STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555791	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Gardens Healthcare Center	17650 Devonshire Street Northridge, CA 91325

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42311 Based on interview and record review, the facility failed to provide reasonable accommodations for resident needs and preferences for one of three sampled residents (Resident 4) when Family Member 1 (FM 1) requested for room change. This deficient practice had the potential to negatively impact the psychosocial well-being of the resident. Findings: A review of Resident 4's Admission Record indicated the facility admitted Resident 4 on 3/26/2024 with diagnoses that included unspecified (unconfirmed) sequelae (after effect) of unspecified cerebrovascular disease (a group of conditions that affect blood flow and the blood vessels in the brain), pneumonitis (inflammation of lung tissue) due to inhalation of food and vomit and Alzheimer's disease (is a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks). The Admission Record indicated Family Member 1 (FM 1) was the responsible party (means an individual, including the patient's relative, health care surrogate decisionmaker, or a placement agency, who assists the resident in placement or assumes varying degrees of responsibility for the well-being of the resident, as designated by the resident in writing). A review of Resident 4's History and Physical (H&P), dated 3/27/2024, indicated Resident 4 did not have the capacity to understand and make decisions. A review of Resident 4's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/30/2024, indicated Resident 4's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. A review of Resident 10's Admission Record indicated the facility admitted Resident 10 on 4/12/2024 with diagnoses that included wedge compression fracture (occurs when the bone collapses and the front part of the vertebral body forms a wedge shape) of unspecified lumbar vertebra (lower back), chronic (continuing or ongoing) pain and muscle weakness. A review of Resident 10's H&P, dated 4/15/2024, indicated Resident 10 had the capacity to understand and make decisions. (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

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 10's MDS, dated [DATE], indicated Resident 10's cognitive skills for daily decisions were moderately impaired. A review of Resident 8's Admission Record indicated the facility admitted Resident 8 on 4/25/2024 with diagnoses that included right lower leg fracture (break in the bone), unspecified fall and essential hypertension (occurs when you have abnormally high blood pressure that is not the result of a medical condition). A review of Resident 8's MDS, dated [DATE], indicated Resident 8's cognitive skills for daily decisions were moderately impaired. During an interview on 4/29/2024 at 8:37 a.m., FM 1 stated he had requested and notified the Admission Coordinator (AC) of his request for a private room three weeks ago because Resident 8 and Resident 10 were complaining that FM 1 stays in the room. FM 1 stated so far, nothing was done. During an interview on 4/29/2024 at 9:15 a.m., the AC stated FM 1 requested a room change three weeks ago because FM 1 sleeps at the facility every night and wanted to get comfortable. The AC stated they do not have a vacant room at that time. The AC stated a week ago he had updated FM 1 of the room change request. The AC stated they only needed one vacant room for Resident 4 to be moved. The AC stated he had mentioned FM 1 request for room change during the standup meeting. The AC stated residents and FM have the right to request for room change. During a record review of facility's census, dated 4/8/2024 to 4/28/2024, indicated the following dates and vacant rooms: 1. room [ROOM NUMBER] vacant from 4/18/2024 to 4/21/2024. 2. room [ROOM NUMBER] vacant on 4/23/2024 3. room [ROOM NUMBER], 189 and 193 were vacant from 4/27/2024 to 4/28/2024. During an interview on 4/29/2024 at 10:16 a.m., Licensed Vocational Nurse 3 (LVN 3) stated Resident 8 was Resident 4's roommate. LVN 3 stated Resident 8 was just admitted and already wanted a room change due to Resident 4's noise. During an interview on 4/29/2024 at 10:20 a.m., the Assistant Director of Nursing (ADON) stated he was not aware of FM 1's request for room changes. The ADON stated he was aware of Resident 8's request for room changes as she was not comfortable with FM 1 sleeping in the room. The ADON stated they should have made a room change for Resident 4, when they had the available room. The ADON stated if family request for room changes, they document in the communication log for all the nurse to know and inform the AC. The ADON stated FM 1 have the right to know why his request was not granted. During an interview on 4/29/2024 at 10:26 a.m., the ADM stated he was not informed of FM 1's request for room changes. The ADM stated they would not accommodate room changes based on resident and family request, but room changes is based on clinical needs. