

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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42854</p> <p>Based on interview and record review, the facility failed to implement the facility's policy and procedure titled Change in a Resident's Condition or Status, and Pain Assessment and Management, by ensuring the physician was immediately notified for one of three sampled residents (Resident 53), who had a significant change of condition when noted with decreased blood pressure (BP) from baseline, increased heart rate (HR), new pain, moaning, fidgeting and agitated by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure Licensed Vocational Nurse (LVN) 1 notified Registered Nurse (RN) 1 and Physician 1 for a significant change from baseline of Resident 53's blood pressure (pressure of circulating blood against the walls of blood vessels) of ,d+[DATE] (reference range ,d+[DATE]) and heart rate (HR) of 106 beats per minute ([bpm] reference range ,d+[DATE] bpm) from baseline BP ,d+[DATE] and a HR of 82 beats per minute.?on [DATE] at 5:47 PM.</li> <li>2. Ensure LVN 1 notified Physician 1 and Registered Nurse 1 regarding Resident 53's was observed fidgeting, agitated and with pain assessed at level of 7 out of 10 (on a pain scale from 0 to 10, where 0 is no pain and 10 is the worse pain possible) on [DATE] at 9:03 PM.</li> <li>3. Ensure LVN 1 notified Physician 1 of Resident 54's pain level of 7 to determine if other assessment and interventions are needed to determine the source of pain and to relieve the pain.</li> <li>4. Ensure LVN 2 did not wait 13 minutes before calling LVN 3 for assistance and call the paramedics ( a personal that responds to medical emergency) when Resident 53 was found without BP and unresponsive and respiratory rate of 8 per minute.</li> <li>5. Ensure LVN 2 immediately notified Physician 1 when Resident 53's was noted unresponsive to tactile and verbal stimuli, blood pressure could not be read and obtained, respiration was diminished with respirations rate (RR) of 8 breaths per minute.</li> </ol> <p>As a result of these deficient practices Resident 53 did not receive the immediate care and emergency interventions to ensure the residents vital signs (measurement of the blood pressure, heart rate, respirations and body temperature) returns to baseline status, thereby increasing the blood supply to the resident's body. Resident 53's vital signs and mental status continued to decline which was no rechecked and was pronounced dead by the paramedics on [DATE] at 12:43 AM.</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
---	-------	-----------

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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:35 PM, during the facility's Annual Recertification Survey, an Immediate Jeopardy (IJ, a situation in which the facility's noncompliance with one or more requirement of participation have caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified regarding the facility's failure to notify Physician 1 regarding significant changes in Resident 53's vital signs (measurement of the blood pressure, heart rate and body temperature), in accordance with the facility's policy on Change of Condition Notification and assessment for a change of condition. The IJ was called in the presence of the Director of Nursing (DON) and the Director of Staff Development (DSD).</p> <p>On [DATE] at 8:31 PM, while onsite, the survey team removed the IJ after the surveyors verified and confirmed the facility implemented the IJ Removal Plan (a detailed plan to address the IJ findings by observation, interview, and record review. The IJ was removed in the presence of the Administrator (ADM), DSD, and Compliance Consultant (CC). The acceptable IJ Removal Plan included the following:</p> <ol style="list-style-type: none"> <li>1. Current licensed nurses were re-in serviced in person on [DATE] regarding identifying abnormal vital signs and documentation for a change of condition, including changes in pain level, respiratory status, oxygen saturation rate, and out of range blood pressure. The DSD/Designee will in-service licensed staff in person by [DATE] to complete 100% in-service to licensed staff.</li> <li>2. Current licensed nurses were re-in serviced in person on [DATE] on timely notification of a RN or the Director of Nursing (DON) regarding a change of condition, including changes in vital signs. The DSD/Designee will in-service license staff in person by [DATE] to complete 100% in-service licensed staff.</li> <li>3. A follow up in-service will be conducted on [DATE] to determine knowledge retention for timely notification of a RN and physician regarding a change of condition.</li> <li>4. Licensed nurses will be assessed for documentation competency, including notification of RN and physician for a change in condition, using the Documentation Competency Checklist, beginning [DATE]. Competencies for all licensed staff will be completed within 30 days from initiation of Documentation Competency Checklist, 90 days after first licensed staff evaluation, and then annually thereafter.</li> <li>5. Licensed nurses will be in-serviced in person by DON/DSD/Designee regarding new Documentation Competency Checklist beginning on [DATE]. DON/DSD/Designee will in-service license staff in person by [DATE] to complete a 100% in-service to license staff.</li> <li>6. Competency Checklist will be added to all new hire LVN/RN orientation.</li> <li>7. Policy and Procedure will be updated to reflect new audit tool, including elements to be incorporated into the audit such a documentation of changes in condition notification of RN and physician, and completion of appropriate assessments.</li> <li>8. Policy and Procedure will be updated to reflect procedure for documentation of change in condition, including parameters for notifying RN or physician.</li> </ol> <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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>9. DSD/Designee will complete random audits to test knowledge of in-service regarding notification of changes to RN and physician. Results will be logged on the spot check tool. Audits will be complete 3 times per week for 4 weeks, then weekly for 4 weeks, then monthly for 4 months.</p> <p>10. LVN 1 will be provided an additional 1:1 in-service on proper notification of a physician and the RN for any changes in condition.</p> <p>11. LVN 1 will meet with the DON/Designee on a regular basis to review any changes in condition during the scheduled shift for the next 30 scheduled workdays. 1:1 in-service will be provided as needed.</p> <p>12. Certified Nursing Assistants (CNAs) were re-in-serviced on [DATE] regarding reporting of changes in condition to the supervisor or charge nurse.</p> <p>13. A follow up in-service will be conducted on [DATE] to determine knowledge retention for reporting of changes in condition.</p> <p>14. Residents with any changes in condition will be reviewed in morning meeting by the IDT. Any findings on the audit tool (Exhibit 1.1) will be addressed, 1:1 in-service will be provided as needed.</p> <p>15. Review of documentation of changes in condition, including notification of RN and physician, will be completed at various times weekly by DON/Designee for the next 30 days then semi-monthly for 1 month then monthly for 1 month. Issues noted will be resolved. 1:1 in-service will be provided as needed. Information for which charts to review will be based on the audit tool (Exhibit 1.1).</p> <p>16. Consultant will review a random sampling of resident charts, based on audit tool (Exhibit 1.1) on a regular basis for 30 days or CDPH revisit, whichever is longer, to verify that documentation has been completed for patients with any changes in condition, including notification to RN and physician. Issues noted will be resolved and additional in-services will be provided as needed.</p> <p>Cross Reference to F684</p> <p>Findings:</p> <p>A review of Resident 53 's Admission Record indicated resident was originally admitted to the facility on [DATE], and readmitted on [DATE] with diagnoses that included aftercare following surgery on the digestive system, insertion of gastrostomy ([G-tube] a soft tube surgically placed into the stomach for the introduction of nutrition and medication), and dysphagia (difficulty swallowing) following cerebral infarction.</p> <p>A review of Resident 53's History and Physical Examination dated [DATE] indicated resident did not have the capacity to understand and make decisions.</p> <p>A review of the Minimum Data Set (MDS) dated [DATE], Resident 53 had severe cognitive (ability to process information) impairment and required set up and clean up help with eating and maximum assistance with personal hygiene.</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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 53's Portable Orders for Life Sustaining Treatment (POLST - a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency) signed by the responsible party for Resident 53 on [DATE] and signed by Physician 1 but not dated, indicated the medical interventions to be performed if the resident was found with no pulse and not breathing. The POLST indicated to do not attempt cardiopulmonary resuscitation (CPR - an emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped), instead selected to receive care for comfort to relieve pain and suffering with medication, use oxygen, suction, and manual treatment of airway obstruction.</p> <p>A review of the General Acute Care Hospital (GACH) Discharge Summary, dated [DATE] indicated, Resident 53 was admitted to the GACH on [DATE] for evaluation of the resident's altered mental status after a fall at the facility. The GACH record indicated at baseline Resident 53 was able to answer yes or no but at the time of the assessment in the GACH Resident 53 was nonverbal (unable to talk) and unable to provide medical history. The GACH record indicated Resident 53 had acute to subacute small infarct in the brain likely due to atrial fibrillation, myocardial infraction (MI-) which most likely due to hypotension (low blood pressure) causing the fall.</p> <p>A review of Resident 53's care plans dated from [DATE] to [DATE] indicated no documented evidence that a care plan was developed to address interventions related for CVA (stroke also called ischemic stroke, occurs when the blood supply to part of the brain is blocked or reduced), Atrial fibrillation and hypotension.</p> <p>A review of Resident' 53's Order Summary Report from [DATE] to [DATE] indicated the following:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 5:22 PM a physician order for Tylenol (Acetaminophen) 325 mg 2 tablets via G-tube every 4 hours as needed for mild pain (,d+[DATE]) not to exceed 3 grams ([gm] unit of measure) every 24 hours of Acetaminophen.</li> <li>2. On [DATE] at 6:13 PM a physician order for Ativan (Lorazepam) one?tablet by mouth every 4 hours as needed for anxiety for 60 days manifested by physical aggression towards staff.</li> </ol> <p>A review of Resident 53's Weight and Vitals Summary Report from [DATE] to [DATE] indicated Resident 53 had a blood pressure and heart rate as follows:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 4:55 AM Resident 53 BP was ,d+[DATE] and a HR of 82 beats per minute (BPM)</li> <li>2. On [DATE] at 6:27 AM Resident 53's BP was ,d+[DATE] and a HR of 61 BPM.</li> <li>3. On [DATE] at 7:24 AM Resident 53's BP decreased to ,d+[DATE] and HR increased to 101 BPM.</li> <li>4. On [DATE] at 5:47 PM, the BP decreased to ,d+[DATE] and HR increased to 106 BPM.</li> </ol> <p>No documented evidence in Resident 53;s clinical record that Physician 1 was notified of the resident's significant change in the BP and HR.</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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5. On [DATE] at 4:11 AM, Resident 53 was unresponsive to tactile stimuli and no BP when checked and RR was 8 breaths per minute. After 13 minutes on [DATE] Resident 53 had no pulse and not breathing.</p> <p>6. On [DATE] at 7:09 AM, Resident 53 was pronounced dead by the paramedic and taken to the morgue.</p> <p>7. On [DATE] timed at 7:09 AM, LVN 2 wrote Physician 1 was notified of Resident 53's death.</p> <p>A review of Resident 53's Medication Administration Record (MAR) for ,d+[DATE], indicated on [DATE] at 9:03 PM, Resident 53 was given Tylenol 325 mg for a pain level of 7 out of 10.