STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056066	A. BUILDING _____ B. WING _____	**09/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WOODLAND CARE CENTER	**7120 CORBIN AVE. RESEDA, CA 91335**

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 0585 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to make prompt efforts to resolve a grievance from one of three sampled residents (Resident 1) about inability to sleep well with the roommate making noise. This deficient practice violated Resident 1's right to have his grievance addressed. Findings: A review of the Admission Record (Face Sheet) indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1 Minimum Date Set (MDS - standardized assessment and care-screening tool) dated 8/7/2020, indicated Resident 1 was able to communicate needs and make decisions, and had no memory probless. Resident 1 required extensive assistance with dressing, toilet use, personal hygiene, and bathing. During an interview with Resident 1 on 9/3/2020 at 4 p.m., Resident 1 stated his roommate was very loud, made noise and he could not sleep well. Resident 1 stated he voiced his concerns to the staff, including social services but staff did not do anything about his concern. On 9/3/2020 at 4:30 p.m., during an interview with the Social Services Staff (SSS), she stated Resident 1 complained about his roommate's loud television and could not sleep. SSS stated she did not have any written grievance and did not acted upon the grievance. On 9/3/2020 at 4:45 p.m., during an interview, the Director of Nurses (DON) stated all grievances should be noted on the progress and included in the grievance log. A review of the facility's policy, revised on 7/1/2019, titled Grievance/Concern, indicated that upon receiving a grievance/concern, it will be documented on Grievance/concern form. When the formal grievance/concern is logged, the Center Executive Director (CED) and the appropriate department manager will be notified, immediate action will be taken to prevent further potential violations of any residents right while the alleged violation is being investigated.
F 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement Resident 1's care plan interventions for risk of constipation, for one of three sampled residents. This deficient practice had the potential for Resident 1 to have pain and discomfort from lack of interventions from facility staff. Findings: A review of Resident 1 Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident's 1 Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 8/7/2020, indicated Resident 1 had no memory problems, could make decision, and needed extensive assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. A review of Resident's 1 Care Plan developed on 8/2/2020, addressing Resident 1's risk for constipation. The goal was for Resident 1 to have bowel movement at least every two to three days and be free of nausea, vomiting, and abdominal distention for three months. The interventions included to observe bowel movement for amount, consistency, frequency, and possible causes of constipation. During an interview on 9/3/2020, at 4 p.m., Resident 1 stated that a couple of weeks ago, he did not have a bowel movement for several days and the staff did not do anything about it. During an interview on 9/3/2020 at 2 p.m. with the Registered Nurse Supervisor (RNS), she stated the Certified Nurse Assistants (CNAs) needed to tell the licensed nurses if the resident did not have bowel movement for three consecutive days. The RNS stated that the licensed nurses would check the Medication Administration Record [REDACTED]. The RNS further stated that if they did not, the licensed nurses should call the doctor. A review of Resident 1's Activities of Daily Living (ADLs) record for August 2020 indicated from 8/2/20 to 8/7/2020 (six days), the Resident 1 did not have any bowel movement. During an interview and concurrent record review of Resident 1's MAR indicated [REDACTED]. The DON stated the medications should have been utilized when Resident 1 was constipated for six days. A review of Resident 1's Nursing Progress Notes, dated 8/2/2020, indicated Resident 1's last bowel movement was 7/31/20. A review of the facility's policy, dated 11/28/2016, indicated the interdisciplinary team, in conjunction with the patient and or resident representative, as appropriate, will establish the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.

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.