STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Terrace Health Care	7447 Sepulveda Blvd Van Nuys, CA 91405

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275 Based on interview and record review, the facility failed to protect the resident ' s right to be free from verbal abuse (harsh and insulting language directed at a person) for one of four sampled residents (Resident 1), when on 5/4/2024, Resident 2 verbally abused and threatened Resident 1. This deficient practice resulted in Resident 1 being subjected to verbal abuse by Resident 2 while under the care of the facility and had the potential to result in Resident 1 ' s emotional distress and restlessness (inability to rest or relax). Findings: A review of Resident 1 ' s Admission Record indicated the facility originally admitted Resident 1 on 3/26/2024 and readmitted Resident 1 on 4/8/2024 with diagnoses that included epilepsy (a common condition that affects the brain and causes frequent seizures [a sudden and temporary change in the electrical and chemical activity in the brain which leads to a change a person ' s movement, behavior, and level of awareness]) and diabetes mellitus (a group of diseases that affect how the body uses blood sugar). A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 4/18/2024 indicated Resident 1 ' s cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated that Resident 1 was dependent on staff with self-care for eating, toileting, and personal hygiene. A review of Resident 1 ' s Change in Condition (COC - when there is a sudden change in a resident ' s health) Evaluation Form dated 5/4/2024 timed at 4:15 p.m., indicated that on 5/4/2024, Resident 1 tried to open the privacy curtain between Resident 1 and Resident 2 (roommate) in order to check the clock for the time. The COC further indicated that Resident 2 believed that Resident 1 was spying on Resident 2. The COC indicated that Resident 2 then told Resident 1 that Resident 2 was going to put his (Resident 2) genitalia (malae reproductive organ) inside Resident 1 ' s mouth. A review of Resident 1 ' s Care Plan (Untitled) dated 5/4/2024 indicated that Resident 1 was at potential/risk to exhibit psycho-social distress (emotional suffering) related to verbal altercation with Resident 2. The goal was for Resident 1 not to experience psycho-social distress. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Terrace Health Care	7447 Sepulveda Blvd Van Nuys, CA 91405

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 2 ' s Admission Record indicated the facility admitted Resident 2 on 1/12/2023 and readmitted Resident 2 on 3/15/2024 with diagnoses that included chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should). A review of Resident 2 ' s MDS dated [DATE] indicated Resident 2 had intact cognition. The MDS further indicated that Resident 2 needed supervision from staff with oral hygiene and toileting hygiene. The MDS further indicated Resident 2 needed moderate assistance from staff with movements for rolling left and right on the bed, sitting to lying on the bed and sitting to standing from the side of the bed. A review of Resident 2 ' s COC Evaluation Form dated 5/4/2024 timed at 4:22 p.m., indicated that on 5/4/2024, Resident 2 told Resident 1 that Resident 2 would put his (Resident 2) genitalia inside Resident 1 ' s mouth. A review of Resident 2 ' s Care Plan (Untitled) dated 5/4/2024 indicated that Resident 2 was at potential/risk to exhibit psycho-social distress related to verbal altercation with Resident 1; Resident 1 alleged that Resident 2 would put Resident 2 ' s reproductive organ inside Resident 1 ' s mouth when Resident 1 tried to open the privacy curtain between Resident 1 and Resident 2. The goal was for Resident 2 not to experience psycho-social distress. During an interview with Resident 1 on 5/7/2024 at 9:36 a.m., in Resident 1 ' s room with the Admissions director (AD) per Resident 1 ' s request for translation, Resident 1 stated that he (Resident 1) was unable to recall the exact date, but is able to recall that Resident 2 stated that he (Resident 2) would put his (resident 2) genitalia inside Resident 1 ' s mouth because Resident 1 attempted to pull the privacy curtain in order to check the time on the clock. Resident 1 stated that he (Resident 1) did not say anything back to Resident 2 because Resident 1 was shocked and felt threatened. During an interview with Resident 2 on 5/7/2024 at 12:20 p.m., Resident 2 stated that on 5/4/2024, Resident 2 was so upset and told Resident 1 that Resident 2 was going to put his genitalia inside Resident 1 ' s mouth if Resident 1 kept on opening the privacy curtain. During an interview with the Director of Nursing (DON) on 5/7/2024 at 1:08 p.m., the DON stated that on 5/4/2024, Resident 2 verbally abused and threatened Resident 1 A review of the facility ' s policy and procedure (P&P) titled, Resident Rights, revised 2/23/2021 and last reviewed on 1/25/2024, indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to ., be free from abuse, neglect, misappropriation (wrongful use) of property A review of the P&P titled, Abuse Prohibition, revised December/2021 and last reviewed on 1/25/2024, indicated, To ensure that Center staff are doing all that is within their control to prevent occurrence of abuse, mistreatment, neglect .,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Terrace Health Care	7447 Sepulveda Blvd Van Nuys, CA 91405