</p> <p>A review of Resident 53's Progress notes indicated the following:</p> <p>On [DATE] timed at 3:51 AM LVN 2 wrote Resident 53 will try to interfere with staff when attending to G-Tube, seen putting hands out trying to keep staff from accessing G-tube. Vital Signs obtained and within normal limits, needs met and anticipated. Will reach out to Medical Doctor for stronger pain medication. Will continue to monitor.</p> <p>On [DATE] timed at 11:56 PM, LVN 2 wrote Resident 53 received in bed, eyes open, appearing weak, no moaning during initial rounds. Per LVN 1, Resident 53 had been moaning earlier in her shift.</p> <p>On [DATE] timed at 4:11 AM, LVN 2 wrote at 12:30 AM LVN 2 assessed Resident 53's vital signs and noted Resident 53 had diminished respirations at 8 breaths per minute with an oxygen saturation level of 95% in room air. Resident 53's eyes were closed, and resident was not responding to tactile stimuli or verbal commands. The note indicated LVN 2 was not able to obtain Resident 53's blood pressure and so raised the foot of the bed and re-checked Resident 53's blood pressure several times and provided oxygen therapy 2 liters (L, unit of measure) via nasal cannula. The note indicated after about 13 minutes, LVN 2 noted Resident 53's respirations ceased and resident did not have a pulse. The note indicated LVN 2 sent immediately for crash cart, applied CPR board to Resident 53's back, and began CPR (due to POLST not being signed by Physician 1, Resident 53 was still considered a full code despite it having been marked as do not resuscitate (DNR), at LVN 3 called 911. The note indicated LVN 2 continued to perform CPR until paramedics pronounced Resident 53 expired at 12:43 AM. The note did not indicate Physician 1 was notified of Resident 53 change in condition.</p> <p>On [DATE] timed at 7:09 AM, LVN 2 wrote Physician 1 was notified of Resident 53's death.</p> <p>A review of the Death Certificate indicated Resident 53 expired on [DATE] at 00:43 AM, with the primary cause of death of cerebrovascular disease, atrial fibrillation and hypertension.</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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on [DATE] at 1:46 PM, LVN 2 stated on [DATE] at around midnight she checked Resident 53 in her room to give the resident her medications. LVN 2 stated she took Resident 53's blood pressure and the blood pressure did not register a BP reading on the pressure gauge (the part of the blood pressure device that show the measurement of the BP reading). LVN 2 stated Resident 53 was staring at the ceiling and was not responsive when spoken to or touched, and the resident's breathing was diminished. LVN 2 stated when she could not obtain Resident 53's blood pressure, she elevated Resident 53's legs. LVN 2 stated she called LVN 3 to help, and then she placed a pulse oximeter (a non-invasive medical device to measure the amount of oxygen in the blood) on Resident 53's finger which read oxygen saturation level read of 100%, and the heart rate was 70 bpm, but resident's breathing continued at less than 12 breaths per min. LVN 2 stated she used an electrical and manual BP checking device to check Resident 53's blood pressure and she could not get a BP reading. LVN 2 stated she gave Resident 53 an oxygen therapy via nasal cannula because it was one of our (the facility's) protocols. LVN 2 stated the biggest thing was how I could not get her blood pressure and after 13 minutes, Resident 53's respirations ceased and went full on cardiac arrest. LVN 2 stated she did not immediately notify Physician 1 of Resident 53's change in condition because I was doing my nursing interventions.</p> <p>During an interview on [DATE] at 3:32 PM, LVN 1 stated during the 3 PM to 11 PM shift on the night of [DATE], Resident 53's family member (Family) 1 requested for LVN 1 to administer pain medication to Resident 53 because, Resident 53 was crying a lot, moaning, and fidgeting with her hands. LVN 1 stated she asked Resident 53 about her pain level, but the resident moaned and moved her arms around. LVN 1 stated she took Resident 53's vital signs (VS), but she did not document the VS and she could not recall what they were. LVN 1 stated she did not notify Physician 1 when she observed Resident 53 moaning. LVN 1 stated she gave Resident 53 a pain medication Tylenol and the resident stopped moaning. LVN 1 stated she did not document Resident 53's behavior of moaning, but she should have.</p> <p>During a concurrent interview and record review of the VS records on [DATE] at 4:37 PM with LVN 1, LVN 1 stated Resident 53's last blood pressure was at ,d+[DATE] on [DATE] at 5:47 PM. LVN 1 stated she did not notify Physician 1 or monitored and rechecked the BP when Resident 53's BP was trending down and lower from baseline BP, which could have been the cause of the significant change in the resident's condition. LVN 1 stated on [DATE] at around 9 PM, she assessed Resident 53 and Resident 53 was having pain at a evel of 7 out of 10. LVN 1 stated she administered Tylenol to Resident 53, which was ordered by the physician for the resident's pain level of ,d+[DATE]. LVN 1 stated she did not notify Physician 1 about Resident 53 having the pain level of 7 out of 10 even when Resident 53 did not have any physician order for pain medication stronger than Tylenol at the time. LVN 1 also stated Family 1 was content with the Tylenol and the results of the Tylenol. LVN 1 stated she could not recall why she did not notify Physician 1.</p> <p>During a telephone interview with Physician 1 on [DATE] at 9:20 AM, Physician 1 stated if a resident's blood pressure continues to decrease, he would expect to be notified by the facility's staff. Physician 1 stated the staff should have monitored Resident 53's blood pressure. Physician 1 stated he could not recall if he was informed that Resident 53's pain level went above a 3 on the pain scale. The Physician 1 stated if Resident 53's pain was not controlled, he would expect to be notified by the facility staffs. Physician 1 stated if there were other things happening while Resident 53 was observed with pain like if resident's heart was going up from 60 bpm to 100 bpm, Physician 1 stated he would expect to be notified.</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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on [DATE] at 2:07 PM, RN 1 stated if she was notified by LVN 1 of Resident 53's pain level of 7 out of 10, she would check Resident 53's orders to see what medication covered the pain level of 7. RN 1 also stated when the physician did not prescribe a pain medication to Resident 53 to control the pain level of 7, she could let Physician 1 know. RN 1 stated if she was notified of Resident 53's significant change in condition, she would have done a full head to toe assessment and reassessed and monitored the VS of Resident 53 herself.</p> <p>During an interview with the Director of Nursing (DON) on [DATE] at 5:48 PM, the DON stated a significant change of condition was anything that was not normal or not at the resident's baseline condition. The DON stated if there was a significant change of condition on the resident's baseline status, the nurses need to assess and do a full head to toe assessment on the resident, notify the physician, document a change of condition, and initiate a care plan. The DON stated LVN 1 should have checked Resident 53's stomach and checked for bowel sounds since resident had a new G-tube. The DON stated if Resident 53 was already restless, sometimes you need to think further, why is resident doing this? She was probably in pain and required further assessment. The DON stated the physician should be informed of the results of the assessment and document the assessment that was conducted.</p> <p>During an interview with the DON and concurrent record review [DATE] at 6:01 PM, Resident 53's vital signs and pain levels, the DON stated for Resident 53's blood pressure of ,d+[DATE] and heart rate of 106 bpm on [DATE] at 5:47 PM, the vital signs should have been rechecked. The DON stated if the vital signs remained the same, the nurse should have called Physician 1 because the pulse was high and the diastolic (measures the pressure the blood is pushing against the artery [blood vessel that distributes oxygen-rich blood to the entire body] walls while the heart muscle rests between beats) was low and that Resident 53 was in distress. The DON stated LVN 1 should have called RN 1, to perform a full body assessment. The DON stated when Resident 53's pain level was assessed at a 7 out of 10, it was considered moderate to severe pain, and the licensed nurse should have notified Physician 1 because there was no medication ordered for the pain level of 7 and that the resident was moaning and in distress.</p> <p>During a concurrent interview and record review of Resident 53's Progress Note written by LVN 2 dated [DATE] timed at 4:11 AM with the DON on [DATE] at 6:08 PM, the DON stated LVN 2 did not notify Physician 1 as soon as possible. The DON stated LVN 2 needed to notify the Physician 1 and RN 1 so RN 1 could assess Resident 53. The DON stated LVN 2 should have had LVN 3 call Physician 1 to get an order for further care. The DON stated she could not find documented evidence in Resident 53's progress notes from [DATE] to [DATE] for a change of condition.</p> <p>During a concurrent interview and record review of Resident 53's Assessments with the DON on [DATE] at 6:12 PM, the DON stated she could not find documented evidence of a change of condition assessment from [DATE] to [DATE] for Resident 53.</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  06/11/2024
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 0580</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P&amp;P) titled, Pain Assessment and Management, dated , d+[DATE] indicated pain management is a multidisciplinary care process that includes the following: assessing the potential for pain; identifying and using specific strategies for different levels and sources of pain; monitoring for the effectiveness of interventions; and modifying approaches as necessary. The P&amp;P indicated to conduct a comprehensive pain assessment upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain. The P&amp;P indicated to assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain. The P&amp;P indicated to monitor the resident by performing a basic assessment with enough detail and as needed, with standardized assessment tools and relevant criteria for measuring pain management. The P&amp;P indicated if pain has not been adequately controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated. The P&amp;P indicated to report the following information to the physician or practitioner: significant changes in the level of the resident's pain.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Change in a Resident's Condition or Status, dated ,d+[DATE] indicated the facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status. The P&amp;P indicated the nurse will notify the resident's Attending Physician or physician on call when there has been a(an): accident or incident involving the resident; significant change in the resident's physical/emotional/mental condition; and need to alter the resident's medical treatment significantly. The P&amp;P indicated the nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</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  06/11/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</b></p> <p>Based on observation, interview and record review, the facility failed to protect the privacy for one of 12 sampled residents (Resident 35), by ensuring the resident's personal information was disposed in a secure manner in accordance with the facility's policy and procedure titled HIPPA (Health Insurance Portability Act- a law that protects the residents privacy) Privacy- Basic Do's and Dont's to Remember,</p> <p>This deficient practice caused Resident 35's personal information readily observable by others not authorized to view information and could be a risk for identify theft (a form of fraud in which the person's personal information is used without the person's permission)</p> <p>Findings:</p> <p>A review of Resident 35's Admission Record indicated a readmission to the facility on [DATE] with diagnoses that included metabolic encephalopathy (disease of the brain that alters brain function or structure), unspecified severe protein-calorie malnutrition (lack of proper nutrition), and hemorrhage (loss of blood from a damage blood vessel) of anus and rectum.