

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER WINDSOR CARE CENTER OF CHEVIOT HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 3533 MOTOR AVENUE LOS ANGELES, CA 90034		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one Entity Reported Incident (ERI). Entity Reported Incident: CA00923320. The inspection was limited to one ERI investigated and does not represent the findings of a full inspection of the facility. One deficiency found for ERI CA00923320 (Refer to F552).	F 000			
F 552 SS=D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by:	F 552	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice On October 1, 2024, Administrator in-serviced CNA #2 that moving forward she will not be assigned to Resident #1. On October 16, 2024, Director of Nursing (DON) in-serviced CNA #2 regarding resident 2's preference with staffing, and CNA #2 not to be involved in Resident's 1 care. On October 1, 2024, Director of Nursing (DON) assessed Resident 1 and no adverse effects were noted. Resident verbalized no concerns at this time.	10/1/24 10/16/24 10/1/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Josee Ann Mard Administrator 11/8/24

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.

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F 552	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, the facility failed to ensure Certified Nursing Assistant 2 (CNA 2) did not assist CNA 1 with the care for one of four residents (Resident 1) after Resident 1 refused for CNA 2 to provide/assist with Resident 1's care.</p> <p>This deficient practice violated Resident 1's right to make an informed decision regarding who will provide nursing care to Resident 1 prior to performing nursing care.</p> <p>Findings:</p> <p>During a review of Resident 1's face sheet (front page of the chart that contains a summary of basic information about the resident), indicated Resident 1 was admitted to the facility on 3/09/20216 and was re-admitted on 7/19/2024 with diagnoses including encephalopathy (brain dysfunction that can appear as confusion, memory loss, personality changes and/or coma in the most severe form), pressure ulcer of the sacral region, Stage 4 (skin damage spreads to the muscle, bone, or joints), contracture of the right and left ankles and multiple muscle sites (a stiffening/shortening at any joint, that reduces the joint's range of motion), and depression (a common but serious mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a review of Resident 1's care plan on potential to demonstrate behaviors related to requesting to be pulled up and repositioned frequently, dated 6/13/2024 and revised on 6/18/2024, the care plan interventions included providing consistent, trusted caregiver and structured daily routine when possible, seeking input from Resident 1 on what would help to</p>	F 552	<p>On October 3, 2024, IDT met with resident to discuss the facility's response on the allegations that she reported. Resident had no further concerns.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>On 10/16/2024 Administrator and Social Services Director (SSD) interviewed 15 residents regarding staffing and residents' rights using the Resident Interview form no other residents were identified to be affected by this deficient practice. Administrator is responsible for keeping the record of the interviews.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <p>On 10/16/2024, 10/17/2024 and 10/18/2024 Director of Nursing (DON) and Assistant Director of Nursing (ADON) started in-service to licensed nurses and Certified Nursing assistances. Nurses include 2 RNs, 13 LVNs and 32 Certified Nursing assistances (CNAs) on maintaining residents' rights to his/her plan of treatment.</p>	<p>10/3/24</p> <p>10/16/24</p> <p>10/16/24</p> <p>10/17/24</p> <p>10/18/24</p>	

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F 552	<p>Continued From page 2</p> <p>make the resident's stay in the facility meaningful.</p> <p>During a review of Resident 1's history and physical (H&P - a physician's complete patient examination) dated 7/21/2024, the H&P indicated Resident 1 had the capacity to make medical decision.</p> <p>During a review of Resident 1's Minimum Data Sheet (MDS - a federally mandated resident assessment tool) dated 8/30/2024, indicated, Resident 1 had intact cognitive (mental ability to make decisions of daily living) skills and the ability to make decisions on activities of daily living.</p> <p>During a review of the facility's Interdisciplinary Team (IDT - a group of different healthcare professionals working together towards a common goal for a resident) Progress Notes dated 10/03/2024, indicated, Resident 1 requested the "CNA involved not be assigned to her anymore."</p> <p>During a review of Resident 1's Psychologist Progress Note dated 10/04/2024, indicated, Resident 1 has sufficient cognitive capacity (mental ability to make decisions).</p> <p>During an interview on 10/16/2024 at 12:14 PM with Resident 1, Resident 1 stated CNA 2 was not supposed to be in Resident 1's room when CNA 1 brought CNA 2 to Resident 1's room to assist with hygiene care on Resident 1. Resident 1 stated that CNA 2 was very rude to Resident 1 and that CNA 2 does everything to irritate the resident. Resident 1 stated that on 9/ 2024 (unable to recall the date). CNA 1 brought CNA 2 to help change the resident. Resident 1 stated CNA 1 knew CNA 2 "was not supposed to be in this</p>	F 552	<p>On 10/21/2024 Director of Nursing (DON)/Assistant Director of Nursing (ADON)/designee started random daily rounds and interviewed five residents (Monday-Friday) using the Resident's Rights Audit form will continue for 3 months or until compliance achieved. If any resident has concerns regarding the assigned staffing issues will be reported to the administrator/designee same day when issue is identified.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system; and Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.</p>	10/21/24	

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F 552	<p>Continued From page 3</p> <p>room with me." Resident 1 stated CNA 1 told Resident 1 that CNA 1 needed help with Resident 1 and that CNA 1 did not have nobody else to help her. Resident 1 stated, "I told her [CNA 2] to get out of my face."</p> <p>During a phone interview on 10/16/2024 at 1:09 PM with CNA 2, CNA 2 stated CNA 2 went to Resident 1's room to assist CNA 1 to assist with Resident 1's hygiene care. CNA 2 stated Resident 1 told CNA 2 "don't touch me ..." CNA 2 stated, "I just helped [CNA 1] pull [Resident 1] up in bed, that's all I did."</p> <p>During an interview on 10/16/2024 at 1:57 PM with the Director of Nursing (DON), the DON stated "[Resident 1] gets upset when assigned to a CNA that [Resident 1] does not like or want."</p> <p>During a review of the facility's policy and procedures (P&P - policy explains the rules and presents them in a logical framework while procedures outline the step-by-step implementation of various tasks) titled "Care Plan Comprehensive" dated 8/25/2021, indicated, "each resident's comprehensive care plan is designed to build on the resident's individualized needs, strengths, and preferences."</p> <p>During a review of the facility's P&P titled "Resident Rights" dated 12/2021, indicated, "Residents have the right to be informed of, and participate in, residents' care planning and treatment."</p>	F 552	<p>Administrator/Designee will review audit form weekly started from 10/25/2024 x 3 months. The Director of Nursing (DON) and/or Designee will bring any findings to the Administrator who will then report to the Quality Assurance (QA) team during monthly the Quality Assurance (QA)/Quality Assurance and Performance Improvement (QAPI) for further evaluation/recommendation and to provide feedback and program modification if needed x 3 months or until compliant.</p> <p>Completion date October 24, 2024.</p>		