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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555839 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Dreier's Nursing Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1400 West Glenoaks Blvd<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure one of five sampled residents ( Resident 4 ), whose preferred language was Farsi, was provided communication and interpretation services to accurately assess Resident 4. This deficient practice had the potential to result in emotional distress and prevent Resident 4 from being provided care and services based on Resident 4's specific care and needs. During a review of the admission record (AR), the AR indicated Resident 4 was originally admitted to the facility on [DATE], with a diagnosis of fracture of the right patella(small bone in front of knee) , acute respiratory failure(sudden condition where the lungs can't get enough oxygen into the blood or remove enough carbon dioxide) , and diabetes (high blood sugar). During a review of Resident 4's History and Physical ( H&amp;P), dated 06/13/2025, the H&amp;P indicated the resident has the capacity to understand and make decisions. During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool) dated 10/15/2025, the MDS indicated Resident 4 was cognitively intact, requiring only verbal cues for most activities of daily life. During a review of Resident 4's comprehensive Care Plans dated 04/16/2025 to 12/15/2025, indicated no care plan that addressed Resident 4's communication needs and language preference of Resident , indicating Resident 4's preferred language was Farsi. During a review of Resident 4's Psychosocial assessment dated [DATE], the Assessment indicated Resident 4's primary language / interpreter was Armenian. During an interview on 12/15/2025 at 10:40AM, with Social Service Designee (SSD) , SSD stated when she spoke with Resident 4 that Resident 4 seemed ok. SSD stated Resident 4 could not communicate in English well and could only respond with simple yes or no and used hand gestures. During an interview on 12/15/2025 at 11:15AM, with Certified Nurse Aid (CNA) 4, CNA 4 stated Resident 4 spoke Armenian and that CNA 4 was only able to minimally converse with Resident 4. CNA 4 stated the facility did not have an Armenian interpreter. During an interview 12/15/2025 at 11:16 AM with Resident 4, Resident 4 stated not speaking English but Farsi. During an interview on 12/15/2025 at 11:17AM, with SSD, SSD stated when she met with Resident 4, SSD assumed Resident 4 was OK, based on her mannerism. SSD stated at the time of interview no attempts to call Resident 4's family for interpretation was utilized. SSD stated a translator should have been used when speaking with Resident 4 to properly assess Resident 4's needs. During a review of the facility's policy and procedure (P&amp;P) titled, Translation and / or interpretation of Facility Services, revised on 2020, indicated that the facility provides access to services for translation by either a staff member who is trained and competent in the skill of interpreting , contracted interpreter service, or a voluntary community interpreter who is trained and competent in the skill of interpreting ensuring LEP resident 's needs and questions are accurately communicated to the staff. The policy indicated that the coordinator of this facility's language access program is the director of social services, or his or her designee.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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