</p> <p>A review of Resident 35's latest comprehensive Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 6/5/2024 indicated Resident 35 had moderately impaired cognition.</p> <p>During the initial kitchen tour on 6/7/2024 at 9:44 AM, a piece of paper that included Resident 35 ' s name, room number and medical record number was observed inside a trash can near the dishwashing area with food and papers of other residents' information.</p> <p>During a concurrent observation and interview with the Dietary Supervisor (DS) on 6/7/2024 at 9:46 AM, DS stated residents name card are always thrown in the trash because they are soiled with food after a meal. DS stated there was no other place to dispose of resident's name card.</p> <p>During a concurrent observation and interview with the Director of Staff Development (DS) on 6/10/2024 at 2:08 PM, the DSD verified residen's information was exposed in the kitchen trash can. The DSD stated resident's information should be disposed somewhere where it would be shredded because the resident name card exposes patient information. The DSD stated he would buy a shredder for the kitchen.</p> <p>A review of the facility's policy and procedure titled HIPPA Privacy- Basic Do's and Don'ts to Remember, dated 11/2017 indicated to shred any papers with any patient health information prior to discard or place in a locked bin (for proper destruction and disposal later per policy). The policy indicated do not discard any papers with any patient health information in the trash in readable form.</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  06/11/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42878</p> <p>Based on interview and record review and observation the facility failed to ensure prompt efforts were made to resolve grievances verbalized by Resident 32 one of two sampled residents and keep Resident 32 apprised of progress towards resolution</p> <p>This deficient practice increased the risk for negative psychosocial impact on Resident 32's quality of life.</p> <p>Findings:</p> <p>A review of Resident 32 ' s Admission Record indicated the facility had initially admitted Resident 32 on 3/06/202 and then readmitted on [DATE] with diagnoses that included acute embolism and thrombosis of unspecified deep veins (is a blood clot that forms within the deep veins) of lower extremity bilateral (both sides) ,essential hypertension (is high blood pressure that doesn't have a known secondary cause).</p> <p>A review of Resident 32 ' s History and Physical dated 5/24/2023 indicated Resident 32 had the capacity to understand and make decisions.</p> <p>A review of Resident 32 ' s Minimum Data Set (MDS, an assessment and screening tool) dated 4/28/2024, indicated Resident 32 was cognitively intact.</p> <p>During an interview on 6/09/2024 at 11:45 AM with Resident 32, Resident 32 stated someone from the facility had removed his personal extension cord from his room while he was out of the facility on 6/7/2024. Resident 32 stated upon his return he addressed his grievance to Social Service Director (SSD) who told him Maintenance supervisor had removed the extension cord but would follow up on location of extension cord. Resident 32 stated he informed SSD that if he was not allowed to have extension cord in facility and wanted it back as it was his personal property and would have his family take it home. Resident 32 stated that was 3 days ago and up to this date, the facility had not returned his extension cord or was there follow up notification to the location of his extension cord.</p> <p>During an interview and concurrent record review of the facilities Grievance or Recommendation Form logs with SSD, on 6/9/2024 at 1:05 PM, the SSD stated she could not find documented evidence that a grievance was logged for Resident 32 ' s concern of missing personal belongings reported on 6/7/2024. The SSD stated when the facility practice was that when a resident or family member complains about an issue in the facility a grievance should be initiated and follow through to completion of the problem. The SSD stated she forgot to file a written grievance because she had verbally spoken to Resident 32 on 6/7/2024. SSD stated she had forgotten to follow up with maintenance and Resident 32. The SSD stated the Social Service Department is responsible for filling out the grievance document.</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  06/11/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility policy and procedure titled Grievances/Complaints-Staff Responsibility with a revision date of October 2027 indicated 1. Should a staff member overhear or be the recipient of a complaint voiced by a resident, a resident ' s representative (sponsor), or another interested family member of a resident concerning the resident ' s medical care, treatment, food, clothing, or behavior of other residents etc, the staff member is encouraged to guide the resident , or person acting on the resident ' s behalf, as to how to file a written complaint with the facility.</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  06/11/2024
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</b></p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS-a resident assessment and care-screening tool) was transmitted timely to the Centers for Medicare and Medicaid Services (CMS) system for three of three sampled residents (Resident 41, 45 and 26).</p> <p>This deficient practice had the potential to result in confusion regarding the care and services provided to Resident 41,45,26 and other potentially affected residents. In addition, the deficient practice could affect the quality-of-care monitoring system to ensure safe, efficient, resident centered care in a timely manner.</p> <p>Findings:</p> <p>1.A review of Resident 41's Admission Record indicated the facility admitted Resident 41 on 1/05/2024 and readmitted to the facility on [DATE], with diagnoses that included Type 2 Diabetes Mellitus (a condition in which the body blood sugar) facility.</p> <p>A review of Resident 41 ' s MDS, dated [DATE], indicated the resident ' s last submitted MDS assessment was a MDS Admission Assessment.</p> <p>A review of the facility ' s last CMS Submission Report (undated) indicated Resident 41 ' s MDS Admission assessment was last completed on 3/09/2024 by the facility ' s Director of Nursing.</p> <p>During a concurrent interview and record review on 6/10/2024 at 7:18 PM, with the Director of Staff Development (DSD), the DSD indicated Resident 41 was admitted to the facility on [DATE] and then readmitted back on 1/10/2024. The DSD stated that only an Admission MDS assessment was created on 1/17/2024 for Resident 41 but was not completed or submitted to CMS until 3/09/2024 (43 days late). The DSD stated it was the MDS coordinator responsibility to complete the MDS Admission Assessment, change of condition or discharge MDS ' s for the residents. The DSD stated the facility currently does not have an MDS coordinator due to the previous MDS coordinator (MDS Coordinator 1) resigned from the facility on 6/9/2024. Furthermore, the DSD stated that prior to hiring MDS Coordinator 1, the facility did not have a fulltime or permanent MDS coordinator from January 2024 to about March 2024.</p> <p>During a follow up interview with the DSD on 6/10/2024 at 7:20 PM, the DSD stated Resident 41 ' s Admission MDS should have been completed and transmitted to CMS 14 days after Resident 41 ' s admission to the facility on [DATE].</p> <p>42854</p> <p>2. A review of Resident 45 ' s Admission Record indicated an admission to the facility on [DATE], with diagnoses that included sepsis (life-threatening complication of an infection), bacteremia (the presence of viable bacteria in the circulating blood), and extended spectrum beta lactamase (ESBL, enzymes [proteins that help speed up metabolism , or chemical reactions in the body] produced by some bacteria that may make them resistant to some antibiotics [medication used to treat infections]) resistance.</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  06/11/2024
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 45 ' s latest comprehensive MDS dated [DATE], indicated the resident ' s last submitted MDS assessment was a 5-day MDS assessment. Resident 45 ' s 5-day MDS assessment was not signed by the Registered Nurse (RN) assessment coordinator to certify that it was completed until 1/10/2024 (20 days).</p> <p>During a concurrent interview and record review of Resident 45 ' s MDS transmissions in the facility ' s electronic records, on 6/11/2024 at 2:50 PM, the DSD stated Resident 45 was discharged to home on 2/6/2024. The DSD stated he could not find documented evidence of a comprehensive MDS assessment and discharge MDS assessment was submitted to CMS for Resident 45.</p> <p>3. A review of Resident 26 ' s Admission Record indicated an admission to the facility on [DATE] with diagnoses that included osteomyelitis, type 2 diabetes mellitus with foot ulcer, and hypertension (high blood pressure).</p> <p>A review of Resident 26 ' s latest comprehensive MDS dated [DATE], indicated the resident ' s last submitted MDS assessment was a Quarterly MDS Assessment. Resident 26 ' s Quarterly MDS Assessment was not signed by the RN Assessment Coordinator to certify that the MDS assessment was complete until 3/6/2024 (51 days).</p> <p>During a concurrent interview and record review of Resident 26's MDS transmissions on 6/11/2024 at 2:53 PM, the DSD stated Resident 26 was discharged home on 2/14/2024. The DSD stated he could not find documented evidence of a discharge MDS for Resident 26. The DSD stated it was important to ensure the facility transmits the correct information to CMS and that nothing fraudulent was being relayed. The DSD stated the purpose of transmitting a complete MDS was to ensure the facility was assessing the residents.</p> <p>A review of facility's policy and procedures (P&amp;P) titled Electronic Transmission of the MDS, with revision date of November 2019, indicated All MDS assessments (e.g., admission, annual, significant change , quarterly review , etc. ) and discharge and reentry records are completed and electronically encoded into our facility ' s MDS information system and transmitted to CMS ' QUIES Assessment Submission and Processing (ASAP) system in accordance with current OBRA regulations governing the transmission of MDS data.</p> <p>A review of CMS's RAI Version 3.0 Manual dated October 2023, indicated 5.2 Timeliness Criteria- For the Admission assessment, the MDS Completion Date (Z0500B) must be no later than 13 days after the Entry Date (A1600).</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  06/11/2024
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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44429</b></p> <p>Based on interview and record review, the facility failed to develop a comprehensive and resident-centered care plans for three of three sampled residents (Residents 1, 44 and 48) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure to develop a comprehensive resident centered care plan for Resident 48 that included what side effects to monitor for the use of Lexapro (a medication used to treat depression (a constant feeling of sadness and loss interest, which affects your daily normal activities).</li> <li>2. Ensure to develop a comprehensive resident centered care plan for Resident 48 's use of Vistaril (a medication used to treat anxiety) that included what side effects and specific behaviors to monitor.</li> <li>3. Ensure to develop a comprehensive resident centered care plan for Resident 1 that included specific interventions for the use of Apixaban, Olanzapine and Divalproex.</li> <li>4. Ensure to develop a comprehensive resident centered care plan for Resident 44 that included the use of Risperdal (medication used to treat certain mental/mood disorders) for schizophrenia (mental health condition that affects how people think, feel, and behave) and specific behaviors associated with auditory hallucinations (seeing things or hearing voices that are not observed by others).</li> <li>5. Ensure to develop a comprehensive resident centered care plan for Resident 44 for the use of Eliquis (apixaban, an anticoagulant medication used to treat and prevent blood clots) for Atrial Fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart) that included monitoring of side effects or adverse reactions associated with the use of the medication.</li> </ol> <p>This deficient practice had a potential for the psychotropic and anticoagulation medication side effects not being identified and addressed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 48's Admission Record indicated the facility was last readmitted to the facility on [DATE], with diagnoses that included depression and Type 2 diabetes mellitus (a condition that happens when your blood sugar is too high).</li> </ol> <p>A review of Resident 48's History and Physical assessment dated [DATE], indicated Resident 48 had the capacity to understand and make decisions.</p> <p>A review of Resident 48's Order Summary Report dated 4/12/2024, indicated the following physician orders:</p> <p>Lexapro 5mg (mg, unit of measure) oral tablet by mouth one time a day for depression manifested by feeling like crawling out of her skin and sadness.</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  06/11/2024
