

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2020
NAME OF PROVIDER OF SUPPLIER CALIFORNIA HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6700 SEPULVEDA BLVD. VAN NUYS, CA 91411	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the physician's order and ensure blood glucose (sugar) monitoring was done for one of three sampled residents (Resident 1). This deficient practice placed Resident 1 at risk for an excess of glucose in the bloodstream that can lead and can result in a medical emergency such as diabetic ketoacidosis (a serious complication of diabetes - abnormally high levels of blood sugar, where the body produces excess blood acids called [MEDICATION NAME]). Findings: A review of the Admission Record indicated the facility admitted Resident 1 on 1/18/20 with [DIAGNOSES REDACTED]. A review of Resident 1's Order Summary Report dated 1/18/20, indicated to check Resident 1's blood glucose and administer [MEDICATION NAME] Solution (a medication used to control blood sugar) subcutaneously (injection in which a needle is inserted just under the skin) per sliding scale before meals (6:30 a.m., 11:30 a.m. and 4:30 p.m.) and at bedtime (9:00 p.m.). However, upon further review of Resident 1's Medication Administration Record [REDACTED], LVN1 further stated he should have followed the physician's order and should have checked Resident 1's blood sugar as ordered. The facility's policy and procedure titled Managing Diabetes, undated indicated it is the facility's policy to monitor blood sugar levels of residents who have diabetes mellitus to ensure that diabetes is managed.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.