

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555839	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Dreier's Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West Glenoaks Blvd Glendale, CA 91201	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47882</p> <p>Based on observation, interview, and record review, the facility failed to ensure to protect resident rights for privacy and dignity for eight of eight sampled residents (Resident 1,2,3,5,6,7,8, and 9) by failing to:</p> <ol style="list-style-type: none"> 1) Ensure other male residents does not shower in Resident 1 and 2 ' s shower room (SR12) located in room [ROOM NUMBER] (RM 12). 2) Ensure Resident 3 does not shower in RM12/SR12 without privacy. 3) Ensure other female residents does not shower in shower room (SR2) located inside the residents (Resident ' s 5, 8 and 9) room, room [ROOM NUMBER] (R2) without privacy. 4) Ensure Resident 6 does not shower in RM2/SR2 without privacy. 5) Ensure Resident 7 does not shower in RM2/SR2 without privacy. <p>These deficient practices violated resident rights for privacy and dignity for Resident ' s 1,2,3,5,6,7,8, and 9 that could affet the pdychosocial being of the residents.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (an interruption in the flow of blood to cells in the brain) affecting right dominant side, chronic obstructive pulmonary disease (COPD- a lung disorder that prevents airflow to the lungs, causing breathing problems), cirrhosis of the liver (severe scarring of the liver), and abnormality of gait and mobility (unable to walk in a typical way).</p> <p>A review of Resident 1 ' s History and Physical Examination, dated 7/25/2024, indicated Resident 1 was alert and oriented x 3 (being alert and oriented to person, place, and time), with right sided weakness and decreased motor strength.</p> <p>(continued on next page)</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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), date 7/28/2024, indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, partial/moderate assistance (helper does less than half the effort) with toileting, personal hygiene, and dressing, and substantial/maximal assist (helper does more than half the effort) with bathing.</p> <p>A review of Resident 2 ' s admission record indicated Resident 2 was initially admitted on [DATE] and readmitted to the facility on [DATE] with diagnoses that included left foot and ankle osteomyelitis (an inflammation or swelling of bone tissue that is usually the result of an infection), diabetes (lifelong condition that causes a person's blood sugar level to become too high), and hypertension (elevated blood pressure).</p> <p>A review of Resident 1 ' s History and Physical Examination, dated 5/26/2024, indicated Resident 2 has the capacity to make medical decisions.</p> <p>A review of Resident 2 ' s MDS, dated [DATE], indicated Resident 2 ' s cognitive status was intact. The MDS indicated Resident 2 was independent with dressing and sit to stand, required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with toileting hygiene, and required substantial/maximal assist (helper does more than half the effort) with shower.</p> <p>A review of Resident 3 ' s admission record indicated Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included acute embolism and thrombosis (a blood clot forms in blood vessels and partially or completely blocks blood flow and an acute embolism occurs when a blood clot or a foreign body enters the bloodstream and obstructs blood flow) of bilateral deep veins of lower extremity, cervical spinal stenosis (condition in which the spinal canal is too small for the spinal cord and nerve roots), and muscle weakness.</p> <p>A review of Resident 3 ' s History and Physical Examination, dated 7/4/2024, indicated Resident 3 had the capacity to understand and make decisions.</p> <p>A review of Resident 3 ' s MDS, dated [DATE], indicated Resident 3 ' s cognitive status was intact. The MDS indicated Resident 3 required setup or clean-up assistance with eating, required partial/moderate assistance with toileting, shower dressing and personal hygiene.</p> <p>A review of facility census dated 8/21/2024, the facility census indicated Residents 1 and 2 were roommates and roomed at RM12/SR12.</p> <p>During an observation on 8/21/2024 at 8:55 AM in RM12/SR12, Resident 1 was sleeping in his bed, Resident 2 was sitting at the edge of his bed with privacy curtain drawn open.</p> <p>During an observation on 8/21/2024 at 9:10 AM in RM12/SR12, Resident 3 came out of the shower room with certified nurse assistant (CNA) 1, draped with linen and towel and was wheeled to Resident 3 ' s room to be dressed.