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>Vistaril oral capsule 25mg, give one capsule by mouth every 6 hours as needed for anxiety for 30 days (start date 4/12/2024).</p> <p>During a concurrent interview and record review of Resident 48's care plans on 6/11/2023 at 1:56 PM, the Director of Staff Development (DSD) stated he could not find documented evidence of a care plan that indicated how Resident 48 was monitored for the use of Lexapro and Vistaril. The DSD stated he was unable to locate a care plan for Resident 48 in the electronic records. The DSD stated its important to have a care plan to monitor Resident 48 ' s Lexapro &amp; Vistaril for monitoring any side effects or any behavioral changes and having interventions to resolve any side effects.</p> <p>42878</p> <p>2. A review of Resident 1's Admission Record indicated the facility originally admitted the resident on 9/23/2020, and was readmitted on [DATE], with diagnoses that included chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs), schizoaffective disorder, bipolar type(features bouts of mania and sometimes depression), unspecified dementia (loss of memory, language, problem- solving and other thinking abilities).</p> <p>A review of Resident 1's History and Physical (H&amp;P) dated 3/7/2024, indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 4/7/2024, indicated the resident had severe cognitive (thought process) impairment. The MDS indicated Resident 1 required partial/moderate assistance (helper does more than half the effort) on task such as oral hygiene.</p> <p>A review of Resident 1's Order Summary Report with active orders, dated June 2024, indicated the following physician orders:</p> <p>a. Apixaban Oral tablet 5 milligrams (a unit of measure) give 1 tablet by mouth two times a day for Pulmonary Thromboembolism (a condition in which one or more arteries in the lungs become blocked by a blood clot) with an order start date of 4/01/2024.</p> <p>b. Divalproex Sodium Capsule Delayed Release Sprinkle 125 milligram, give 4 capsules by mouth every 12 hours for mood disorder manifested by aggressive behavior with an order start date of 4/02/2024.</p> <p>c. Olanzapine oral tablet 10 milligram, give 1 tablet by mouth at bedtime for Schizophrenia manifested by auditory hallucinations with an order start date of 4/01/2024.</p> <p>A review of all Resident 1's care plans, did not include a care plan with interventions for Residents use of Apixaban tablet 5 milligrams, Divalproex Sodium Capsule 125 milligrams or Olanzapine 10 milligrams that included management and monitoring of Resident 1.</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  06/11/2024
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 an interview and concurrent record review of Resident 1 ' s care plans on 6/11/2024 at 1:55 PM with the Director of Staff Development (DSD), the DSD stated Resident 1 ' s care plan should have been developed when the resident was initially prescribed Apixaban Tablet 5 milligrams, Divalproex Sodium Capsule 125 milligrams or Olanzapine 10 milligrams. DSD stated it was important for the staff to know specific goals and interventions for Resident 1 s medication.</p> <p>42854</p> <p>3. A review of Resident 44's Admission Record indicated a readmission to the facility on [DATE], with diagnoses that included unspecified dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), atrial fibrillation, and Schizophrenia.</p> <p>A review of Resident 44's History and Physical assessment dated [DATE] indicated Resident 44 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 44's Order Summary Report for May 2024, indicated the following physician orders:</p> <p>Administer Eliquis Oral Tablet 5 milligrams (mg, unit of measure) give 1 tablet via gastrostomy (g-tube, a surgical operation for making an opening in the stomach) dated 5/11/2024.</p> <p>Administer Risperdal Oral Solution 1 mg per milliliter (ml, unit of measure) give 0.5 ml via g-tube at bedtime for schizophrenia manifested by auditory hallucinations, may mix with food, dated 5/11/2024.</p> <p>During a concurrent interview and record review of Resident 44's care plans on 6/11/2023 at 2:22 PM, the Director of Staff Development (DSD) stated he could not find documented evidence of a care plan that indicated how Resident 44 was monitored for the use of Eliquis that included monitoring for adverse reactions. At 2:24 PM, the DSD stated he could not find documented evidence of a care plan that indicated how Resident 44 was monitored for the use of Risperdal that indicated the specific behaviors manifested by the resident. The DSD stated there should be a care plan that was specific and included side effects and what to monitor for the resident.</p> <p>A review of the facility's policy titled, Care Plans, Comprehensive Person Centered with a revision date of December 2016, indicated A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident.</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</b></p> <p>Based on interview and record review, the facility failed to reassess, monitor for the signs and symptoms of Cerebral Vascular Accident (CVA or stroke also called ischemic stroke, occurs when the blood supply to part of the brain is blocked or reduced) and Transient Ischemic Attack ([TIA] a short period of symptoms similar to those of a stroke, caused by a brief blockage of blood flow to the brain,) and exhibited new pain for one of three sampled residents (Resident 53) who was recently hospitalized for change in mental status and was diagnosed with TIA and CVA, in accordance to the facility's policy and procedures, and professional standard of practice the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure Licensed Vocational Nurse 1 (LVN 1) and LVN 2 assessed and monitored Resident 53 for signs and symptoms of TIA and Stroke such as change in mental status, baseline BP, HR, RR and mental status such</li> <li>2. Ensure Licensed Vocational Nurse (LVN) 1 and LVN 2 assessed and monitored Resident 53 for lower than baseline Blood Pressure (BP) and increased Heart Rate (HR), change in mental status and decreased respiratory rate (RR) from baseline.</li> <li>3. Ensure LVN 1 assessed and notify the Physician 1 and Registered Nurse (RN1) when Resident 53 was observed, decreased BP from ,d+[DATE] mm Hg (millimeter mercury) and HR of 82 beats per (BPM) minute to ,d+[DATE] mm Hg and HR increased to 101 BPM and to ,d+[DATE] mm Hg and HR increased to 106 BPM to provide necessary interventions for the significant change in VS (measurement of the BP, HR, RR and body temperature).</li> <li>4. Ensure LVN 1 assessed Resident 53's the source of pain resident when the resident exhibited a pain at level of 7 out of 10 (on a pain scale from 0 to 10, where 0 is no pain and 10 is the worse pain possible).</li> <li>5. Enusre LVN 2 did not wait 13 minutes before calling LVN 3 and the paramedics ( medical personnel who responds to medical emergencies) after Resident 53 was found unresponsive and no BP reading could not be obtained.</li> <li>6. Ensure LVN 2 immediately notified Physician 1 on [DATE] at 12:30 AM, when Resident 53 was found unresponsive to tactile (touch) and verbal stimuli, with no BP reading and diminished respirations of eight (8) breaths per minute.</li> <li>7. Ensure to develop a plan of care for Resident 53 to address how the resident will be monitored and assessed for TIA and Stroke and A-Fib.</li> </ol> <p>On [DATE] at 8:35 PM, during the facility's Recertification Survey, an Immediate Jeopardy (IJ, a situation in which the facility's noncompliance with one or more requirement of participation have caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified regarding significant changes in Resident 53's vital signs, in accordance with the facility's policy on Change of Condition Notification and assessment for a change of condition.</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:31 PM, the IJ was removed after the surveyors verified and confirmed the facility's IJ Removal Plan (a detailed plan to address the IJ findings) while onsite by observation, interview, and record review. The IJ was removed in the presence of the Administrator (ADM), Director of Staff Development (DSD), and Compliance Consultant (CC). The acceptable IJ Removal Plan included the following:</p> <p>Current licensed nurses will be re-in serviced in person on [DATE] regarding assessment, monitoring, evaluation for a history of TIA and stroke. DSD/Designee will in-service licensed staff in person by [DATE] to complete a 100% in-service to licensed staff.</p> <p>DSD/Designee will complete random audits to test knowledge of in-service regarding assessment, monitoring, and evaluation for a history of transient ischemic attack and stroke. Results will be logged on the spot check tool. Audits will be completed 3 times per week for 4 weeks, then weekly for 4 weeks, then monthly for 4 months.</p> <p>LVN 1, LVN 2, and RN 1 will be provided an additional 1:1 in-service on assessment, monitoring, and evaluation for a history of TIA and stroke, including documentation for any changes.</p> <p>Residents with any changes in condition, including those with TIA and stroke will be reviewed in morning meeting by the Interdisciplinary Team (IDT-a team of staff that works in team to develop the plan of care for the residents).</p> <p>Any findings on the audit tool will be addressed, 1:1 in-service will be provided as needed.</p> <p>Review of documentation, including assessment, monitoring, and evaluation for a history of TIA and stroke associated with a change in condition, will be completed at various times weekly by DON/Designee for the next 30 days then semimonthly for 1 month then monthly for 1 month. 1:1 in-service will be provided as needed.</p> <p>Consultant will review a random sampling of resident charts, based on a list provided by the facility, on a regular basis for 30 days or California Department of Public Health (CDPH) revisit, whichever is longer, to verify that appropriate assessment, monitoring, and evaluation for a history of transient ischemic attack and stroke associated with a change in condition has been documented. Issues noted will be resolved and additional in-services will be provided as needed.</p> <p>As a result of these deficient practices Resident 53 did not receive the immediate care and emergency interventions to ensure the residents vital signs (measurement of the blood pressure, heart rate, respirations and body temperature) returns to baseline status, thereby increasing the blood supply to the resident's body. Resident 53's vital signs and mental status continued to decline which was no rechecked and was pronounced dead by the paramedics on [DATE] at 12:43 AM.</p> <p>Cross Reference to F580</p> <p>Findings:</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 53 's Admission Record indicated resident was originally admitted to the facility on [DATE], and readmitted on [DATE] with diagnoses that included aftercare following surgery on the digestive system, insertion of gastrostomy ([G-tube] a soft tube surgically placed into the stomach for the introduction of nutrition and medication), and dysphagia (difficulty swallowing) following cerebral infarction.</p> <p>A review of Resident 53's History and Physical Examination dated [DATE] indicated resident did not have the capacity to understand and make decisions.</p> <p>A review of the Minimum Data Set (MDS) dated [DATE], Resident 53 had severe cognitive (ability to process information) impairment and required set up and clean up help with eating and maximum assistance with personal hygiene.