

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555846	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2025
NAME OF PROVIDER OR SUPPLIER Joyce Eisenberg Keefer Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 7150 Tampa Avenue Reseda, CA 91335	

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 - Minimal harm or potential for actual harm</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>Based on interview and record review, the facility failed to ensure for one of two sampled patients (Resident 1), Resident 1's physician was notified of Resident 1's low blood pressure (BP, amount of force blood uses to move through the body), when Resident 1's blood pressure values were above and below their baseline (average).</p> <p>This deficient practice had the potential for Resident 1 to suffer from complications such as dizziness, stroke, hospitalization, and even death.</p> <p>Findings:</p> <p>During a review of Resident 1's History and Physical (H&P), dated 10/22/2024, the H&P indicated Resident 1 was admitted to the facility with a medical history of chronic obstructive pulmonary disease (COPD, a chronic lung disease causing difficulty in breathing), depression (mental health condition affecting how you feel, think, and act), lymphoma (blood cancer [body cells grow and affect how other cells work] affecting how the body fights infections), lung and bladder cancer.</p> <p>During a concurrent interview and record review on 6/2/2025 at 3:15 p.m., with the Director of Nursing (DON), of Resident 1's Vitals Report, dated 12/27/2024 to 1/31/2024, Resident 1's BP readings ranged from 100/65 millimeters of mercury (mmHg, a unit of measure), to 132/75 mmHg.</p> <p>In the same interview and record review on 6/6/2025 at 3:15 p.m., with the DON, of Resident 1's Vitals Report, dated 12/27/2024, the record indicated Resident 1's BP on 12/27/2024 at 8:02 p.m. was 89/62 mmHg. The record further indicated Resident 1's BP on 12/28/2024 at 8:42 a.m. was 172/94, higher than Resident 1's baseline. Resident 1's BP was not checked between 12/27/2024 at 8:02 p.m. to 12/28/2024 at 8:42 a.m. (a total of 12 hours with no recheck).</p> <p>In the same interview and record review on 6/6/2025 at 3:15 p.m., with the DON, the DON stated there was neither a nurse to physician communication note, nor a note on the Resident 1's condition for the two BPs. The DON stated Resident 1's nurse should have rechecked the BP and called the doctor. The DON stated untreated BP could have created dizziness or other complications.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Vital Signs, Weights, Height, dated 4/2025, the P&P indicated, The physician shall be notified when the vital signs are out of range from the resident's baseline for two or more consecutive episodes.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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