</p> <p>During a concurrent observation and interview on 8/21/2024 at 9:30 AM with Resident 2 in RM12/SR12, sitting at the edge of his bed with privacy curtains drawn open. Resident 2 stated, he had always seen other residents from other rooms take a shower in his shower room.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 7 ' s admission record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included cerebral infarction (a stroke, a brain attack, is an interruption in the flow of blood to cells in the brain), pneumonia (swelling of the tissue in one or both lungs, usually caused by a bacterial infection), and diabetes.</p> <p>A review of Resident 7 ' s History and Physical Examination, dated 7/19/2024, indicated Resident 7 had fluctuating capacity to make medical decisions.</p> <p>A review of Resident 7 ' s Minimum Data Set, dated [DATE], indicated Resident 7 ' s cognitive status was intact. The MDS indicated Resident 7 required partial/moderate assistance with dressing, roll left and right, and substantial/maximal assist with showering.</p> <p>During an interview on 8/21/2024 at 11:15 AM with maintenance supervisor (MS), MS stated, he had work for the facility since 1995 and RM12/SR12 which is the current room of Residents 1 and 2 had always been used by all male residents to shower, and RM2/SR2 which is the current room of Resident ' s 5,8, and 9 had always been used by all female residents to shower.</p> <p>During an interview on 8/21/2024 at 12:15 PM with the Director of Nurses (DON) stated, RM12/SR12 was always used for the male residents to shower, and RM2/SR2 was always used for the female residents to shower. DON stated, she knows it was a privacy and dignity issue, but she thought the facility had a waiver (exemption).</p> <p>During a concurrent observation and interview on 8/21/2024 at 1:30 PM, Resident 7 was sitting on a wheelchair. In an interview Resident 7 stated, she goes to room RM2/SR2 for shower on a shower chair wrapped with a linen and towels. Resident 7 stated she feels weird going to room RM2/SR2 because of the privacy and dignity issue.</p> <p>A review of updated facility map dated 8/22/24, reviewed with the Director of Staff Developer (DSD), on 8/22/24 at 12PM, indicated the female residents takes a shower in SR2 in RM2 room that was shared by roommates Resident 5, 8, and 9. The facility map also indicated the male residents takes a shower RM12/SR12 located in the room of roommates Resident 1 and 2.</p> <p>During an interview on 8/22/2024 at 12:30 PM with the Director of Nurses (DON) stated, she acknowledged the privacy and dignity of the residents as a concern due to the shared shower rooms in room R2/SR2 and RM12/SR12 and she will discuss the concern with the administrator.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Resident Rights, (undated), indicated; a) residents has the right to a dignified existence, self-determination, and must protect and promote the rights of each residents .b) the resident has the right to personal privacy and personal privacy includes accommodations, personal care, and c) the facility must promote care for residents in a manner and in an environment that maintain or enhances each residents dignity and respect and full recognition his or her individuality.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Dignity, dated 2/2021 indicated; a) each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem, b) resident are treated with dignity and respect at all times, and c) resident ' s private space and property are respected at all times.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47882</p> <p>Based on observation, interview, and record review, the facility failed to provide a reasonable accommodation of needs for two of three sampled resident (Resident 1 and 3) who preferred to take a shower in a shower room with privacy by failing to:</p> <ol style="list-style-type: none"> 1) Accommodate Resident 1 ' s preference to not have other residents use his bathroom to shower. 2. Accommodate Resident 3 ' s preference not to shower in Resident 1 ' s bathroom. <p>This deficient practice had negatively affected Resident 1 and 3 rights for privacy and dignity and feeling embarrassed which affects the resident ' s psychosocial well being.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 1 ' s admission record indicated Resident was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (an interruption in the flow of blood to cells in the brain.) affecting right dominant side, chronic obstructive pulmonary disease (COPD) (prevents airflow to the lungs, causing breathing problems), cirrhosis of the liver (severe scarring of the liver), and abnormality of gait and mobility (unable to walk in a typical way). <p>A review of Resident 1 ' s History and Physical Examination, dated 7/25/2024, indicated Resident 1 was alert and oriented x 3 (being alert and oriented to person, place, and time), with right sided weakness and decreased motor strength.