

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Norwalk Skilled Nursing & Wellness Centre, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 11510 Imperial Highway Norwalk, CA 90650	

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 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** 44898</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 2) did not receive Seroquel (a psychotropic medication [drug that affects brain activities associated with mental processes and behavior] used for mental and mood disorders) without a diagnosis and indication of used.</p> <p>These failures resulted in Resident 2 to received Seroquel without diagnosis from Resident 2 ' s physician and had the potential for increased risk for Residents 2 to experienced serious adverse effects (unwanted, uncomfortable, or dangerous effects that a drug may have) of Seroquel including dizziness, drowsiness and irregular heartbeat, that can lead to an overall negative impact on their physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record (Face Sheet), the Face Sheet indicated, Resident 2 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnoses including dementia (loss of memory, language, problem-solving and other thinking abilities), mania (a state of extremely heightened energy), metabolic encephalopathy (damage or disease that affects the brain) and hypertension.</p> <p>During a review of Resident 2 ' s H&P, dated 3/22/2024, the H&P indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 6/25/2024, the MDS indicated Resident 2 did not have delusions (belief or altered reality) or hallucinations (sights, sounds, smells, tastes, or touches that a person believes to be real but are not real). The MDS indicated Resident 2 needed setup or clean up assistance with eating and oral hygiene. The MDS indicated Resident 2 needed supervision and touching assistance with walking. The MDS indicated Resident 2 needed partial and moderate assistance with toileting, showering, dressing, putting on and taking off footwear, personal hygiene, rolling from left to right, sitting, lying, and standing.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 8/22/2024 at 12:23 pm with the Director of Nursing (DON), Resident 2 ' s Initial Psychiatric Evaluation, dated 8/1/2024 was reviewed. The Initial Psychiatric Evaluation indicated Resident 2 had a diagnosis of dementia. The DON stated Resident 2 was [AGE] years old with paranoid schizophrenia (serious mental health condition that affects how people think, feel and behave)and taking Seroquel. The DON stated Resident 2 was diagnosed with paranoid schizophrenia at the General Acute Care hospital (GACH) on 8/6/2024 and was started on Seroquel. The DON stated Resident 2 ' s diagnosis of paranoid schizophrenia and Seroquel was continued when she was discharged back to the facility. The DON stated paranoid schizophrenia was a wrong diagnosis. The DON stated she should have questioned the diagnosis with Resident 2 ' s physician and would not have given Resident 2 ' s Seroquel. The DON stated she will call Resident 2 ' s physician to discontinue Resident 2 ' s Seroquel because there was no diagnosis or history of paranoid schizophrenia. The DON stated Seroquel has a lot of side effects (effect of a drug in addition to or beyond its desired effect) and could cause problem with the lungs, and kidneys that can lead to dehydration.</p> <p>During an interview on 8/22/2024 at 12:52 pm with Minimum data Set Coordinator (MDSC), MDSC stated Resident 2 ' s diagnosis of schizophrenia was not coded in Resident 2 ' s MDS. MDSC stated Resident 2 had a psychiatric evaluation (thorough examination to determine whether an individual has a mental health condition) and was not diagnosed with paranoid schizophrenia. MDSC stated paranoid schizophrenia usually was diagnosed early in life.</p> <p>During a review of the facility ' s policy and procedure titled Alert!!! Schizophrenia Coding Question #2, undated, the P&P indicated, Schizophrenia is a serious mental disorder that may interfere with a person ' s ability to think clearly, manage emotions, make decision and relate to others. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40. Schizophrenia must be diagnosed by a qualified practitioner, using evidence-based criteria and professional standards, such as the Diagnostic and Statistical Manual of Mental Disorders-Fifth edition (DSM-5), and documented in the resident ' s medical record.</p>		