| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555738 | A. Building<br>B. Wing | 05/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Windsor Terrace Health Care | 7447 Sepulveda Blvd<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>49109<br><br>Based on interview and record review, the facility failed to maintain complete and accurate medical records for one of three sampled residents (Resident 1) by failing to ensure licensed nurses did signed the Medication Administration Record (MAR - a report detailing the drugs administered to a resident by a healthcare professional) for Resident 1 on 5/1/2024 during the 3:00 p.m. to 11:00 p.m. shift.<br><br>This deficient practice resulted in Resident 1's medical records being inaccurate and had the potential to result in confusion regarding Resident 1's condition and what care and services were provided to Resident 1.<br><br>Findings:<br><br>A review of Residents 1' Admission Record indicated the facility admitted Resident 1 on 2/26/2021 with diagnoses that included quadriplegia (paralysis [inability to move] of all four limbs [arms and legs] or of the entire body below the neck), polyneuropathy (a disease of the nerves [cables that carry electrical impulses between your brain and the rest of your body]), muscle spasm ( a sudden, involuntary movement in one or more muscles), hypertension (high blood pressure), anxiety disorder (disorder involves persistent and excessive worry that interferes with daily activities), protein calorie malnutrition (the state of inadequate intake of food).<br><br>A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool), dated 3/4/2024, indicated Resident 1 had intact cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS further indicated Resident 1 was dependent on staff with eating, oral hygiene, toileting hygiene, shower/bathing, upper and lower body dressing and personal hygiene.<br><br>A review of Resident 1's physician order indicated the following orders:<br><br>a) Baclofen (medication used to treat muscle spasm) 10 milligrams (mg- unit of measure) give two (2) tablets by mouth four times a day, with a start date of 10/15/2022.<br><br>b) Docusate Sodium (medication used to treat constipation [inability to have a bowel movement]) 250 mg give one (1) capsule by mouth every evening shift, with a start date of 7/29/2023.<br><br>(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<br>B. Wing | 05/17/2024 |

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| Windsor Terrace Health Care | 7447 Sepulveda Blvd<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | c) Fluorometholone suspension (eye drops that treat redness and irritation) 0.1 percent (%- unit of measure) instill (administer) one (1) drop in both eyes three times a day, with a start date of 10/15/2022.<br><br>d) Nepro (a nutritional supplement) give eight (8) ounces (oz- unit of measure) by mouth at bedtime with a start date of 6/14/2021.<br><br>A review of Resident 1's MAR for 5/1/2024 indicated no documentation for the following medications:<br><br>a) Baclofen 10mg at 4:00 p.m. and 10:00 p.m.<br><br>b) Docusate Sodium 250 mg for evening<br><br>c) Flurometholone suspension drops for 5:00 p.m.<br><br>d) Nepro eight oz at 10:00 p.m.<br><br>During a concurrent interview and record review on 5/13/2024 at 2:15 p.m., with the Director of Nursing (DON), reviewed Resident 1's MAR for 5/1/2024. DON stated after reviewing Resident 1's MAR for 5/1/2024, that there was no documentation to indicate if the following medications were given or refused by Resident 1:<br><br>a) Baclofen 10mg at 4 p.m. and 10 p.m.<br><br>b) Docusate Sodium 250 mg for evening,<br><br>c) Flurometholone suspension drops for 5 p.m.<br><br>d) Nepro eight oz at 10 p.m.<br><br>The DON stated that if Resident 1 refused the medications on 5/1/2024 for the 3:00 p.m. to 11:00 p.m. shift, the assigned licensed nurse (Registered Nurse 2 [RN 2]) should have documented the refusal in Resident 1's MAR.<br><br>A review of the facility's policy and procedure titled, Nursing Documentation, dated 6/27/2022, indicated timely entry of documentation must occur as soon as possible after the provision of care and in conformance with time frames for completion as outlined by other policies and procedures. |