</p> <p>A review of Resident 53's Portable Orders for Life Sustaining Treatment (POLST - a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency) signed by the responsible party for Resident 53 on [DATE] and signed by Physician 1 but not dated, indicated the medical interventions to be performed if the resident was found with no pulse and not breathing. The POLST indicated to do not attempt cardiopulmonary resuscitation (CPR - an emergency procedure used to restart a person's heartbeat and breathing after one or both have stopped), instead selected to receive care for comfort to relieve pain and suffering with medication, use oxygen, suction, and manual treatment of airway obstruction.</p> <p>A review of the General Acute Care Hospital (GACH) Discharge Summary, dated [DATE] indicated, Resident 53 was admitted to the GACH on [DATE] for evaluation of the resident's altered mental status after a fall at the facility. The GACH record indicated at baseline Resident 53 was able to answer yes or no but at the time of the assessment in the GACH Resident 53 was nonverbal (unable to talk) and unable to provide medical history. The GACH record indicated Resident 53 had acute to subacute small infarct in the brain likely due to atrial fibrillation, myocardial infraction (MI-) which most likely due to hypotension (low blood pressure) causing the fall.</p> <p>A review of Resident 53's Care Plans from [DATE] to [DATE] indicated no documented evidence that a care plan was developed to address interventions related for TIA, MI, CVA, Atrial fibrillation and hypotension.</p> <p>A review of Resident' 53's Order Summary Report dated [DATE], indicated the following:</p> <p>a. On [DATE] at 5:22 PM a physician order for Tylenol (Acetaminophen) 325 mg 2 tablets via G-tube every 4 hours as needed for mild pain (,d+[DATE]) not to exceed 3 grams ([gm] unit of measure) every 24 hours of Acetaminophen from all sources.</p> <p>b. On [DATE] at 6:13 PM a physician order for Ativan (Lorazepam-a medication used to treat anxiety [the condition of being afraid of the unknow])) one?tablet by mouth every 4 hours as needed for anxiety for 60 days manifested by physical aggression towards staff.</p> <p>c. The order summary report did not include a physician order to monitor Resident 53 for change in conditions related to MI, CVA and TIA.</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 53's Weight and Vitals Summary Report, dated [DATE] to [DATE], indicated Resident 53 had a blood pressure and heart rate range as follows:</p> <p>a. On [DATE] at 4:55 AM Resident 53 BP was ,d+[DATE] and a HR of 82 beats per minute.</p> <p>b. On [DATE] at 6:27 AM Resident 53's BP was ,d+[DATE] and a HR of 61 BPM.</p> <p>c. On [DATE] at 7:24 AM Resident 53's BP decreased to ,d+[DATE] and HR increased to 101 BPM.</p> <p>d. On [DATE] at 5:47 PM, the BP decreased to ,d+[DATE] and HR increased to 106 BPM.</p> <p>There was no documented evidence the Physician 1 was not notified of the resident's significant change in the BP and HR from [DATE] to [DATE].</p> <p>a. On [DATE] at 4:11 AM, Resident 53 was unresponsive to tactile stimuli and no BP when checked and RR was 8 breaths per minute. After 13 minutes on [DATE] Resident 53 had no pulse and not breathing.</p> <p>b. On [DATE] at 7:09 AM, Resident 53 was pronounced dead by the paramedic and taken to the morgue.</p> <p>c. On [DATE] timed at 7:09 AM, LVN 2 wrote Physician 1 was notified of Resident 53's death.</p> <p>A review of Resident 53's Medication Administration Record (MAR) indicated on [DATE] at 9:03 PM, Resident 53 was given Tylenol 325 mg for a pain level of 7 out of 10.</p> <p>A review of Resident 53's Progress notes, dated [DATE] to [DATE], indicated the following:</p> <p>On [DATE] timed at 3:51 AM LVN 2 wrote Resident 53 observed with frowned face, facial grimacing with intermittent crying like sounds unable to respond to LVN 2. Resident 53 will try to interfere with staff when attending to G-Tube, seen putting hands out trying to keep staff from accessing G-tube. Vital Signs obtained and within normal limits, needs met and anticipated. Will reach out to Medical Doctor for stronger pain medication. Will continue to monitor.</p> <p>On [DATE] timed at 11:56 PM, LVN 2 wrote Resident 53 received in bed, eyes open, appearing weak, no moaning during initial rounds. Per LVN 1, Resident 53 had been moaning earlier in her shift.</p> <p>On [DATE] timed at 4:11 AM, LVN 2 wrote at 12:30 AM LVN 2 assessed Resident 53's vital signs and noted Resident 53 had diminished respirations at 8 breaths per minute with an oxygen saturation level of 95% in room air. Resident 53's eyes were closed, and resident was not responding to tactile stimuli or verbal commands. The note indicated LVN 2 was not able to obtain Resident 53's blood pressure and so raised the foot of the bed and re-checked Resident 53's blood pressure several times and provided oxygen therapy 2 liters (L, unit of measure) via nasal cannula. The note indicated after about 13 minutes, LVN 2 noted Resident 53's respirations ceased and resident did not have a pulse. The note indicated LVN 2 sent immediately for crash cart, applied CPR board to Resident 53's back, and began CPR (due to POLST not being signed by Physician 1, Resident 53 was still considered a full code despite it having been marked as do not resuscitate (DNR), at LVN 3 called 911. The note indicated LVN 2 continued to perform CPR until paramedics pronounced Resident 53 expired at 12:43 AM. The note did not indicate Physician 1 was notified of Resident 53 change in condition.</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] timed at 7:09 AM, LVN 2 wrote Physician 1 was notified of Resident 53's death.</p> <p>A review of the Death Certificate, dated [DATE], indicated Resident 53 expired on [DATE] at 00:43 AM, with the primary cause of death of cerebrovascular disease and atrial fibrillation.</p> <p>During a telephone interview on [DATE] at 1:46 PM, LVN 2 stated on [DATE] at around midnight she checked Resident 53 in her room to give the resident her medications. LVN 2 stated took Resident 53's blood pressure and the blood pressure did not register a BP reading on the pressure gauge (the part of the blood pressure device that show the measurement of the BP reading). LVN 2 stated Resident 53 was staring at the ceiling and was not responsive when spoken to and touched and, the resident's breathing was diminished. LVN 2 stated when she could not obtain Resident 53's blood pressure she elevated Resident 53's legs. LVN 2 stated she called LVN 3's help, and then she placed a pulse oximeter (a non-invasive medical device to measure the amount of oxygen in the blood) on Resident 53's finger and resident's oxygen saturation level read at 100%, and the heart rate was 70 bpm, but resident's breathing continued at less than 12 breaths per min. LVN 2 stated she used an electrical and manual BP checking device to check Resident 53's blood pressure and she could not get a BP reading. LVN 2 stated she gave Resident 53 an oxygen therapy via nasal cannula because it was one of our (the facility's) protocols. LVN 2 stated the biggest thing was how I could not get her blood pressure and after 13 minutes, Resident 53's respirations ceased and went full on cardiac arrest. LVN 2 stated she did not notify Physician 1 of Resident 53's change in condition because I was doing my nursing interventions.</p> <p>During an interview on [DATE] at 3:32 PM, LVN 1 stated during the 3 PM to 11 PM shift on the night of [DATE], Resident 53's family member (Family) 1 requested for LVN 1 to administer pain medication to Resident 53 because, Resident 53 was crying a lot, moaning, and fidgeting with her hands. LVN 1 stated she asked Resident 53 about her pain level, but the resident moaned and moved her arms around. LVN 1 stated she took Resident 53's vital signs, but she did not document the VS and she could not recall what they were. LVN 1 stated she did not notify Physician 1 when she observed Resident 53 moaning. LVN 1 stated she gave Resident 53 a pain medication Tylenol and the resident stopped moaning. LVN 1 stated she did not document Resident 53's behavior of moaning, but she should have.</p> <p>During a concurrent interview and record review of the Vital Signs (VS) records on [DATE] at 4:37 PM with LVN 1, LVN 1 stated Resident 53's last blood pressure was ,d+[DATE] was on [DATE] at 5:47 PM. LVN 1 stated she did not notify Physician 1 and monitored and rechecked the BP when Resident 53's BP was trending down lower from baseline BP and when the HR increased which could have been the cause of the significant change in the resident's condition. LVN 1 stated on [DATE] at around 9 PM, she assessed Resident 53 as having a pain level of 7 out of 10. LVN 1 stated she administered Tylenol to Resident 53, which was ordered by the physician for the resident's pain level of ,d+[DATE]. LVN 1 stated she did not notify Physician 1 about Resident 53 having the pain level of 7 out of 10 because, Resident 53 did not have any physician order for pain stronger than Tylenol at the time. LVN 1 also stated Family 1 was content with the Tylenol and the results of the Tylenol. LVN 1 stated she could not recall why she did not notify Physician 1.</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a telephone interview with Physician 1 on [DATE] at 9:20 AM, Physician 1 stated if a resident's blood pressure continues to decrease, he would expect to be notified by the facility's staff. Physician 1 stated the staff should have monitored Resident 53's blood pressure. Physician 1 stated he could not recall if he was informed that Resident 53's pain level went above a 3 on the pain scale. The Physician 1 stated if Resident 53's pain was not controlled, he would expect to be notified by the facility staffs. Physician 1 stated if there were other things happening while Resident 53 was observed with pain like if resident's heart was going up from 60 bpm to 100 bpm, Physician 1 stated he would expect to be notified.</p> <p>During a telephone interview on [DATE] at 2:07 PM, RN 1 stated if she was notified by LVN 1 of Resident 53's pain level of 7 out of 10, she would check Resident 53's orders to see what medication covered the pain level of 7. RN 1 also stated if the physician did not prescribe a pain medication to Resident 53 to control the pain level of 7, she would let Physician 1 know. RN 1 stated if she was notified of Resident 53's significant change in condition, she would have done a full head to toe assessment and reassessed and monitored the VS of Resident 53 herself.</p> <p>During an interview with the Director of Nursing (DON) on [DATE] at 5:48 PM, the DON stated a significant change of condition was anything that was not normal or at the resident's baseline condition. The DON stated when there is a significant change of condition on the resident's baseline status, the nurses need to assess and do a full head to toe assessment on the resident, notify the physician, document a change of condition and initiate a care plan. At 5:51 PM, the DON stated LVN 1 should have checked Resident 53's stomach and checked for bowel sounds since resident had a new G-tube. The DON stated if Resident 53 was already restless, sometimes you need to think further, why is resident doing this? She was probably in pain and required further assessment.</p> <p>During the same interview and concurrent record review [DATE] at 6:01 PM of Resident 53's vital signs and pain levels, the DON stated for Resident 53's blood pressure of ,d+[DATE] and heart rate of 106 bpm on [DATE] at 5:47 PM, the vital signs should have been rechecked. The DON stated if the vital signs remained the same, the nurse should have called Physician 1 because the pulse was high and the diastolic (measures the pressure the blood is pushing against the artery [blood vessel that distributes oxygen-rich blood to the entire body] walls while the heart muscle rests between beats) was low and that Resident 53 was in distress. The DON stated LVN 1 should have called RN 1, to perform a full assessment. The DON stated when Resident 53's pain level was assessed at a 7 out of 10, it was considered moderate to severe pain, and the licensed nurse should have notified Physician 1 because there was no medication ordered for the pain level of 7 and that the resident was moaning and in distress.