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	07/05/2024

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 49135 Based on observation, interview, and record review, the facility failed to administer medications in a safe manner for one of six sampled residents (Resident 1), by administering an eye drop medication beyond the use date or opened date. This deficient practice had the potential to result in eye infection and cause irritation to the eye due to the administration of eye drop medication beyond the use date or opened date. Findings: A review of Resident 1 ' s Admission Record indicated the facility admitted the resident on 5/13/2024 with diagnoses that included respiratory failure (a serious condition that makes it difficult to breathe on your own), type 2 diabetes mellitus (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel), and chronic bronchitis (inflammation [swelling] and irritation of the bronchial tubes [airways that carry air to and from the air sacs in the lungs]). A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care planning tool), dated 5/24/2024, indicated Resident 1 had severely impaired cognition (a mental action or process of acquiring knowledge and understanding) and required maximum assistance from staff with eating, oral hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 1 was dependent with staff on toileting hygiene, bathing, and lower body dressing. A review of Resident 1 ' s Physician ' s Order, dated 5/21/2024, indicated to instill Cromolyn Sodium (a medication used to treat allergy symptoms [such as itching burning, watering, redness] that affects the eyes) Ophthalmic (relating to the eye) Solution 4%, one (1) drop in both eyes four times a day. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 7/5/2024 at 1:00 p.m. with Licensed Vocational Nurse 1 (LVN 1), inside Medication Cart 1, observed Resident 1 ' s Cromolyn Sodium Ophthalmic Solution eye drop with an open date of 5/23/2024 (43 days from when the eye drop was opened). LVN 1 confirmed the open date of Resident 1 ' s Cromolyn Sodium Ophthalmic Solution eye drop and stated that a new Cromolyn Sodium Ophthalmic Solution eye drop should have been ordered and should have not been administered past the 28th day (6/20/2024) from opening the eye drop. LVN 1 stated administering eye medications beyond the 28thday or expiration date may cause irritation to the eye and may lead to eye infection. During a review of Resident 1 ' s Medication Administration Record (MAR - a report detailing the medications administered to the resident) from 7/1/2024 to 7/5/2024 indicated Resident 1 received Cromolyn Sodium Ophthalmic Solution 4%, one (1) drop in both eyes on the following dates: - 7/1/2024 at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. - 7/2/2024 at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. - 7/3/2024 at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. - 7/4/2024 at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. - 7/5/2024 at 9:00 a.m. During an interview on 7/5/2024 at 3:25 p.m. with the Registered Nurse (RN) Supervisor, the RN Supervisor stated that eye drop medications are supposed to be ordered and replaced prior to the 28th day from the day it was opened to prevent eye infection. The RN Supervisor stated after 28 days the eye drop medication loses its effectiveness. A review of the facility ' s policy and procedure titled, Administering Medications, last reviewed on 1/25/2024, indicated that medications are administered in a safe and timely manner, and as prescribed; the expiration or beyond use date on the medication label is checked prior to administering; when opening a multi-dose container, the date opened is recorded on the container.