

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555716	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER PARKWEST HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6740 WILBUR 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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the responsible party of changes in condition for one of three sampled residents (Resident 1). On 5/15/2020 Resident 1 was identified with an infection of the urine and received a new medication to treat the infection, the resident's responsible party was not informed. This deficient practice resulted in Resident 1's responsible party not knowing the status of the resident and make decision regarding the new treatment. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated an original admitted d 5/11/2013 and a readmitted d 10/15/2019. Resident 1's [DIAGNOSES REDACTED]. The Face Sheet listed Family Member 1 (FM 1) as Resident 1's responsible party. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 6/6/2020, indicated Resident 1's was unable to make needs known and could not make decisions. Resident 1 required limited to extensive assistance with activities of daily living (ADLs) such as bed mobility, transfers, dressing, and personal hygiene. A review of the Nursing Progress Note dated 5/15/2020, timed at 12:35 p.m., indicated the physician ordered the antibiotic (medication to treat infection) [MEDICATION NAME] 500 milligrams mg (antibiotic) by mouth daily for seven days for a urinary tract infection [MEDICAL CONDITION]. There was no documentation FM 1 was made aware of the infection and the antibiotic treatment. On 7/6/2020, at 10:59 a.m., during an interview with Assistant Director of Nursing (ADON) and concurrent review of the record, ADON was unable to find documentation Resident 1's responsible party was made aware of Resident 1's change in condition on 5/15/2020. A review of the facility's policy and procedure revised on 11/2015, on Change in Condition Notification, indicated unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative when: a. The resident is involved in any accident or incident that results in an injury including injuries of unknown source; b. There is a significant change in the resident's physical, mental, or psychosocial status; c. There is a need to change the resident's room assignment; d. a decision has been made to discharge the resident from the facility; and/or e. it is necessary to transfer the resident to a hospital/treatment center.		
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.