

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055142</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAGNOLIA GARDENS CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>17922 SAN FERNANDO MISSION RD GRANADA HILLS, CA 91344</b>	
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 F 0758	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>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.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure an informed consent was obtained and the specific behavior targeted with [MEDICATION NAME] (medication that works by changing the actions of chemicals in the brain) was documented for one of three sample residents (Resident 1). This deficient practice had the potential to result in the use of unnecessary medication. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated the facility admitted the resident on 12/6/2018 with the last readmitted d 8/2/2019, with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 3/7/2020, indicated Resident 1's was able to make decisions and needed limited assistance with dressing, eating, personal hygiene and toilet use. A review of Resident 1's medication regimen indicated on 4/7/2020, the [MEDICATION NAME] ([MEDICAL CONDITION] medication, any drug that affects the brain activities associated with mental processes and behavior) dose was increased from 12.5 milligrams (mg) to 25 mg three times a day for [MEDICAL CONDITION] manifested by extreme paranoid thoughts (involves intense anxious or fearful feelings and thoughts often related to persecution, threat, or conspiracy). The specific thoughts were not indicated and there was no documentation the physician explain Resident 1 the need to increase the [MEDICATION NAME] medication and obtained an informed consent. On 6/4/2020, at 12:45 p.m., during an interview and concurrent record review, the Director of Nursing (DON) was as unable to find an informed consent for the increased dose of [MEDICATION NAME]. When asked what specific extreme paranoid thoughts Resident 1 was experiencing DON was unable to give examples. DON stated behavior manifestations should be more specific. A review of the undated facility's policy on Informed Consent, indicated before initiating administration of psychotherapeutic drugs or physical restraints, facility staff shall verify that the resident's health record contain documentation of an informed consent to the proposed treatment. The policy further states the informed form shall be kept in the clinical records. A review of the undated facility's policy on Psychotherapeutic Medications, indicated a specific diagnosis, and a specific behavior or thought process justifying the need for psychotherapeutic medications are to be identified in the resident's health record.</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.