI on sacrococcyx area, measuring 4.0 cm x 2.0 cm x 0.2 cm, with serosanguinous drainage (fluid from a wound that appears thin, slightly yellow with a light pink tinge moderate amount) 20% slough(dead tissue that is usually yellow, tan, gray, or green in color, usually moist and stringy in texture, that may be found in wounds), 70% granulation (red, bumpy tissue in the wound bed) 10% epitehal (superficial pink/ white tissue that migrates across the wound from the wound margin).</p> <p>- Licensed Nurses Notes, dated 10/23/24, indicated Resident 1 was seen and examined by wound consultant, change treatment order to left heel and sacrococcyx pressure injury and to continue off load and reposition.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident 1 ' s care plan, dated 10/30/24 indicated the resident was at risks for clinical/exacerbation (worsened) of skin condition due to non-compliance, non-adherence, or refusal of turning, repositioning. The interventions included to provide Low air loss mattress for skin management, respect resident ' s wishes, turn and reposition as needed, provide education regarding benefits of compliance and risks associated with non-compliance.</p> <p>-Resident 1 ' s care plan, dated 11/13/24 and resolved on 12/9/24 indicated potential/actual impairment to skin integrity. The intervention included to provide treatment wash with soap and water pat dry, apply barrier cream for skin maintenance every on maintenance after pressure injury resolved on 12/9/24.</p> <p>-- Resident 1 ' s Licensed Nurses Notes on 12/17/24 at 3 pm, indicated the resident was seen and examined by wound consultant and ordered to continue treatment to the left heel and continue to offload and reposition.</p> <p>Resident 1 ' s SBAR dated 12/18/24 indicated Resident 1 was observed a MASD was identified on sacrococcyx area, there was no documentation describing the color, drainage and extent of the skin area with breakdown related to MASD.</p> <p>- Resident 1 ' s Weekly Skin assessment dated [DATE], indicated a sacrococcyx PI was identified, measuring 4.0 cm x 3.0 cm x 0 cm, with scant (small amount) serous drainage.</p> <p>- Licensed Nurses Notes, dated 12/18/24 timed at 1pm, indicated Resident 1 ' s sacrococcyx MASD was reclassified to Stage 2 pressure ulcer, and the intervention included to change brief as needed, keep clean and dry. Continue turning and repositioning and the LAL mattress keep in place.</p> <p>Resident 1 ' s care plan, dated 12/18/24 indicated the resident had a potential/actual impairment to skin integrity of the sacrococcyx MASD. The interventions included provide treatment as ordered by the physician, wash with soap and water pat dry, apply barrier cream every shift for 21 days and provide LAL mattress.</p> <p>- Licensed Nurses Notes on 12/22/2024 timed at 12:23 pm indicated Resident 1 refused all medications and Resident 1 ' s sacrococcyx pressure injury Stage 2, was reclassified to unstageable pressure injury (pressure injury with wound bed covered by a thick layer of dead tissue [eschar] and slough [yellow, gray, or green debris]) due to 100% slough.</p> <p>- Licensed Nurses Notes on 12/26/24 at 11:36 pm, indicated Resident 1 was seen by the wound consultant and ordered to administer antibiotic (medication used to treat infection) therapy prophylaxis (preventive care) for the sacrococcyx PI after, debridement (removal of dead tissue of the wound). The wound consultant reclassified sacrococcyx wound from unstageable PI to Stage 4 PI measuring 9.1cm x 6,5 cm x 2.5 cm with moderate exudate, new treatment ordered. The note indicated Resident 1 was at risk for delayed wound healing and deterioration secondary to incontinent of bowel and bladder, old age, skin thin and fragile, needs extensive assist in bed mobility and transfer.</p> <p>- Licensed Nurses Notes, dated 1/17/25, indicated Resident 1 was transferred to the General Acute Care Hospital on 1/17/25 due to tachycardia (abnormally fast heart rate), diaphoresis (excessive sweating due to an underlying health condition).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/25 at 10:15 am, TN stated Resident 1 was high risk for skin integrity impairment, and the care plan included providing Low Air Loss Mattress, frequent incontinent brief change, and monitor any change in skin condition. TN stated she relied on staffs reporting to her. TN stated she did not follow up with staffs or keep track on a daily basis if Resident 1 was kept clean and dry or repositioned every 2 hours.</p> <p>During an interview with Director of Staff Development (DSD) on 1/29/25 at 11:55 am, DSD stated he aware that Resident 1 developed PI at the facility. DSD stated he was responsible for training and supervising CNAs. DSD stated he has no daily logs about supervising staffs, no rounding logs or in-service provided to the CNA ' s specifically after Resident 1 developed PI in the facility.</p> <p>During an interview with Director of Nursing (DON) on 1/29/25 at 2:40 pm, DON stated a system of tracking to ensure residents were repositioned around the clock and incontinence management should had been established for Resident 1 to receive quality of care and prevention of facility acquired PI. DON also stated, Resident 1 with the PI reopened on 12/18 was not evaluated by wound consultant until 12/26/24 (8 days after the PI reopened) due to last wound consultant routine visit to the facility was scheduled on 12/17/24. The DON stated there was no documented evidence the wound consultant was notified that the wound reopened on 12/18/2025.</p> <p>During a record revies and interview with treatment nurse (TN) on 1/29/25 at 11:35 am, TN stated Resident 1 was incontinent for bowel and bladder, and was bedfast, TN stated nursing care intervention for incontinence was to provide frequent gentle cleansing and frequent diaper change, and staffs to report to TN for any skin condition change. TN stated the # sign indicating number of changes on bowel and bladder on CNA Flowsheet was to be documented per every eight-hour shift. TN stated she relies on CNAs to inform her about resident ' s skin issues, overseeing but not tracking resident ' s skin moisture or diaper change.