

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  08/19/2025
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)
<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>Based on interview and record review, the facility failed to ensure that a resident's physician assistant (PA - a licensed healthcare professional who practices medicine on a team with physicians) completed a comprehensive History and Physical (H&amp;P - a formal comprehensive assessment by a healthcare professional that involves a resident interview, physical examination and documentation of findings. The H&amp;P serves as the foundation for diagnosing a resident's condition, formulating a treatment plan, and guiding subsequent medical care.) Examination for one of three sampled residents (Resident 1) by failing to include an assessment of mental status (assessment of a resident's mental capacity which includes cognition, mood behavior and perceptions). This deficient practice resulted in an incomplete evaluation of the residents' overall condition, had the potential for inconsistent care coordination due to incomplete H&amp;P and a delay in care and services. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 8/7/2025 with diagnoses that included nondisplaced intertrochanteric fracture of left femur (a break in the upper part of the of the left thigh bone), respiratory failure (a life threatening medical condition where your lungs can't get enough oxygen into the blood or remove enough carbon dioxide from the blood, preventing body organs from functioning properly) and metabolic encephalopathy (a condition where the brain cannot function properly because of a problem with the body's metabolism [the process by which your body converts food and drinks into energy]). During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 8/10/2025, the MDS indicated Resident 1's cognition (mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was moderately impaired. The MDS further indicated that Resident 1 needed supervision from staff with eating, oral hygiene and personal hygiene and maximum assistance from staff with toileting hygiene, shower or bathing and lower body dressing. During a review of Resident 1's H&amp;P dated 8/8/2025, the H&amp;P did not include any documentation indicating that Resident 1's PA assessed Resident 1's mental status. During a concurrent interview and record review on 8/19/2025 at 4:25 p.m., with the Director of Nursing (DON), the DON reviewed Resident 1's H&amp;P dated 8/8/2025. The DON stated that Resident 1's H&amp;P was incomplete and that PA should have included a mental status assessment. The DON further stated that the resident's mental status is critical as a baseline when developing an appropriate plan of care. During a review of the facility's policy and procedures (P&amp;P) titled Physician Services and Visit, last reviewed on 1/16/2025, indicated, Physician services include, but are not limited to the resident's attending physician participation in the resident's assessment and care planning, monitoring changes in resident's medical status, and providing consultation or treatment when called by the Facility, including but not limited to resident evaluations including a written report of a physical examination with 5 days prior to admission or within 72 hours following admission,</p>

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
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