STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555839	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dreier's Nursing Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48854 Based on observation, interview, and record review, the facility failed to develop a personal centered comprehensive care plan (a detailed plan for an individual's healthcare that is entirely focused on their unique needs, preferences, and goals) to address the care of Resident 2 ' s left eye after he was hit by Resident 1. This deficient practice led to Resident 2 ' s left eye not appropriately cared for by facility staff which had the potential for complications. Findings: A review of Resident 1 ' s Admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), altered mental status, and dementia (a progressive state of decline in mental abilities). A review of Resident 1 ' s History and Physical (H&P), dated 1/10/2025, indicated the resident does not have the capacity to understand and make decisions. A review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 12/13/2024, indicated the resident has severely impaired cognition (ability to reason and thought process). The MDS also indicated the resident requires supervision (helper provides verbal cues and/or touching/steadying as resident completes activity) to eat. The MDS also indicated the resident requires substantial assistance (helper does more than half the effort) on activities including toileting, bathing, and dressing. A review of Resident 2 ' s Admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (high blood pressure), and weakness. A review of Resident 2 ' s H&P, dated 11/13/2024, indicated the resident has 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

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 01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dreier's Nursing Care Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 2 ' s MDS, dated [DATE], indicated the resident has intact cognition. The MDS also indicated the resident does not have impairment in upper extremity movement. A review of the Resident 2 ' s SBAR Communication Form, dated 1/3/2025, timed at 8:15 PM, indicated the resident had a change in condition when Resident 2 had an altercation with another resident. A review of Resident 2 ' s Progress Notes for the month of 1/2025, included an entry on 1/3/2025, timed at 8:15 PM, that indicated another resident hit [Resident 2] in his face. Another entry on 1/6/2025, timed at 6:45 PM, indicated Resident 2 was hit by another resident on the left eye. A review of Resident 2 ' s care plans did not have documented evidence that the facility developed a care plan that addressed Resident 2 getting hit in the left eye. During an interview on 1/14/2025 at 1:07 PM with Resident 2, Resident 2 stated he had an altercation with Resident 1. Resident 2 stated Resident 1 punched him with a closed fist on his left eye. During an interview on 1/14/2025 at 2:15 PM, Certified Nursing Assistant (CNA) 1 was interviewed. CNA 1 stated she witnessed Resident 1 hit Resident 2 in the left eye with a closed fist. During a concurrent interview and record review on 1/15/2025 at 1:10 PM with Registered Nurse (RN) 1, Resident 2 ' s entire care plans were reviewed. RN 1 stated Resident 2 ' s care plans does not have a care plan that addresses Resident 2 getting hit in the left eye. RN 1 stated a care plan for Resident 2 ' s left eye should have been developed. During an interview on 1/15/2025 at 1:22 PM with Director of Nursing (DON), the DON stated care plans address the current and potential issues of a resident. The DON stated care plans are in place to help nurses provide the appropriate care needed by the resident. The DON stated because Resident 2 ' s care plan did not have a care plan for the left eye that was hit during the altercation, Resident 2 could have suffered from left eye pain, discomfort, discoloration, or other neurological (relating to disorders of the nervous system) issues. A review of the facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, indicated the care plan describes services that are to be furnished to attain or maintain the resident ' s highest practicable physical, mental, and psychosocial well-being. The P&P also indicated assessments of residents are ongoing and care plans are revised as information about the residents and the residents ' conditions change.