</p> <p>During an interview with Director of Staff Development (DSD) 1/29/25 at 12 pm, DSD stated he didn ' t keep a log of surveillance on daily rounding to ensure the CNA repositioned, offloaded and changed Resident 1 ' s incontinent brief timely.</p> <p>During an interview with Director of Nursing (DON) on 1/29/25 at 1:50 pm, the DON stated Resident 1 was incontinent for bowel and bladder and the care plan for incontinence was to provide frequent incontinent brief change. DON stated he was not sure if CNA provided frequent incontinence care and incontinent brief change.</p> <p>During a review of the facility ' s Policy and procedure, title Skin Breakdown, Prevention and Management dated 12/2017, indicated the following:</p> <ul style="list-style-type: none"> -When a resident is identified to have a pressure ulcer, the licensed nurse will contact the attending independent licensed practitioner. -When a resident is identified to have a pressure ulcer, the licensed nurse will contact the attending independent licensed practitioner. The licensed nurse will notify the independent licensed practitioner for any sites or area that requires any form of treatment. -The Staff Developer will conduct and provide educational training upon hire and yearly thereafter and/or as needed to the staff. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Risk reduction strategies included:</p> <p>Skin Inspections: All residents should be inspected at least daily. This can be done with dressing, toileting, bathing, peri-care, etc. Pay particular attention to bony prominences. Minimize exposure to low humidity. Moisture dry skin. Ensure weekly skin checks are completed.</p> <p>Turning and Repositioning: Keep bony prominences from direct contact using systematic turning and repositioning, and positioning devices such as pillows or foam wedges. Avoid positioning directly on the trochanter. Determine tissue tolerance.</p> <p>Manage Incontinence: Initiate incontinent care every two hours, incontinent barriers, briefs, absorbent under pads (made with materials that absorb moisture& present a quick drying surface to the skin). Avoid hot water and use a mild cleansing agent that minimizes irritation and dryness.</p> <p>Written plan of care: Each resident ' s care plan should be unique, including specific turning and repositioning plans. Identify and address each factor noted in the risk assessment.</p> <p>Staff Education: Target prevention at all levels of health care, from providers to residents and families. Identify the role each plays in pressure ulcer prevention. Implement a comprehensive pressure ulcer prevention program.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	
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 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** 48481</p> <p>Based on observation, interview, and record review, the facility failed to ensure bedside curtains for one (1) of two sampled residents (Resident 2) was fully closed, when Resident 2 tested positive for influenza (a severe lung infection) and required to be on droplet precaution (a set of infection control measures used to prevent the spread of respiratory infections from a patient to others) in accordance to public health guidelines on influenza outbreak taking place in the facility.</p> <p>This deficient practice had the potential to result in wide spread influenza infection spreading to other residents and staffs in the facility.</p> <p>Findings:</p> <p>During an observation on 1/28/25 at 2:15pm in Room A, the curtain for Resident 2 was partially open, two other beds were occupied with other residents, a certified Nurse Assistant (CNA 3) was observed wearing simple face mask in the room.</p> <p>During a review of Resident 2's Admission Record, Resident 2 was admitted on [DATE] with medical diagnoses that included Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and Chronic Kidney Disease (CKD-moderate to severe loss of kidney function).</p> <p>During a review of Resident 2's Minimum Data Sheet (MDS- a Federal mandated resident assessment tool) dated 10/24/24, indicated that Resident 2 was cognitively intact (able to think, learn, and remember clearly).</p> <p>During a review of Resident 2's Nursing Progress note dated 1/28/25 at 8:15 am, indicated that Resident 2's tested positive for Influenza, physician was notified, and Tamiflu (prescription medicine used to treat the flu) 30mg BID (twice daily) for five (5) days was prescribed.</p> <p>During a concurrent observation and interview on 1/28/25 at 2:15pm with CNA 3 at room [ROOM NUMBER], CNA 3 stated she 's aware that Resident 2 has Influenza, CNA 3 stated bedside curtain got stuck sometimes and released easily sometimes, she did not notice how long since the curtain for Resident 2 got stuck, CNA 3 verified curtain was not fully closed today.</p> <p>During a concurrent interview and record review on 1/28/25 at 2:40pm with Infection Preventionist (IP), document titled General Control Recommendations for outbreak emailed by Public Health Nurse, IP stated the recommendation indicated that Place ill residents in a private room. If a private room is not available, place ill residents with one room. If symptomatic residents are cohorted, maintain a spatial separation of at least 6 feet between residents and a curtain between resident beds. IP stated per guidelines the curtain for Resident 2 should have been always closed for droplet precaution.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Glenhaven Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Chevy Chase Drive Glendale, CA 91204	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/28/25 at 3:20 pm with Director of Nursing (DON) stated no single room available for Resident 2 at this time, there ' s droplet precaution and PPE supplies for the room but curtain should have been fully closed for resident that has tested influenza positive. Staffs and the other residents in the same room would be at higher risk for getting flu if the curtain can't be fully closed.		