

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2020
NAME OF PROVIDER OF SUPPLIER GRANCELL VILLAGE OF THE JEWISH HOMES FOR THE AGING		STREET ADDRESS, CITY, STATE, ZIP 7150 TAMPA 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	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to notify the physician of a change in condition for one of two sampled residents (Resident 1). This deficient practice had the potential to result in worsening of Resident 1's condition and delay in medical care and treatment. Findings: A review of Resident 1's Admission Record indicated the facility readmitted Resident 1 on 12/7/18 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- an assessment and care screening tool) dated 12/14/18 indicated Resident 1's cognition (ability to think, understand and reason) was severely impaired. The MDS indicated Resident 1 required total dependence from staff with bed mobility, transfer, dressing, eating, toilet use, personal hygiene and bathing. A review of Resident 1's Progress Notes dated 3/12/19 at 7:01 p.m. indicated Resident 1 was observed coughing and upon auscultation (the action of listening to sounds from the lungs typically with a stethoscope - medical instrument) Resident 1 had wheezing (breathing with a [MEDICATION NAME] or rattling sound in the chest) on both upper lung fields. Resident 1's vital signs (clinical measurements that indicate the state of a resident's essential body functions) were temperature of 98.9 degrees Fahrenheit (F, a unit of measure for temperature, normal range 97-99), respiration rate of 43 breaths per minute (normal range 12-20 bpm), heart rate of 115 beats per minute (normal range 60 to 100) and blood pressure of 149/74 millimeters of Mercury (mmHg, a unit of measure for blood pressure, normal range is under 120/80 mmHg). Further review of Resident 1's Progress Notes dated 3/12/19 at 11:02 p.m. indicated Resident 1's non-productive cough and slight wheezing continued. On 3/13/19 at 12:15 a.m. Resident 1 had chest congestion with episodes of moaning. Resident 1's Progress Notes indicated licensed nurse will follow-up with the physician in the morning. A review of Resident 1's Progress Notes dated 3/13/19 at 9:10 a.m. indicated Resident 1 had chest congestion and temperature of 101.5F. Resident 1's Progress Notes further indicated Resident 1's physician ordered to suction Resident 1 due to increased secretions. On 1/28/20 at 12:30p.m., during an interview and concurrent record review with Registered Nurse 2 (RN 2), RN2 verified there was no documented evidence Resident 1's physician was informed of Resident 1's change of condition on 3/12/20 at 7:01p.m. Resident 1's physician was not notified until 3/13/19 at 9:10a.m. (approximately 10 hours after Resident 1 had a change in condition). RN2 stated Resident 1's physician should have been informed of Resident 1's change in condition immediately. On 1/28/20 at 3:55p.m., during an interview and concurrent record review with RN 1, she verified Resident 1's physician was not informed because she thought it was not a change in condition. A review of the facility's policy and procedure titled, Change in Resident/Patient Condition, dated 10/2006 indicated it is the facility's policy to promptly notify the resident, attending physician, on-call physician and representative when there has been a significant change in the resident's physical, emotional, or mental condition. The nurse supervisor/charge nurse will record in the resident's clinical record information relative to changes in the resident's medical or mental condition or status.</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.