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| 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 03/21/2020 |
| 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 0883 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review, and interview, the facility failed to ensure six of 9 residents (Resident 1, 2, 3, 4, 5, and 6) had documented evidence for screening and tracking that the residents either received the influenza and pneumococcal vaccine or did not receive the vaccines due to medical contraindications or refusal. This deficient practice resulted in placing all the facility residents at risk for the spread of influenza and pneumonia that can lead to hospitalization or even death.</p> <p>Findings: a. A review of Resident 1's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated on 01/18/2020, indicated that influenza vaccine was received outside of this facility and pneumococcal vaccination was up to date. During a record review, of Resident 1's vaccination record on 02/04/2020 at 10:00 a.m., dated 01/02/2020, untitled, indicated no last administration date for [MEDICAL CONDITION] vaccine and pneumococcal [MEDICATION NAME] vaccine. b. A review of Resident 2's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE] (original admitted : 01/09/2020), with [DIAGNOSES REDACTED]. During a concurrent interview, and record review, on 02/04/2020 at 10:45 a.m., with Licensed Vocational Nurse (LVN) 1, Resident 2's Influenza Immunization Informed Consent (IIIC) and Pneumococcal Immunization Informed Consent (PIIC), dated 01/30/2020, indicated Resident 2 permitted and requested to have the vaccines. There were no immunizations found in Clinical-Immunizations of the eHR. LVN 1 stated that resident or legal representative consented and gave permission to have vaccines on 01/30/2020, but Resident 2 did not receive the vaccines as of 02/04/2020, and was not able to find the reason why the vaccines were not given yet.</p> <p>c. A review of Resident 3's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During a concurrent interview, and record review, on 02/04/2020 at 10:50 a.m., with Licensed Vocational Nurse (LVN) 1, Resident 3's Influenza Immunization Informed Consent (IIIC) and Pneumococcal Immunization Informed Consent (PIIC) were not in the resident chart, and indicated Resident 3 refused in Clinical-Immunizations of eHR. LVN 1 stated the Director of Staff Development (DSD) had the vaccination tracking form for the facility residents. d. A review of Resident 4's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During a review of Resident 4's History and Physical (H&P), dated 07/23/2019, the H&P indicated, Resident 4 did not have the capacity to understand make medical decisions. During a concurrent interview, and record review, on 02/13/2020 at 01:00 p.m., with Registered Nurse (RN) Supervisor 1, Resident 4's Influenza Immunization Informed Consent (IIIC) and Pneumococcal Immunization Informed Consent (PIIC) left blank in the resident chart, but indicated Resident 4 received influenza vaccine on 10/3/2019, and [MEDICATION NAME] on 9/2/2013, in Clinical-Immunizations of the eHR. e. A review of Resident 5's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED], to think, feel, and behave clearly. During a concurrent interview, and record review on 02/13/2020 at 01:05 p.m., with Registered Nurse (RN) Supervisor 1, Resident 5's Influenza Immunization Informed Consent (IIIC) and Pneumococcal Immunization Informed Consent (PIIC) were left blank in the resident chart, but no immunizations were found in Clinical-Immunizations of the eHR. RN Supervisor 1 stated, was not able to track the resident's immunization histories with current facility system. f. A review of Resident 6's Face Sheet (admission record) indicated the resident was admitted to the facility on [DATE] (original admitted : 11/08/2016), with [DIAGNOSES REDACTED]. During a concurrent interview, and record review, on 02/13/2020 at 01:10 p.m., with Registered Nurse (RN) Supervisor 1, Resident 6's Influenza Immunization Informed Consent (IIIC), indicated the resident refused on 11/6/19, and Pneumococcal Immunization Informed Consent (PIIC) indicated that received on 1/5/15. RN Supervisor 1 stated was not able to find education provided for the disadvantages of not receiving influenza vaccination in the Resident 6's medical record. During an interview, on 02/13/2020, at 10:25 a.m., with the Director of Staff Development (DSD), the DSD stated, for the procedures of the residents influenza and pneumococcal vaccination, charge nurses or RN supervisors need to check for the Influenza/Pneumococcal Immunization Informed Consent for resident's who wish to have or the history if the resident has received the vaccination. The DSD stated he was not assigned to track for the residents' vaccinations and not aware of the facility's tracking or monitoring system for the facility residents' vaccination status. During an interview, on 02/13/2020, at 11:10 a.m., the Acting Director of Nursing (ADON), stated the facility did not have the system for tracking of residents' vaccination history such as a communication binder or assigned staff to track and monitor. The ADON stated, to see the resident's wish or history of vaccination, staff had to start with Influenza/Pneumococcal Immunization Informed Consent that was located in the resident's chart. A review of the facility's policy and procedure (P&P) titled, Influenza Vaccination of Residents, dated 1/10/19, indicated, It is the policy of this Care Center that annually, in the fall, residents will be offered immunization against influenza in accordance with public health policy. It is recognized that influenza is a serious risk for the elderly; therefore, residents will be encouraged to have the vaccine. A review of the facility's policy and procedure (P&P) titled, Pneumococcal Disease, Preventing Transmission to Residents, dated 1/2018, the P&P indicated, Streptococcus pneumonia remains a leading infectious cause of serious illness among older adults. If the resident or their representative party is unsure of the vaccination status, and desire the vaccine, the licensed nurse will call the resident's physician for additional medical information and or physician's orders [REDACTED].</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.