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	09/11/2024

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 39550 Based on interview and record review the facility failed to implement the facility's policy on pain as evidenced by failing to ensure a pain risk assessment was completed quarterly (every three months) and for new onset of pain on 9/4/2024 for one of three sampled residents. (Resident 1) This deficient practice had the potential to result in Resident 1 not maintaining Resident 1's highest possible level of comfort. Findings: During a review of Resident 1's Admission Record indicated the facility originally admitted the resident on 2/26/2021 with diagnoses that included quadriplegia (paralysis [complete or partial loss of muscle function] of all four limbs), polyneuropathy (when multiple peripheral nerves [a network of nerves that run throughout the head, neck, and body] become damaged), and pain in left knee. During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 6/1/2024, indicated Resident 1's cognitive skills (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) for daily decision making was intact. The MDS indicated Resident 1 was dependent with eating, oral hygiene, toileting hygiene, and personal hygiene. During a review of Resident 1's Change of Condition (when there is a sudden change in a resident's health) Evaluation form dated 9/4/2024 timed at 1:58 p.m., indicated that on 9/4/2024, Resident 1 complained of pain and was observed with inflammation on the left knee. During a concurrent interview and record review on 9/9/2024 at 9:21 a.m., with Registered Nurse 1 (RN 1), RN 1 reviewed Resident 1's Pain Assessment from 2023 to 2024. RN 1 stated that Pain Assessments are to be done upon admission, quarterly, and as needed if resident complains of any new onset of pain. RN 1 stated that the last Pain Assessment documented was on 9/5/2023 at 8:59 a.m. RN 1 stated that a quarterly assessment should have been done in the month of December 2023 and every 3 months thereafter. RN 1 continued to state that Resident 1's Pain Risk Assessment should have also been completed for Resident 1's new onset of pain on 9/4/2024 and should have been reassessed using the Pain Assessment tool. When asked about the importance of a pain risk assessment, RN 1 stated that it is a tool the facility uses to thoroughly assess a resident's pain and helps the facility implement a better plan of care. (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	09/11/2024

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

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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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedure titled Pain- Clinical Protocol, reviewed date 1/25/2024, indicated the physician and staff will identify individuals who have pain or who are at risk for having pain. This includes reviewing known diagnosis and conditions that commonly cause pain. It also includes a review for any treatments that the resident currently is receiving for pain including complementary and non-pharmacologic treatments. The nursing staff will assess each individual for pain upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain. With the input from the resident to the extent possible, the physician and staff will establish goals of pain treatment.