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility's policy and procedure titled, Room Change/Room Assignment undated and reviewed on 1/15/2024 indicated, Changes in room or roommate assignment are made when the facility deems it necessary or when the resident request the change. Resident room or roommate assignment may change if the facility deems it necessary. Resident preferences are taken into account when such changes are considered.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 42311 Based on interview and record review, the facility failed to screen eight of ten sampled visitors and three of ten sampled staff (Certified Nursing Assistant 4 [CNA 4], Licensed Vocational Nurse 4 [LVN 4] and Certified Occupational Therapy Assistant 1 [COTA 1]) for Coronavirus Disease 2019 (COVID-19, highly contagious viral respiratory infection that spreads from person to person through droplets released when an infected person coughs, sneezes or talks) from 4/23/2024 to 4/26/2024 while facility is on COVID-19 outbreak. This deficient practice had the potential to result in the spread of the COVID-19 to all residents and staff. Findings: During an observation on 4/29/2024 at 8:15 a.m., by the facility's front door, observed a signage on COVID-19 Outbreak Notification, dated 4/17/2024 posted on the left side of the door. During an observation on 4/29/2024 at 8:16 a.m., by the front lobby, observed no staff by the front desk, the front table had N95 mask (is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) and a Visitor and Employee Daily Monitoring Log (The Log). The Log had missing temperature entries and COVID-19 screening questions were left blank. The Log indicated an instruction written on the top in red ink that indicated, Visitors will complete this form and answer the questionnaires, temperature is taken and recorded at the start. During an interview on 4/29/2024 at 8:32 a.m., Certified Nursing Assistant 2 (CNA 2) stated all staff had to check their temperature and answer the COVID-19 screening questions to check if they had signs of COVID-19, if they had a contact or was expose to a COVID-19 and if they were out of state or country in the past 14 days before working. During a concurrent interview and record review on 4/29/2024 at 9:49 a.m., with the Infection Preventionist (IP), Visitor and Employee Monitoring Log dated 4/23/2024 to 4/26/2024 were reviewed. The Visitor Log indicated eight visitors did not document their temperature and did not answer if they had signs of COVID-19, if they had contact or was exposed to COVID-19 and if they were out of the country or state within the past 14 days. The Employee Log indicated three employees did not document their temperature and did not answer if they had signs of COVID-19, if they had contact or was exposed to COVID-19 and if they were out of the country or state within the past 14 days. The IP stated all employee and visitors need to check their temperature, answer the screening questions and document in the screening log before they enter the facility. During an interview on 4/29/2024 at 4:54 p.m., the Director of Nursing (DON) stated employees and visitors had to scan their temperatures and answer the COVID-19 screening questions. The DON stated they cannot stop the visitors and chase them around if they do not do the COVID-19 screening. The DON stated their policy for COVID-19 screening during an outbreak is to check temperature and screen for signs and symptoms to prevent the spread of COVID-19. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's COVID-19 Outbreak Notification, dated 4/17/2024, indicated, Based on the preliminary investigation, Los Angeles County Department of Public Health (LAC DPH) requires the following control measures and actions: 6. Safe Entry, Visitation and Communal Activities. B. Restrict entry to any visitor if they have any of the following: 1. recent positive viral test for SARS-CoV-2 2. COVID symptoms 3. Close contact less than 14 days. A review of facility's policy and procedure titled, COVID-19 Testing Policy, dated 8/4/2023, indicated, Resident, Visitors and Staff are screened, monitored and or tested when indicated for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2 - is a strain of coronavirus that causes COVID-19) to detect the presence of any current infections and to help prevent the transmission of COVID-19 in the facility.