</p> <p>During a concurrent interview and record review with the DON on [DATE] at 6:08 PM, the DON stated there was no documented evidence in LVN 2's documentation in the Resident 53's Progress Note that on [DATE] timed at 4:11 AM that LVN 2 notified Physician 1 of Resident 53's change in condition. The DON stated LVN 2 should have notified Physician 1 and RN 1 to assess Resident 53's change of condition. The DON stated LVN 2 should have had LVN 3 call Physician 1 to get an order for further care. The DON stated she could not find documented evidence in Resident 53's progress notes from [DATE] to [DATE] that Resident 53 had a change of condition.</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 53's clinical records, such the progress notes, change of condition report, care plans and pain assessment with the DON on [DATE] at 6:12 PM, the DON stated she could not find documented evidence that Resident 53 's change of condition was reassessed for the significant change in the VS, pain, agitated behavior and moaning to determine the probable cause of increased heart rate and decreased BP and immediately call the Physician1 to determine appropriate interventions. The DON stated a care plan should had been developed for resident with history of hypotension, MI, CVA, TIA and A-fib.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Pain Assessment and Management, dated , d+[DATE] indicated pain management is a multidisciplinary care process that includes the following: assessing the potential for pain; identifying and using specific strategies for different levels and sources of pain; monitoring for the effectiveness of interventions; and modifying approaches as necessary. The P&amp;P indicated to conduct a comprehensive pain assessment upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain. The P&amp;P indicated to assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain. The P&amp;P indicated to monitor the resident by performing a basic assessment with enough detail and, as needed, with standardized assessment tools and relevant criteria for measuring pain management. The P&amp;P indicated if pain has not been adequately controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated. The P&amp;P indicated to report the following information to the physician or practitioner: significant changes in the level of the resident's pain.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Change in a Resident's Condition or Status, dated , d+[DATE] indicated the facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status. The P&amp;P indicated the nurse will notify the resident's Attending Physician or physician on call when there has been a(an): accident or incident involving the resident; significant change in the resident's physical/emotional/mental condition; and need to alter the resident's medical treatment significantly. The P&amp;P indicated the nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>According to the National Library of Medicine, dated [DATE], a transient ischemic attack (TIA) is a stroke that lasts only a few minutes. It happens when the blood supply to part of the brain is briefly blocked. Symptoms of a TIA are like other stroke symptoms, but do not last as long. They happen suddenly, and include:</p> <p>Numbness or weakness, especially on one side of the body</p> <p>Confusion or trouble speaking or understanding speech</p> <p>Trouble seeing in one or both eyes</p> <p>Difficulty walking</p> <p>Dizziness</p> <p>Loss of balance or coordination</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  06/11/2024
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Most symptoms of a TIA disappear within an hour, although they may last for up to 24 hours. Because you cannot tell if these symptoms are from a TIA or a stroke, you should go to the hospital right away.</p> <p><a href="https://medlineplus.gov/transientischemicattack.html">https://medlineplus.gov/transientischemicattack.html</a></p> <p>A review of the Centers for Disease Control and Prevention (CDC) website titled Signs and Symptoms of Stroke, dated [DATE] indicated the signs of stroke in men and women include: numbness or weakness in the face, arm, or leg, especially on one side of the body; confusion or trouble speaking or understanding speech; trouble seeing in one or both eyes; trouble walking, dizziness, or problems with balance; and severe headache with no known cause. The website indicated if any of the following signs appear suddenly, to call [DATE] right away.</p> <p>[<a href="https://www.cdc.gov/stroke/signs-symptoms/index.htm">https://www.cdc.gov/stroke/signs-symptoms/index.htm</a>]</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  06/11/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42854</b></p> <p>Based on observation, interview, and record review, the facility failed to promote resident safety in administering oxygen in accordance with the facility ' s policy and procedure for one (1) of 1 sampled residents (Resident 44) who was receiving oxygen therapy, by failing to ensure the oxygen tubing (flexible plastic tubing used to deliver oxygen through nostrils and the tubing is fitted over the patient ' s ears) was not touching the floor.</p> <p>This deficient practice had the potential for Resident 44 to contract infection when receiving oxygen therapy which could increase the risk of the spread of infection to the residents, staff, and other visitors in the facility.</p> <p>Findings:</p> <p>A review of Resident 44 ' s Admission Record indicated a readmission to the facility on [DATE] with diagnoses that included unspecified dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart), and wheezing (high-pitched whistling sound when the airway is blocked).</p> <p>A review of Resident 44 ' s History and Physical assessment dated [DATE] indicated Resident 44 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 44 ' s Order Summary Report dated 5/11/2024, indicated a physician order for oxygen therapy at 2 liters (L, unit of measure) per minute via nasal cannula as needed for shortness of breath and/or wheezing.</p> <p>During an observation in Resident 44 ' s room on 6/7/2024 at 10:23 AM, Resident 44 was observed receiving oxygen therapy via nasal cannula. Resident 44 ' s oxygen tubing was touching the floor.</p> <p>During a concurrent observation and interview with licensed vocational nurse (LVN) 3 on 6/7/2024 at 10:35 AM, LVN 3 confirmed Resident 44 ' s oxygen tubing was touching the floor. LVN 3 stated Resident 44 ' s oxygen tubing should not be touching the floor, and she would go change it because the floor is dirty and infection control.</p> <p>During an interview with the Director of Staff Development on 6/11/2024 at 2:38 PM, the DSD stated oxygen tubing should not touch the floor for infection control purposes.</p> <p>A review of the facility ' s policy and procedure titled Oxygen Administration dated 10/2010 indicated the facility will promote resident safety in administering oxygen.</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  06/11/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44429</p> <p>Based on interview and record review, the facility failed to ensure two of two (Licensed Vocational Nurse (LVN 1 and LVN 2) had the specific competency and skill sets necessary to assess, monitor, intervene and notify the physician of a change Resident 53 ' s vital signs (measurement of the blood pressure, heart rate, respiration and body temperature).</p> <p>As a result of these deficient practices, Resident 53 was not monitored and assessed for increased heart rate (HR), declining blood pressure (BP), respiratory rate and unresponsiveness to tactile stimuli with diagnosis of transient ischemic attack ([TIA] a short period of symptoms similar to those of a stroke, caused by a brief blockage of blood flow to the brain) and cerebral vascular accident (CVA) and atrial fibrillation (an irregular, often rapid heartbeat that can cause irregular heart rhythm and can lead to blood clots in the heart which increases ones risk of stroke, myocardia infarction (MI or heart attack a disruption of blood flow to the heart ) and hypotension (low blood pressure). This deficient practice also had the potential for other residents not to receive necessary care and services that could lead to a decline in their wellbeing.</p> <p>Cross reference to F684 and F580</p> <p>Findings:</p> <p>A review of Resident 53's Admission Record indicated resident was readmitted to the facility on [DATE], with diagnoses that included aftercare following surgery on the digestive system, insertion of gastrostomy ([G-tube] a soft tube surgically placed into the stomach for the introduction of nutrition and medication), and dysphagia (difficulty swallowing) following cerebral infarction.</p> <p>A review of the Minimum Data Set (MDS) dated [DATE], Resident 53 had severe cognitive (ability to process information) impairment and required set up and clean up help with eating and maximum assistance with personal hygiene.</p> <p>During the survey investigation the facility determined the following for Resident 53 the facility failed to:</p> <p>Ensure Licensed Vocational Nurse (LVN) 1 notified Registered Nurse (RN) 1 and Physician 1 for a significant change in Resident 53 ' s baseline blood pressure of 90/46 (reference range 120/80) and heart rate of 106 beats per minute Resident 53 ' s ([bpm] reference range 60-100 bpm) from baseline on 5/2/2024 at 5:47 PM.</p> <p>Ensure LVN 1 notified Physician 1 and Registered Nurse 1 about Resident 53 ' s was observed fidgeting, agitated and with pain assessed at level of 7 out of 10 (on a pain scale from 0 to 10, where 0 is no pain and 10 is the worse pain possible).</p> <p>Ensure LVN 1 notified Physician 1 of Resident 53 ' s pain level of 7 to determine if other assessment and interventions are needed to determine the source of pain and to relieve the pain.</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  06/11/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure LVN 2 immediately notified Physician 1 when Resident 53 ' s was noted unresponsive to tactile and verbal stimuli, blood pressure could not be read and obtained, respiration was diminished respirations of 8 breaths per minute and stopped breathing after 13 minutes.</p> <p>Ensure LVN 1 and LVN 2 reported to RN 1 to request Resident 53 to be reassessed, monitored by rechecking the BP, HR and respiratory rate (RR) and documented in Resident 53 ' s clinical record the resident ' s repeat pain level assessment, heart rate, BP and respiratory status including the oxygen saturation (amount of oxygen circulating in the blood) rate when Resident 53 ' s BP decreased, and HR increased from resident ' s baseline.</p> <p>Ensure to develop a plan of care for Resident 53 to address the interventions for the management of CVA, A-fib, MI and hypotension.</p> <p>During a concurrent interview and record review of the LVN Competency Checklist on 6/8/24 at 6PM, the Director of Nursing (DON) stated that under skills of the Competency Checklist, LVN was responsible for reporting observed changes of condition (COC) including vital signs: temperature and blood pressure. DON stated the competency checklist did not indicate to perform respiratory assessment such as lung auscultation and abnormal breathing patterns DON stated while reviewing Resident 53 ' s Medication Administration Record dated May 2024 LVN 1 assessed and documented the Resident 53 pain level 7 out of 10 then gave Tylenol for pain on 5/2/2024 at 9:03PM, the blood pressure was 90/46, LVN 1 did not notify Physician 1 regarding the high pain level, increased HR and the low the BP. DON stated that LVN 1 should have contacted Physician 1 immediately for the high pain level, increased HR and low BP. The DON stated, LVN 2 ' s Progress Note dated 5/2/2024 at 3:51AM, indicated Resident 53 ' s behavior did not indicate the resident was aggressive towards staff, but Resident 53 was guarding the GT site and abdomen, Ativan (medication used to treat anxiety [the feeling of fear of the unknown])should have not been given, rather Physician 1 should have been notified. The DON stated that LVN 2 progress note did not indicate the Physican 1 was notified. The DON stated that LVN 1 and LVN 2 did not have the competency skills to care for Resident 53 ' s with a COC, including not notifying the MD.</p> <p>During a review of the facility ' s policy and procedure titled, Staffing, Sufficient and Competency Nursing, revised 8/2022, indicated the facility provides sufficient number of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and facility assessment. The policy indicated licensed nurses and nursing assistants are trained and must demonstrate competency in identifying, documenting and reporting resident changes of condition consistent with their scope of practice and responsibilities.</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  06/11/2024
