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	11/14/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49135 Based on observation, interview, and record review the facility failed to implement and maintain an infection control program for one out of six sampled residents (Resident 3) by failing to label the urinal bottle (a container used to collect urine and is made for either male or female anatomy) with the name and room number of Resident 3. This deficient practice had the potential for cross contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another) and to spread infection among residents. Findings: During a review of Resident 3's Admission Record, the Admission Record indicated the facility originally admitted the resident on 12/28/2023 with diagnoses that included atherosclerotic heart disease (hardening of the arteries [blood vessels that carry away blood away from the heart]) of native (natural or original) coronary (heart) artery without angina pectoris (chest pain), anemia (when red blood cells is lower than normal), and hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]). During a review of Resident 3's Minimum Data Set (MDS- a resident assessment tool), dated 10/3/2024, the MDS indicated that Resident 3 was cognitively intact (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and required moderate to maximal assistance from staff for transfer, dressing, toilet use, personal hygiene, and bathing. During a concurrent observation and interview on 11/12/2024 at 2:25 p.m., with the Director of Nursing (DON), observed a urinal bottle without a label, hanging on the right upper side rail of Resident 3's bed. The DON stated staff should have labeled the urinal bottle with the name and room number of the resident because it is an infection control issue and to prevent switching of urinals with other residents which could lead to an infection. (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure titled, Standard Precautions, last reviewed on 1/25/2024, the policy indicated it is the policy of this facility to implement standard precautions (set of infection control practices that are used to prevent the spread of disease that can be transmitted through contact with blood, body fluids, and other bodily substances) to the care of all residents in all situations regardless of suspected or confirmed presence of infectious disease. Resident care equipment soiled with blood, body fluids, secretions, and excretions are handled in a manner that prevents skin and mucous membrane (membrane that lines various cavities in the body of an organism and covers the surface of internal organs) exposure, contamination of clothing, and transfer of microorganisms (organism that can be seen only through a microscope) to other residents and environments. Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed. During a review of the facility's policy and procedure titled, Infection Prevention and Control, last revised on 1/25/2024, the policy indicated the facility adopted infection prevention and control policies and procedures are intended to help maintain a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The objectives of the infection prevention and control policies and procedures are to monitor, prevent, detect, investigate, and control infections in the facility.