

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555738	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR TERRACE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 7447 SEPULVEDA BLVD VAN NUYS, CA 91405	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report timely an allegation of resident to resident abuse that occurred on 12/8/2018 at 3 p.m., between Residents 1 and Resident 2. Residents 1 and 2 were smoking unsupervised during a smoking session. This deficient practice had the potential to place other residents at risk for injuries. Findings: A review of Resident's 1 Admission Record (Face Sheet) indicated an admitted d 11/20/2018 with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical Exam completed by the attending physician on 11/21/2018, indicated the resident had the capacity to understand and make decisions. A review of Resident's 1 Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 11/26/2018 indicated Resident 1 had the ability to make himself understood and understand others. Resident 1 required one-person assistance with dressing, toilet use, and personal hygiene. A review of Resident 2's Admission Record indicated an admitted d 8/28/2018 with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical Exam completed by the attending physician on 8/29/2018 indicated the resident had fluctuating capacity to understand and make decisions. A review of Resident 2's MDS indicated Resident 2 had moderately impaired thought process. On 12/17/18, at 9:25 a.m. during an interview, the Director of Nursing (DON) confirmed that on 12/08/2018 at 3 p.m., when Residents 1 and 2 were smoking and got into a physical altercation, there was no staff present supervising the residents. The incident was reported the following day, 12/9/2018 at 9:25 p.m. The DON stated there was a misunderstanding with Administrator, as she thought the Administrator would report incident On 12/17/2018, at 10:30 a.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated Residents 1 and 2 had an altercation on 12/08/2018 at 3 p.m. during a smoking session. LVN 1 stated that staff was not present to intervene. Resident 2 allegedly hit Resident 1 with a plastic tray lid on the left arm. A review of facility's policy titled Abuse Prohibition and Prevention Policy and Procedure Reporting Reasonable Suspicion of a Crime, revised 3/2018, indicated, the facility will report allegations of abuse, neglect, exploitation, or mistreatment immediately - no later than 2 hours-all abuse (actual, alleged or potential) or results in serious bodily injury. Reporting timeframe are based on real (clock) time not business hours. To be reported to Facility Administrator, State Survey Agency, Law Enforcement, and Ombudsman (state certified individuals who help resolve problems for residents in Skilled Nursing Facilities).		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were supervised during a scheduled smoking session (times that are designated when residents are permitted to smoke) for two of three sampled residents (Resident 1 and 2) as per facility's smoking policy. This deficient practice resulted on a physical altercation between Residents 1 and 2. Findings: A review of Resident's 1 Admission Record (Face Sheet) indicated an admitted d 11/20/2018 with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical Exam completed by the attending physician on 11/21/2018, indicated the resident had the capacity to understand and make decisions. A review of Resident's 1 Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 11/26/2018 indicated Resident 1 had the ability to make himself understood and understand others. Resident 1 required one-person assistance with dressing, toilet use, and personal hygiene. A review of Resident 2's Admission Record indicated an admitted d 8/28/2018 with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical Exam completed by the attending physician on 8/29/2018 indicated the resident had fluctuating capacity to understand and make decisions. A review of Resident 2's MDS indicated Resident 2 had moderately impaired thought process. On 12/17/18, at 9:25 a.m. during an interview, the Director of Nursing (DON) confirmed that on 12/08/2018 at 3 p.m., when Residents 1 and 2 were smoking and got into a physical altercation, there was no staff present supervising the residents. The DON could not explain the reason for the lack of supervision. The DON stated staff are to supervise all smoking sessions. On 12/17/2018, at 10:30 a.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated Residents 1 and 2 had an altercation on 12/08/2018 at 3 p.m. during a smoking session. LVN 1 stated that staff was not present to intervene. A review of the facility's Smoking policy dated 10/24/2017, indicated all smoking sessions will be supervised by facility staff members.		

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.