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44429</p> <p>Post nurse staffing information every day.</p> <p>Based on observation, interview and record review, the facility failed to ensure staffing information was posted and updated on a daily basis.</p> <p>As a result, the total number of staff and the actual hours worked by the staff was not readily accessible to residents and visitors.</p> <p>Findings:</p> <p>During an observation on 6/8/2024 at 10:39AM, the staffing information posted by Nursing Station 1, indicated the date of 6/7/2024.</p> <p>During an interview on 6/8/2024 at 10:50AM with Director of Staff Development (DSD) stated the nurse staffing data needs to be posted on a daily basis before the beginning of each shift. The DSD stated the nurse staffing posted for 6/8/2024 was incorrect that he forgot to post the correct one, it had yesterday ' s date of 6/7/2024.</p> <p>During a review of the facility ' s policy and procedure titled, Posted Direct Care Daily Staffing Numbers, revised 8/2006, indicated the facility will post on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to resident. The policy indicated within two hours of the beginning of each shift the number of Licensed Nurses (RNs, LPNs and LVNs) and the number of Certified Nursing Assistants (CNA) directly responsible for resident care will be posted in a prominent location and in a clear and readable format.</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  06/11/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42854</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents` (Resident 53) medications were received and transcribed correctly by failing to:</p> <p>Ensure Resident 53 ' s Ativan tablet orders was transcribed correctly to indicate via g-tube instead of by mouth.</p> <p>These deficient practices increased the risk that Residents 1 and 53 and other residents could experience serious medical complications resulting in fall with injury, coma, or death.</p> <p>Findings:</p> <p>A review of Resident 53 ' s Admission Record indicated the resident was readmitted to the facility on [DATE], with diagnoses that included encounter for surgical aftercare following surgery on the digestive system aftercare following surgery on the digestive system, encounter for attention to gastrostomy ([G-tube] a soft tube surgically placed into the stomach for the introduction of nutrition and medication), and dysphagia (difficulty swallowing) following cerebral infarction.</p> <p>A review of Resident 53's History and Physical Examination dated 3/8/2024, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 53 s Order Summary Report for May 2024, indicated the following physician orders for:</p> <p>Enteral order to crush all crushable medications or give liquid medications via feeding tube, use a slow push to facilitate consumption dated 5/1/2024.</p> <p>Administer Ativan (Lorazepam) Oral Tablet 0.5 milligrams (mg, unit of measure) give one tablet by mouth every 4 hours as needed for anxiety for 60 days manifested by physical aggression towards staff dated 5/1/2024.</p> <p>A review of Resident 53 ' s Progress notes indicated on 5/2/24 timed at 3:51 AM, LVN 2 wrote Resident 53 will try to interfere with staff when attending to G-Tube, seen putting hands out trying to keep staff from accessing G-tube. Vital Signs obtained and within normal limits, needs met and anticipated. Will reach out to Medical Doctor for stronger pain medication. Will continue to monitor.</p> <p>A review of Resident 53 ' s Medication Administration Record (MAR) indicated on 5/2/2024 timed at 4 AM, Licensed Vocational Nurse (LVN) 2 administered Ativan 0.5 mg by mouth to Resident 53.</p> <p>During a concurrent interview and record review of Resident 53 ' s MAR with the Director of Nursing (DON) on 6/8/2024 at 6:16 PM, the DON stated the licensed nurse should have clarified with Physician 1 about Resident 53 ' s order for Ativan 0.5 mg by mouth. The DON stated it would be considered a medication error because the Ativan tablet 0.5 mg was given to Resident 53 via the incorrect route.</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  06/11/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 53 ' s MAR with the Director of Staff Development (DSD) on 6/9/2024 at 9:47 AM, the DSD stated the MAR order for Ativan 0.5 mg by mouth for Resident 53 was incorrect and Physician 1 should have been notified. The DSD stated the medication route should have been changed to G-tube. The DSD stated the medication order for Ativan 0.5 mg one tablet by mouth, should have been clarified with Physician 1.</p> <p>During a concurrent telephone interview and record review of Resident 53 ' s MAR with LVN 2 and the DSD on 6/9/2024 at 9:50 AM, LVN 2 stated she gave Resident 53, Ativan 0.5 mg via G-tube on 5/2/2024 at 4 AM. LVN 2 stated she did not notice that the medication order transcribed for Ativan 0.5 mg was by mouth. LVN 2 stated if she noticed that the order for Ativan 0.5 mg had the incorrect route, she would have contacted Physician 1 to revise the order to the correct route.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled Administering medications through an Enteral Tube dated 3/2015 indicated to provide guidelines for the safe administration of medications through an enteral tube. The P&amp;P indicated to verify that there is a physician ' s medication order for the procedure.</p> <p>A review of the facility ' s P&amp;P titled Administering Medications, dated 4/2019 indicated medications are administered in a safe and timely manner, and as prescribed. The P&amp;P indicated the individual administering the medication checks the label three (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</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  06/11/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</b></p> <p>Based on observation, interview and record review, the facility failed to ensure that two of three sampled residents (Residents 1 and 44) were not receiving any medications without an indication for use, in excessive dose or duration, and with inadequate monitoring by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure that Resident 1 ' s behavior monitoring for auditory hallucinations was specific to the resident ' s behavioral issues for the use of Olanzapine oral tablets (antipsychotic medication).</li> <li>2. Ensure that Resident 1 ' s behavior monitoring was specific to the resident ' s behavioral issues for the use of Divalproex Sodium Capsule Delayed Release Sprinkle (anticonvulsant medication).</li> <li>3. Ensure that Resident 44 ' s behavior monitoring was specific to the resident ' s behavioral issues for the use of Risperdal (psychotropic medication).</li> </ol> <p>These deficient practices increased the risk of Residents 1 and 44 to receive unnecessary medications and experience adverse effects of psychotropic medication therapy leading to an overall negative impact to their physical, mental and psychosocial well being.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 1 ' s Admission Record indicated the facility originally admitted the resident on 9/23/2020, and was readmitted on [DATE], with diagnoses that included chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs), schizoaffective disorder, bipolar type(features bouts of mania and sometimes depression), unspecified dementia (loss of memory, language, problem- solving and other thinking abilities)</li> </ol> <p>A review of Resident 1 ' s History and Physical (H&amp;P) dated 3/7/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool) with assessment reference date of 4/7/2024, indicated the resident had severe cognitive (thought process) impairment. The MDS indicated Resident 1 ' s Behavioral symptoms were 0. The MDS also indicated Resident 1 ' s Non Applicable for Resident 1 ' s change in behavior or other symptoms. The MDS indicated Resident 1 required partial/moderate assistance (helper does more than half the effort) on task such as oral hygiene. The MDS indicated Resident 1 requires substantial assistance (helper does more than half the effort) with Toileting, showers, upper and lower body dressing and personal hygiene</p> <p>A review of Resident 1 ' s Order Summary Report with active orders, dated June 2024, indicated the following physician orders:</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  06/11/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Divalproex Sodium Capsule Delayed Release Sprinkle 125 milligram, give 4 capsules by mouth every 12 hours for mood disorder manifested by aggressive behavior with an order start date of 4/02/2024.</p> <p>b. Olanzapine (antipsychotic medication) oral tablet 10 milligrams (Olanzapine) Give 1 tablet by mouth at bedtime for Schizophrenia manifested by auditory hallucinations with an order start date of 4/01/2024.</p> <p>A review of Resident 1 ' s June 2024 MAR, did not include an order to monitor the resident ' s behaviors indicated for Resident 1 ' s use of Divalproex Sodium Capsule 125 milligram or Olanzapine tablet0 milligrams.</p> <p>A review of the facility ' s Medication Regimen Review for the month of May and June 2024 did not include the facility ' s Pharmacist Consultant review for the lack of Resident 1 ' s monitoring of behaviors related to Resident 1 ' s psychotropic medications (Divalproex Sodium Capsule and Olanzapine).</p> <p>During an interview and concurrent record review with Director of Staff Development (DSD) on 6/11/2024 at 2:18 PM, the DSD stated he could not find documented evidence of an order to monitor Resident 1 ' s behaviors or a care plan that indicated how Resident 1 was being monitored for the use of Divalproex or Olanzapine. The DSD stated there should be a care plan that was specific that also included side effects and what to monitor for the resident and a physician order indicating to monitor and keep track of Resident 1 ' s behaviors in the resident ' s records.</p> <p>During an interview on 6/10/2024 at 6:51 PM with Licensed Vocational Nurse (LVN) 4, LVN 4 stated Resident 1 was verbal and would occasionally be seen talking to himself as in responding to a conversation when he is alone. LVN 4 stated Resident 1 ' s talking to himself was present from admission.</p> <p>42854</p> <p>2. A review of Resident 44 ' s Admission Record indicated a readmission to the facility on [DATE], with diagnoses that included unspecified dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots in the heart), and schizophrenia (mental health condition that affects how people think, feel, and behave).</p> <p>A review of Resident 44 ' s History and Physical assessment dated [DATE], indicated Resident 44 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 44 ' s Order Summary Report indicated a physician order dated 5/11/2024, for Risperdal Oral Solution 1 mg per milliliter (ml, unit of measure) give 0.5 ml via g-tube at bedtime for schizophrenia manifested by auditory hallucinations (seeing things or hearing voices that are not observed by others), may mix with food.</p> <p>During an interview with Registered Nurse (RN) 1 on 6/10/2024 at 6:47 PM, RN 1 stated Resident 44 was very verbal before and staff would hear him talking to himself and looking up at the ceiling. RN 1 stated Resident 44 does not speak much anymore, and RN 1 has never seen Resident 44 talking to himself.</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  06/11/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with certified nursing assistant (CNA) 1 on 6/10/2024 at 7:44 PM, CNA 1 stated Resident 44 would talk to himself when resident was first admitted to the facility, but not anymore.</p> <p>During an interview with the Director of Staff Development (DSD) on 6/11/2024 at 2:05 PM, the DSD stated psychotropic medications should have specific manifestation or behavior, so the licensed nurses know what to monitor for the resident and to make sure the medication is effective.</p> <p>During a concurrent interview and record review of Resident 44 ' s care plans on 6/11/2024 at 2:24 PM, the DSD stated he could not find documented evidence of a care plan that indicated the specific concerns and how Resident 44 was being monitored for auditory hallucinations as indicated for the use of Risperdal. The DSD stated there should be a care plan that was specific and included side effects and what to monitor for the resident.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled Psychotropic Medication Use, dated 7/2022 indicated consideration of the use of any psychotropic medication is based on comprehensive review of the resident, this includes evaluation of the resident ' s signs and symptoms in order to identify underlying causes. The P&amp;P indicated psychotropic medication management includes adequate monitoring for efficacy and adverse consequences and preventing, identifying, and responding to adverse consequences.</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  06/11/2024