</p> <p>A review of Resident 1 ' sMinimum Data Set (MDS, a standardized assessment and care screening tool), date 7/28/2024, indicated Resident 1 Required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, partial/moderate assistance (helper does less than half the effort) with toileting, personal hygiene, and dressing, and substantial/maximal assist (helper does more than half the effort) with bathing.</p> <ol style="list-style-type: none"> 2. A review of Resident 3 ' s admission record indicated Resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses acute embolism and thrombosis (Acute thrombosis occurs when a blood clot forms in blood vessels and partially or completely blocks blood flow and an acute embolism occurs when a blood clot or a foreign body enters the bloodstream and obstructs blood flow) of bilateral deep veins of lower extremity, cervical spinal stenosis (condition in which the spinal canal is too small for the spinal cord and nerve roots), and muscle weakness. <p>A review of Resident 3 ' s History and Physical Examination, dated 7/4/2024, indicated Resident 3 had the capacity to understand and make decisions.</p> <p>A review of Resident 3 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), date 7/17/2024, indicated Resident 3 ' s cognitive status was intact. The MDS indicated Resident 3 required setup or clean-up assistance with eating, required partial/moderate assistance with toileting, shower dressing and personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 8/21/2024 at 8:55 AM in Resident 1 ' s room, Resident 1 was asleep in bed, while a resident was taking a shower in Resident 1 ' s bathroom.</p> <p>During an observation on 8/21/2024 at 9:10 AM, Resident 3 came out of Resident 1 ' s bathroom after showering and assisted by Certified Nurse Assistant CNA 1. Resident 3 was draped with linen and towel and was assisted back to his room.</p> <p>During an interview on 8/21/2024 at 9:20 AM with (CNA) 1, CNA 1 stated, the facility has only one male showering that was in Resident 1 ' s room.</p> <p>During an interview on 8/21/2024 at 9:30 AM with Resident 3, Resident 3 stated, he had lived in the facility for 21 months and he had always taken a shower in Resident 1 ' s bathroom. Resident 3 stated, he preferred to shower in a room with privacy.Resident 3 stated, sometimes during the weekends the shower chairs were lined up with residents in Resident 1 ' s room to shower and it was embarrassing.</p> <p>During a concurrent observation and interview on 8/21/20204 at 9:35 AM with Resident 1 in Resident 1 stated, I have seen other residents use our shower room and it sucks, it affects my privacy and dignity. Resident 1 stated, he preferred for others to shower in another room since he gets upset when other residents make so much noise while waiting to be showered.</p> <p>During an interview on 8/21/2024 at 9:40 AM with Licensed Vocational Nurse (LVN)1, LVN 1 stated, the facility has one shower room for the male residents, and it was in Resident 1 ' s room. LVN 1 stated, because of the privacy and dignity issue, the facility should have a designated shower room for the residents.</p> <p>During an interview on 8/21/2024 at 11:15 AM with maintenance supervisor (MS), MS stated, he had work for the facility since 1995 and Resident 1 ' s current bedroom with a shower had always been used by all male residents to shower.</p> <p>During an interview on 8/21/2024 at 12:15 PM with the Director of Nurses (DON) stated, RM12/SR12 was always used for the male residents to shower, DON stated, she knows it was a privacy and dignity issue, but she thought the facility had a waiver (exemption).</p> <p>A review of updated facility map dated 8/22/24, conducted with the Director of Staff Developer (DSD), indicated the male residents takes a shower RM12/SR12 occupied by roommates Resident 1 and 2.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Resident Rights, (undated), indicated; a) residents has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, and must protect and promote the rights of each resident ,b) the resident has the right to personal privacy and, personal privacy includes accommodations, personal care, c) the facility must promote care for residents in a manner and in an environment that maintain or enhances each residents dignity and respect and full recognition his or her individuality.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47882</p> <p>Based on observation, interview, and record review, the facility failed to implement the care plan to place a low mattress post fall for one of one sampled resident (Resident 4) who was a high risk for fall and had an actual fall from bed with injury on 8/11/24 during a seizure (a sudden, uncontrolled burst of electrical activity in the brain, it can cause changes in behavior, movements, feelings, and levels of consciousness).