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42275 Based on observation, interview, and record review, the facility failed to ensure the resident call system (a tool that allows residents to communicate with nurses that they are in of need assistance)was functioning for five of seven sampled residents (Resident 1, 3, 5, 6, and 7). This deficient practice placed the resident at risk of inability to summon health care workers as needed to receive assistance that may include urgent care. Findings: 1. A review of Resident 1 ' s Admission Record indicated the facility originally admitted Resident 1 on 3/26/2024 and readmitted Resident 1 on 4/8/2024 with diagnoses that included epilepsy (a common condition that affects the brain and causes frequent seizures [a sudden and temporary change in the electrical and chemical activity in the brain which leads to a change a person ' s movement, behavior, and level of awareness]) and diabetes mellitus (DM - a group of diseases that affect how the body uses blood sugar). A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 4/18/2024 indicated Resident 1 ' s cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated that Resident 1 was dependent on staff with self-care for eating, toileting and personal hygiene. 2. A review of Resident 3 ' s Admission Record indicated the facility admitted Resident 3 on 4/22/2024 with diagnoses that included Parkinson ' s disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). A review of Resident 3 ' s MDS dated [DATE] indicated Resident 3 had intact cognition. The MDS further indicated that Resident 3 needed maximum assistance from staff with toileting and hygiene. 3. A review of Resident 5 ' s Admission Record indicated the facility admitted Resident 5 on 4/29/2024 with diagnoses that included chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should). A review of Resident 5 ' s MDS dated [DATE] indicated Resident 5 ' s cognition was moderately impaired. The MDS further indicated that Resident 5 needed maximum assistance from staff with toileting and hygiene. 4. A review of Resident 6 ' s Admission Record indicated the facility admitted Resident 6 on 1/11/2023 with diagnoses that included DM. A review of Resident 6 ' s MDS dated [DATE] indicated Resident 6 ' s cognition was moderately impaired. The MDS further indicated that Resident 6 was dependent on staff with self-care for toileting and hygiene. , (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Terrace Health Care	7447 Sepulveda Blvd Van Nuys, CA 91405

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. A review of Resident 7 ' s Admission Record indicated the facility originally admitted Resident 7 on 7/31/2021 and readmitted Resident 7 on 12/26/2023 with diagnoses that included acute pulmonary (relating to the lungs) edema (swelling caused by fluid in your body's tissues). A review of Resident 7 ' s MDS dated [DATE] indicated Resident 7 ' s cognition was moderately impaired. The MDS further indicated that Resident 7 needed supervision from staff with toileting and personal hygiene. During an interview with Resident 1 on 5/7/2024 at 10:09 a.m., Resident 1 stated that Resident 1 felt that the call light was not working at times due to the long waiting periods when requesting assistance from staff. During a concurrent observation and interview with Registered Nurse 2 (RN 2) on 5/7/2024 at 10:11 a.m., observed that the call light above Resident 1 and Resident 3 ' s room was illuminated. Observed that the corresponding light for Resident 1 and Resident 3 ' s room at the call light panel located at Nursing Station 1 (NS 1) was not illuminated. RN 2 stated that the call light panel at NS 1 was not functioning as there was no light illuminated to alert staff that Resident 1 and or Resident 3 needed assistance. During a concurrent observation and interview with Registered Nurse 1 (RN 1) on 5/7/2024 at 10:21 a.m., RN 1 checked if the call light above Resident 5, Resident 6, and Resident 7 ' s rooms door was functioning. RN 1 stated that the call light above Resident 5, Resident 6, and Resident 7 ' s room was illuminated but the corresponding light on the call light panel at NS 1 was not illuminated. During an interview with RN 2 on 5/7/2024 at 10:35 a.m., RN 2 stated that when a resident presses the call light inside the resident ' s room, the light above the resident ' s door will illuminate. RN 2 stated that the corresponding light at the call light panel at the nursing station should also illuminate at the same time to alert staff that a resident needs assistance. RN 2 further stated that if the call system was not working appropriately, staff would not be immediately alerted that a resident needs assistance. During an interview with the Director of Nursing (DON) on 5/7/2024 at 1:20 p.m., the DON stated that if the call light panel is not functioning, staff might be delayed with assisting residents with their needs. A review of the facility ' s policy and procedure (P&P) titled, Answering the Call Light, revised September/2022 and last reviewed on 1/25/2024, indicated, The purpose of this procedure is to ensure timely responses to the resident ' s requests and needs Be sure that the call light is plugged in and functioning at all times Report all defective call light to the nurse supervisor promptly.