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	01/30/2025

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 43636 Based on observation, interview, and record review, the facility failed to label and date a resident's intravenous (IV-the infusion of liquid substances directly into a vein) antibiotic (medications used to treat infections) medication bag per the facility's policy for one of three sampled residents (Resident 1). This deficient practice had the potential for medication administration errors. Findings: During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 2/26/2021 with diagnoses that included quadriplegia (paralysis [complete or partial loss of muscle function] of all four limbs), hypertension (high blood pressure [the force of the blood pushing on the blood vessel walls is too high]), and muscle wasting (weakening, shrinking, and loss of muscle). During a review of Resident 1's History and Physical (H&P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 10/1/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/2/2024, the MDS indicated Resident 1's cognition (ability to think and make decisions) was intact. The MDS further indicated that Resident 1 required total dependence on staff for assistance with activities of daily living (ADLs - activities related to personal care). During a review of Resident 1's Medication Administration Record (MAR, a report detailing the medications administered to a resident by the licensed nurse in the facility) dated 1/2025, the MAR indicated Resident 1 had a physician order for cefepime hydrochloride (a medication used to treat infections) two (2) grams (gm-unit of measurements) IV two times a day starting on 1/28/2025. During an observation on 1/29/2025 at 1:50 p.m., observed Resident 1's cefepime hydrochloride IV bag located next to Resident 1's bed without the date, time, and signature of the nursing staff that administrated the cefepime hydrochloride. (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	01/30/2025

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 1/29/2025 at 2:00 p.m., with the Director of Nursing (DON), observed Resident 1's cefepime hydrochloride IV bag located next to Resident 1's bed. The DON confirmed by stating that Resident 1's cefepime hydrochloride should have had the registered nurses' initials, date, and time labeled on the medication when it was administered. The DON stated that the correct process when administering an IV medication is for the nurse to initial the mediation and put the date and time that the medication is administered. During a review of the facility's policy and procedure (P&P) titled, Continuous Infusion of Medications and Solutions, with a facility approval date of 1/16/2025, the policy indicated this is to be performed by registered nurses and IV certified licensed vocational nurses according to state law and facility policy .Label medication/solution container and administration set with, date and time and nurse's initials.

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	01/30/2025

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 0772 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have an agreement with an approved laboratory to obtain services, if on-site laboratory services aren't provided. 43636 Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 3) received laboratory services as ordered by the physician. This deficient practice had the potential for Resident 3 to have decreased quality of care, delay in care and services, and decreased quality of life. Findings: During a review of Resident 3's Admission Record, the Admission Record indicated the facility readmitted the resident on 3/1/2024 with diagnoses that included multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord), type two (2) diabetes (a chronic condition that affects the way the body processes blood glucose [sugar]), and bipolar disorder (mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks). During a review of Resident 3's History and Physical (H&P- a formal assessment by a healthcare provider that involves a resident interview, physical exam, and documentation of findings) dated 3/2/2024, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 12/6/2024, the MDS indicated Resident 3's cognition (ability to think and make decisions) was intact. The MDS further indicated that Resident 3 required total dependence on staff for assistance with activities of daily living (ADLs - activities related to personal care). During a review of Resident 3's physician order dated 11/15/2024, the physician order indicated an order for a laboratory order for Hemoglobin A1c (HbA1c-is a blood test that shows what your average blood sugar level was over the past two to three months) to be drawn. During an interview on 1/29/2025 at 2:30 p.m., with Resident 3, Resident 3 stated that his physician had ordered a HbA1c, but the facility had not drawn it. During a concurrent interview and record review on 1/30/2025 at 1:30 p.m., with the Director of Nursing (DON), reviewed Resident 3's physician order for HbA1c dated 11/15/2024. The DON stated that Resident 3 did have a physician order on 11/15/2024 for a HbA1c, but it was not completed. The DON stated that when a physician orders a laboratory test to be completed, the nursing staff will place the physician order and complete a laboratory requisition form and place it in the laboratory binder for the laboratory technician to complete the blood draw. The DON stated that she is unsure why Resident 3's HbA1c was not completed. The DON stated that it should have been completed at the time of the physician order. (continued on next page)

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	01/30/2025

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 0772 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Physician Orders, with a facility approval date of 1/16/2025, the policy indicated the purpose of the facility P&P is to ensure that all physician orders are complete and accurate .the medical records department will verify that physician orders are complete, accurate and clarified as necessary .lab orders will include the name of the test desired, the frequency and reason for the test and associated diagnosis.