</p> <p>This deficient practice had the potential for the resident to sustain a severe injury or death from a fall.</p> <p>Findings:</p> <p>A review of Resident 4 ' s admission record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included epilepsy (abnormal electrical activity in the brain that causes loss of consciousness), chronic obstructive pulmonary disease (COPD) (lung and airway diseases that restrict your breathing), and cirrhosis of the liver (liver damage where healthy cells are replaced by scar tissue).</p> <p>A review of Minimum Data Set (MDS, a standardized assessment and care screening tool), date 5/13/2024, indicated Resident 4 ' s cognitive skills (ability to make daily decisions) was intact. The MDS indicated Resident 4 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and or contact guar assistance as resident completes activity) with toileting, shower, and personal hygiene, and independent with sit to lying.</p> <p>During a concurrent observation and interview on 8/21/2024 at 8:50 AM with Resident 4, In Resident 4 ' s room. Resident 4 was lying in bed, noted with a small laceration above the right eye. Resident 4 stated, on 8/11/2024 while getting out of bed and he had a seizure and fell on the floor and sustained a small cut above the right eye.</p> <p>A review of Resident 4 ' s document titled Change of Condition Evaluation (COC), dated 8/11/2024, the COC indicated Resident 4 was sitting at the edge of the bed and started to have a seizure and fell on the floor.</p> <p>A review of Resident 4 ' s document titled MORSE Fall Scale, dated 8/11/2024, indicated Resident 4 was high risk for fall.</p> <p>A review of Resident 4 ' s care plan (CP) for an actual fall with laceration above the right eyebrow on 8/11/2024, dated 8/11/2024, the CP intervention included the use of a low bed for safety.</p> <p>During a concurrent observation and interview on 8/22/2024 at 9:20 AM with Director of Staff Development (DSD), in Resident 4 ' s room. Resident 4 was in bed asleep. DSD stated, Resident 4 ' s was not using a low bed, and he should be on a low bed according to the plan of care for safety and to prevent the potential for injury from fall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555839	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Dreier's Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 West Glenoaks Blvd Glendale, CA 91201	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/22/2024 at 9:40 AM with Licensed Vocational Nurse (LVN) 1, in Resident 4 ' s room. LVN 1 stated, Resident 4 was not on a low bed. LVN 1 stated, Resident 4 should be using a low bed due to history of fall and to prevent injury from fall.</p> <p>During an interview on 8/22/2024 at 10:20 AM with, Registered Nurse (RN) 2 (RN supervisor of the fall incident on 8/11/2024) stated, Resident 4 had a fall while getting up from his bed, he injured his right eyelid, he had a seizure.</p> <p>During an interview on 8/22/2024 at 10:25 AM with, Certified Nurse Assistant (CNA) 4 (CNA of the fall incident on 8/11/2024) stated, she saw Resident 4 tried to get up from his bed and started shaking and fell on the floor.</p> <p>During an interview on 8/22/2024 at 12:30 PM with , the Director of Nurses (DON), stated, the plan of care for Resident 4, for a low bed should have been implemented after the fall from his bed on 8/11/2024. DON stated, not having the low bed had the potential for resident to sustain injury from a fall.</p> <p>A review of the facility ' s policy and procedure (P&P) titled Care Plans, Comprehensive Person Centered, dated 2001, indicated; a) a comprehensive and person-centered care plan that includes measurable objectives, and timetables to meet the residents physical, psychosocial, and functional needs is developed and implemented for each resident, b) a care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment, and c) the comprehensive, person-centered care plan includes measurable objectives and time frame.</p> <p>A review of the facility ' s policy and procedure (P&P) titled Fall and Fall Risk, Managing, dated 2001, indicated; a) based on previous evaluations and current data, staff will identify interventions related to the residents ' specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling, b) fall risk factors includes incorrect bed height, and c) the staff with the input of the attending physician will implement a resident-centered fall prevention plan to reduce the specific risk factors of falls for each resident at risk or with history of falls.</p>		