

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER GRIFFITH PARK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 201 ALLEN AVE. 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)		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure the comprehensive care plan was implemented for one of 2 sampled residents with psychiatric [DIAGNOSES REDACTED]. This deficient practice had the potential to prevent Resident 1 from reaching her highest practicable level of mental and psychosocial well-being. Findings: Review of the admission face sheet indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Review of the history and physical examination [REDACTED]. Review of the Minimum Data Set (MDS, an assessment and care planning tool) dated 05/02/18, indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 12, indicating impaired thought process, disorganized thinking which comes and goes, hallucinations and daily episodes of other behavioral symptoms not directed toward others. The MDS indicated Resident 1 rejected care/medications daily. Review of a care plan titled Behavior Symptoms initiated 10/25/17, indicated a problem/concern dated 03/18/18, for [MEDICAL CONDITION] manifested by paranoia as evidenced by thinking that staff are evil. The problem/concern identified Licensed nurses will administer medications as ordered. Review of the physician's orders [REDACTED]. Review of the Medication Administration Record [REDACTED]. There was no documentation to indicate why this medication was not given. The licensed nurse who was on duty and responsible for administering the injection was not available for interview. During an interview on 06/28/18, at 10:30 a.m., with the Registered Nurse Supervisor (RN 1), she stated, The patient (Resident 1) was taking the [MEDICATION NAME] injection once a month. I am not sure what happened with the MAR indicated [REDACTED]. The injection is only ordered once a month, is an important part of treatment, and needs to be given to decrease the patient's behavior issues. On 03/31/20 at 4 p.m., copies of the licensed nurse progress records for April 20, 2018 were requested from the facility's Medical Records Director, to determine if the medication was administered and if not, why. On 04/01/20 at 10 a.m., the Medical Records Director replied that he was unable to locate any nurses' notes from the 3 shifts on April 20, 2018. During a review of the facility's policy and procedure (P&P) titled Care Plans-Comprehensive, revised September 2010, the P&P indicated, An individual comprehensive care plan that meets the resident's medical, nursing, mental and psychological needs is developed for each resident. Based on problem areas identified, interventions are developed by the interdisciplinary team for the individual resident. The resident has the right to refuse to participate in nursing treatments. When such refusals are made, appropriate documentation will be entered into the resident's clinical records. During a review of the facility's policy and procedure titled, Administering Medications, revised December 2012, it indicated medications shall be administered in a safe and timely manner, and as prescribed. The DON will supervise and direct all nursing personnel who administer medications. Medications must be administered in accordance with the orders, including any required time frame. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR indicated [REDACTED]. The individual administering the medication must initial the resident's MAR indicated [REDACTED]. The individual administering the medication will record in the resident's medical record the route of administration and the injection site. During a review of the facility's policy and procedure titled, Intramuscular Injections, revised March 2011, it indicated to notify the supervisor if the resident refuses the procedure.</p>		
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.