

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555791	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER BROOKDALE NORTHRIDGE		STREET ADDRESS, CITY, STATE, ZIP 17650 DEVONSHIRE STREET NORTHRIDGE, CA 91325	
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)		
<p>F 0726</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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 interview and record review, the facility failed to ensure Certified Nursing Assistants 1 and 2 (CNAs 1 and 2) had the appropriate competencies and skills to transfer one of two sampled residents (Resident 1) using a lifting device (a sling lift is an assistive device that allows residents to be transferred between a bed and a chair or other similar resting places, by the use of electrical or hydraulic power). This deficient practice may have contributed in the lifting device tilting, causing Resident 1 to fall, resulting in a break of left upper arm and left lower leg. Findings: A review of Resident's 1's Admission Record (Face Sheet) indicated the facility originally admitted the resident on 5/1/2017 with the most recent admitted d 2/20/2019 with [DIAGNOSES REDACTED]. A review of Resident's 1 Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 6/19/2020 indicated Resident 1 had the ability to make himself understood and understand others. Resident 1 was totally dependant of staff for bed mobility, transfers, and dressing. Need the nursing notes for the date of the accident and transfer to hospital. On 7/20/2020 at 3 p.m., during an interview, CNA 1 stated that on the day of the incident, CNA 2 assisted her with transferring Resident 1 using the lift machine. CNA 1 explained they were transferring Resident 1 back to bed from their wheelchair, she was holding on to Resident 1's legs and the lift tipped over with Resident 1 in it. CNA 1 was unable to explain what caused the lift tipped over. On 7/20/2020 at 3:40 p.m., during an interview, CNA 2 stated that on the day of the incident, she assisted CNA 1 with transferring Resident 1 from the chair to bed and suddenly the lift began to tilt over. CNA 2 stated she attempted to pull lift back to prevent it from falling, but could not. CNA 2 was unable to explain what caused the lift tipped over. CNA 2 stated she did not receive hands-on training on use of the lift machine and she was not at work when the facility provided a training video and a make up training was not offered. On 7/21/2020 1:30 p.m., during an interview, the Executive Director (ED) stated new hires receive two days of video training, followed by three days of hands-on skill training. ED explained there is an annual competency check list demonstrating skills such as showering, incontinent care, bed bath care, etc., performed by the Director of Staff Development (DSD). In-service training on Safe Resident Transfer is conducted multiple times a year but did not include lift training. A review of the facility's policy and procedure titled Mechanical /Assistive Lifts dated 07/2015, revised 09/2017, indicated the use of all mechanical/assistive lift equipment should be according to manufacturer's recommendations. Education should be provided on the proper use of the assistive mechanical lifting equipment prior to use.</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.