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 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</b></p> <p>Based on observation, interview, and record review the facility failed to designate a physician to serve as the medical director responsible for implementation of resident care policies and coordinating medical care, help to implement and evaluate resident care policies or overall goals, directives, and governing statements that direct the delivery of care and services to residents consistent with current professional standards of practice. The facility did not have a designated medical director since June 2023 a total of 6 months to serve the 46 residents of 46 residents in the facility that included Resident 53.</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure Resident 53 ' s death was thoroughly evaluated to ensure the resident received healthcare services according to the facility ' s policy and procedure and standard of practice.</li> <li>2. Ensure the facility ' s residents health care policy and procedures (refers to the facility's overall goals, directives, and governing statements that direct the delivery of care and services to residents consistent with current professional standards of practice) were reviewed and approved by the medical director.</li> </ol> <p>This deficient practice also had the potential to result in the substandard care delivery in the facility and/or could result in the residents not to receive necessary care and services to achieve their highest potential.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of Resident 53 ' s admission record indicated Resident 53 was readmitted to the facility on [DATE] with diagnoses that included aftercare following surgery on the digestive system, insertion of gastrostomy ([G-tube] a soft tube surgically placed into the stomach for the introduction of nutrition and medication), and dysphagia (difficulty swallowing) following cerebral infarction.</li> </ol> <p>A review of Resident 53 ' s most recent Minimum Data Set (MDS) dated [DATE], indicated Resident 53 had severe cognitive (ability to process information) impairment and required set up and clean up help with eating and maximum assistance with personal hygiene.</p> <p>A review of Resident 53 ' s clinical record indicated no evidence that the resident ' s change of condition that lead to resident ' s death was not thoroughly investigated by the medical director and the clinical staffs to analyzed the root cause and determine if the resident ' s death was a result of the facility ' s failure to provide a health care interventions within the professional standard of practice when Resident 53 ' s blood pressure initially declined, heart rate increased from baseline and later became unresponsive and stopped breathing.</p> <ol style="list-style-type: none"> <li>2. A review of the following policies and procedure indicated the policies were outdated and not recently reviewed and approved by the medical designated medical director to ensure it meets the current professional standard of practice:</li> </ol> <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  06/11/2024
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 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. Change in a Resident ' s Condition or Status, dated 5/2017</p> <p>b. Pain Assessment and Management, dated 3/2015</p> <p>c. Pain Assessment and Management, dated 3/2015</p> <p>A review of Facility letter re: Termination of Medical Director and UR (Utilization Review) Physician agreements dated June 22,2023, indicated Dear Medical Director -For the reasons set forth in our recent telephone conversation, the subject agreements are to be considered terminated and signed by Facility Administrator.</p> <p>A review of facility ' s Quarterly meeting attendance sheets dated 7/14/2023, 8/11/2023, 9/8/2023, 10/13/2023, 11/10/2023, 10/8/2023, 1/12/2024 and 4/2/2024, signature in area designated for Medical Director was observed blank.</p> <p>During an interview and concurrent record review on 6/10/2024 at 5:39 PM with Director of Staff Development (DSD) and Administrator (ADM) of facility ' s Policies and procedure titled Change in a Resident ' s Condition or Status, dated 5/2017 and Pain Assessment and Management, dated 3/2015. The DSD stated these were the facility ' s current policies as the facility had purchased them from a third party vendor online in the past. DSD stated the facility did not have a sign in sheet to provide indicating the last annual review of facilities policies by Quality Assurance Committee or facilities Medical Director. Administrator stated his plan was to reach out to an outside hired facility consultant to work on updating facility policies to reflect updated current regulations and standards of practice.</p> <p>During an interview and record review on 6/11/2024 at 3:38 PM with DSD and ADM stated the facility had not had a Medical Director since June of 2023 when the previous Medical Directors contract had been terminated, Administrator stated he was currently in the process of hiring a Medical Director but had not finalized a decision or contract with any candidate as of this time.</p> <p>A review of the facility ' s policy and procedure titled Medical Director Roles and Functions dated with a revision date of April 2023 indicated 1. The facility shall retain a qualified physician to serve as the medical director, 2. The Medical Director shall coordinate care in the facility, 3. The Medical Director shall help identify, create, implement and review/ patient care policies.</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  06/11/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42878</p> <p>Based on observation, interview and record review the facility failed to develop a system to systemically identify adverse events (a harmful and negative outcome that happens due to improper medical care), monitor, investigate, analyze root cause, implement and evaluate its Quality Assurance and Performance Improvement Program (QAPI, a program that is focused on action plan to correct identified quality deficiencies [a deviation in performance resulting in an actual or potential undesirable outcome, or an opportunity for improvement]) to 46 of 46 sampled residents including Resident 53.</p> <p>Resident 53 ' s change of condition that lead to resident ' s death was not investigated, analyzed of the root cause, to determine if the resident ' s death was a result of the facility ' s staff to call the physician and the registered nurse health care failure to implement interventions when Resident 53 ' s blood pressure initially declined, heart rate increased from baseline and later became unresponsive and stopped breathing.</p> <p>As a result of this deficient practice, the residents had resulted and a potential to result in other residents to received substandard quality of care and result in an adverse event and a decline in resident ' s wellbeing.</p> <p>Cross reference to F684 and F580</p> <p>Findings:</p> <p>A review of facilities Performance improvement Project with a start date of [DATE] indicated the facility did not have a written system in place to identify adverse events that included monitoring investigating, analyzing root cause, implement and evaluate its Quality Assurance and Performance Improvement Program, such in the case of Resident 53 ' s death.</p> <p>A review if the facility's QAPI program indicated the facility did not perform an investigation to what lead to Resident 53 ' s death on [DATE]. Resident 53 had a significant change of condition to prevent recurrence of the deficient practice that impact quality of care, quality of life, and resident safety.</p> <p>A review of Resident 53 ' s Admission Record indicated resident was readmitted to the facility on [DATE], with diagnoses that included aftercare following surgery on the digestive system, insertion of gastrostomy ([G-tube] a soft tube surgically placed into the stomach for the introduction of nutrition and medication), and dysphagia (difficulty swallowing) following cerebral infarction.</p> <p>A review of the Minimum Data Set (MDS) dated [DATE], Resident 53 had severe cognitive (ability to process information) impairment and required set up and clean up help with eating and maximum assistance with personal hygiene.</p> <p>For Resident 53 the facility failed to:</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  06/11/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure Licensed Vocational Nurse (LVN) 1 notified Registered Nurse (RN) 1 and Physician 1 for a significant change from baseline of Resident 53 ' s blood pressure of ,d+[DATE] (reference range ,d+[DATE]) and heart rate of 106 beats per minute ([bpm] reference range ,d+[DATE] bpm) from baseline on [DATE] at 5:47 PM.</p> <p>Ensure LVN 1 notified Physician 1 and Registered Nurse 1 about Resident 53 ' s was observed fidgeting, agitated and with pain assessed at level of 7 out of 10 (on a pain scale from 0 to 10, where 0 is no pain and 10 is the worse pain possible).</p> <p>Ensure LVN 1 notified Physician 1 of Resident 53 ' s pain level of 7 to determine if other assessment and interventions are needed to determine the source of pain and to relieve the pain.</p> <p>Ensure LVN 2 immediately notified Physician 1 when Resident 53 ' s was noted unresponsive to tactile and verbal stimuli, blood pressure could not be read and obtained, respiration was diminished respirations of 8 breaths per minute and stopped breathing after 13 minutes.</p> <p>Ensure LVN 1 and/or LVN 2 reassessed, monitored by rechecking the BP, HR and respiratory rate (RR) and documented in Resident 53 ' s clinical record the resident ' s repeat pain level assessment, heart rate, BP and respiratory status including the oxygen saturation (amount of oxygen circulating in the blood) rate when Resident 53 ' s BP decreased, and HR increased from resident ' s baseline.</p> <p>Ensure to develop a plan of care for Resident 53 to address the interventions for the management of CVA, A-fib, MI and hypotension.</p> <p>During a concurrent interview and record review on [DATE] at 3:36 PM of the facilities QUAPI/QAA (/Quality Assurance and Performance Improvement- data driven and proactive approach to quality improvement/Quality Assessment and Assurance - A Committee is responsible for identifying and responding to quality deficiencies that are identified in the facility) plan with Administrator (ADM) and Director of Staff Development (DSD). The DSD stated the facility had not identified or implemented any adverse event into facility ' s QAPI Program. The DSD stated the cause of death of Resident 53 was not investigated to determine if there were quality deficiencies and measures to address in the QAPI. The DSD confirmed current facility ' s QAPI was only for Fall reduction. The DSD stated the facility only relied on the [NAME] 3 (Minimum Data Set 3.0 Quality Measure Reports) report to identify issues to implement into their QUAPI/QAA plan and the only issue they had identified was related to falls. The ADM stated he had not been involved the facilities QAPI/QAA program oversight since last year. The ADM stated it had been the facilities Director of Nursing who had been in charge of the oversight, and he was unaware the facility failed to have a system other than relying on [NAME] 3 to identify and address and analyze adverse events. The ADM stated the DON resigned on [DATE] and he is currently hiring a replacement.</p> <p>A review of the facility ' s policy and procedure titled Quality Assurance and Performance Improvement (QAPI) Plan with a revision date of [DATE] indicated The QAPI program overseen by the QAPI committee is designated to identify and address quality deficiencies though analysis of the underlying cause and actions targeted at correcting systems at a comprehensive level.</p>		