

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 03/19/2020
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 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure two (2) of three (3) Certified Nursing Assistants (CNAs) had the competency to identify residents who are at risk for fall. This deficient practice had the potential to place residents at further risk for falls and can lead to injuries. Findings: A review of Resident 1's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- as assessment and care screening tool) dated 1/27/20, indicated the resident had the ability to make self-understood and had the ability to usually understand others. MDS indicated Resident 1 requires 1 person assistance with ADL (Activities of Daily Living) assistance. A review of Resident 1's Fall Risk assessment dated [DATE] indicated the resident is at moderate risk for falls and has history of 1-2 falls within the last six months.</p> <p>During an observation on 2/13/20 at 4:25 p.m., there was a small gold star posted next to Resident 1's name tag outside of the resident's room. Also observed a yellow paper star cut out taped above the head of bed on the wall. During an interview on 2/13/2020 at 4:30 p.m., Certified Nursing Assistant 1 (CNA1) was asked what the yellow paper star cut out above the head of the bed indicated. CNA1 stated that the family member of the resident put it there. CNA1 was also asked what yellow star on the resident's wheelchair means. CNA1 stated, sort of a decoration or something I don't know what it means. During an interview on 2/13/2020 at 4:45 p.m., Certified Nursing Assistant 2 (CNA2) was asked what the gold star next to the resident's nameplate means. CNA2 stated, it means 1 person assist. CNA2 also stated that if it's a 2 person assist then there would be 2 stars next to the resident's nameplate. When CNA2 was asked if the paper star above the head of the bed and on the wheelchair meant the same thing as the star next to the name outside the resident's room, CNA2 stated I think so, and that it has only been a few weeks since she noticed the stars and isn't sure. During a concurrent interview and record review on [DATE] at 4:30 p.m., the Director of Staff Development (DSD) verified that CNA1 did not attend the inservice for Fall Management and Preventions: Falling Star Program. The DSD verified that CNA2 did attend the inservice. The DSD stated that employees should know that the star is there to indicate a risk for fall in residents and they should know what it means. A review of the facility's Policy and Procedure titled, Falls Management dated 11/2012 indicated Residents, who have sustained a fall, will be placed on the facility's heightened awareness program, which includes a visual identifier, i.e Falling Star, designed to alert staff of a resident who has actively fallen in the presence of standard fall prevention interventions that have been outlined on the care plan. Visual identifiers will be used to identify residents on the program. The identifiers will be placed on the nameplate outside the resident's room, on resident's wheelchair, or other frequently used chair, and on any walker or assistive device used by the resident.</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.