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	07/25/2024

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 42275 Based on interview and record review, the facility failed to maintain complete and accurate medical records for one of five sampled residents (Resident 2) by failing to follow the documentation instructions for the monitoring of side effects from Buspar (medication indicated to treat anxiety [feelings of worry, or fear that are strong enough to interfere with one's daily activities]). This deficient practice resulted in Resident 2's Medication Administration Record (MAR - a report detailing the medications administered to a resident) for 7/2024 being inaccurate and had the potential to result in confusion regarding Resident 2's condition. Findings: During a review of Resident 2's Admission Record, the Admission Record indicated that the facility admitted Resident 2 on 12/23/2023 with diagnoses that included major depressive disorder (persistent feeling of sadness) and Alzheimer's disease (affects memory, thinking, and behavior, symptoms eventually grow severe enough to interfere with daily tasks). During a review of Resident 2's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 6/4/2024, the MDS indicated Resident 2's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS further indicated that Resident 2 was dependent on staff with toileting hygiene, shower and or bathing, upper and or lower body dressing, and transfer. During a review of Resident 2's Physician Order, an order for Buspar Oral Tablet five (5) milligram (mg- unit of weight measurement) by mouth one time a day for anxiety manifested by inability to keep still and to monitor side effects every shift by documenting zero 0 for none, or use the first letters of SDAP; S=Sedation (a state of calmness or sleepiness caused by certain medications), D=Dizziness (the feeling of being unbalanced or unsteady), A=Ataxia (a loss of muscle control that may lead to a lack of balance and coordination and trouble walking), and P=Paradoxical Excitation (an unintended response to a medication, it can result in excessive movements, talkativeness, irritability, and/or excitement) dated 6/28/2024. During a review of Resident 2's MAR for 7/2024, the MAR indicated the use of only check marks as documentation for the monitoring of Buspar side effects on the following dates: (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	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. 7/1/24 2. 7/2/24 3. 7/4/24 4. 7/5/24 5. 7/6/24 6. 7/7/24 7. 7/8/24 8. 7/9/24 9. 7/11/24 10. 7/12/24 11. 7/14/24 12. 7/15/24 13. 7/17/24 14. 7/19/24 15. 7/20/24 16. 7/22/24 17. 7/23/24 During a concurrent interview and record review with Licensed Vocational Nurse 4 (LVN 4) on 7/25/2024 at 4 p.m., LVN 4 reviewed Resident 2's MAR for 7/2024 and stated that LVN 4 only documented the monitoring of side effects of Buspar for Resident 2 using a check mark on 7/14/24. LVN 4 stated that there were multiple other entries for Resident 2's side effect monitoring for Buspar in the MAR that only utilized a check mark. LVN 4 stated that because there was no other documentation than a check mark for the monitoring of side effects related to Buspar for Resident 2 on 7/14/24, LVN 4 was unable to recall if Resident 2 exhibited any signs and symptoms of side effects from Buspar. LVN 4 stated that it was important to monitor the side effects of medications such as Buspar which are a type of psychotropic medications (any medications that affect brain activities associated with mental processes and behavior) to determine the effectiveness of the medication and to help the physician decide to either continue, discontinue, or change the medication. (continued on next page)

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and record review with the Director of Nursing (DON) on 7/25/2024 at 4:45 p.m. , the DON reviewed Resident 2's MAR for 7/2024 and stated that nurses should monitor Buspar side effects every shift for Resident 2 and document with notations; 0 for none, and the first letters S for sedation, D for dizziness, A for ataxia, and P for paradoxical excitation. The DON stated that staff did not document the monitoring appropriately for Buspar side effects for Resident 2. During a review of the facility policy and procedure (P&P), titled Nursing Documentation, dated 6/27/2022, last reviewed on 1/25/2024, the P&P indicated that it is the policy of the facility that nursing documentation will be concise, clear, pertinent, and accurate based on the resident's condition, situation, and complexity.