

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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 - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636 Based on observation, interview, and record review the facility failed to reorder, refill and administer one of three sampled residents (Resident 3) Lidoderm Patch (medication applied to the skin used to treat pain) timely. This deficient practice resulted in delay in the delivery of medication for Resident 3. Resident 3 did not receive the Lidoderm Patch as ordered by the physician which had the potential for Resident 3 to have increased level of pain, discomfort, and decreased quality of life. Findings: During a review of Resident 3's Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses that included hypertension (HTN- high blood pressure), epilepsy (brain disorder that causes episodes of abnormal electrical activity in the brain that can cause temporary changes in behavior, consciousness [the state of being awake and aware of one's surroundings], movement, or sensations), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), periodontitis (a chronic inflammatory condition that affects the tissues surrounding the teeth) and muscle wasting. During a review of Resident 3's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 8/5/2024 indicated, Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was intact. The MDS indicated Resident 3 required moderate assistance with toileting hygiene and bathing. During a review of Resident 3's Physician Order dated 10/12/2024 indicated Lidoderm Patch five (5) percent (%), apply to back pain topically (on the skin) in the morning (at 9:00 a.m.) for pain management, and remove at bedtime. During a concurrent medication administration observation and interview on 10/23/2024 at 9:50 a.m. with Licensed Vocational Nurse 1 (LVN 1) and with Resident 3, observed LVN 1 looking for Resident 3's Lidoderm Patch in the medication cart. LVN 1 stated that the facility does not have Resident 3's Lidoderm Patch available and would need to order it from the pharmacy. LVN 1 stated that normally the nurse will reorder the medication prior to using the last available medication so that there is no delay in the resident receiving the medication. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete		Event ID: Facility ID: 555738
		If continuation sheet Page 1 of 2

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/23/2024 at 11:40 a.m. with Resident 3, Resident 3 stated that she has a history of having back pain and is using the Lidoderm patch when she has increased pain. During an interview on 10/25/2024 at 10:00 a.m. with the Director of Nursing (DON), the DON stated that the charge nurses are responsible for reordering medications from the pharmacy prior to a resident using the last dose. The DON stated that the medications should be ordered when there are five doses left so that the pharmacy will have time to deliver the medication and that there will be no disruption in medication administration. The DON stated that Resident 3's, Lidoderm patch was reordered from the pharmacy (on 10/23/2024) and that the doctor was notified. The DON stated Resident 3 received the Lidoderm Patch on 10/23/2024 at 4:00 p.m. A review of the facility policy and procedure (P&P) titled Administering Medications with a revision date of 1/2024, indicated, medications are administered in a safe and timely manner, and as prescribed .Medications are administered in accordance with prescriber orders, including any required time frame. A review of the facility P&P titled Medication Ordering and Receiving from Pharmacy with a revision date of 1/2024, indicated Medications are related products are received from the dispensing pharmacy on a timely basis. The facility maintains accurate records of medications order and receipt .Ordering medications from the dispensing pharmacy .If not automatically refilled by the pharmacy .Reorder medication five days in advance of need to assure an adequate supply is on hand .The nurse who reorders the medication is responsible for notifying the pharmacy of changes in directions for use. The refill order is called in, faxed, or otherwise transmitted to the pharmacy.		