STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056253	A. BUILDING _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKLEY POST-ACUTE	6600 SEPULVEDA BLVD VAN NUYS, CA 91411

(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 inevstigation of two complaints. Complaint Numbers: CA00895092 and CA00895200. Representing the Department: Health Facilities Evaluator Nurse: 43636. The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the Complaint Number: CA00895092. (Refer to F760). No deficiencies were identified for Complaint Number: CA00895200	F 000	This plan of correction constitutes the licensee's written credible allegation of compliance. Preparation and/or execution for this plan of correction does not constitute an admission of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is submitted as part of the statutory requirements set forth in the Code of Federal Regulations, Title 42, Section 489.13; State Operations Manual, 1 Section 2612; and California Health and Safety Code, Section 1280 and the facility does not waive its right to contest or pursue an appeal of the deficiency as allowed under Federal and State Law.	5/8/2024
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to ensure Registered Nurse 1 (RN 1) transcribed a physician order accurately and administered the prescribed dose of lisinopril-hydrochlorothiazide (a combination of medication used to treat hypertension) as ordered by the physician for one of three sampled residents (Resident 1) between 3/30/2024 to 3/31/2024 and 4/1/2024 to 4/16/2024. Resident 1 was administered a total of 13 incorrect doses of	F 760	**How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** RN 1 was given an in service on 4/18/24 and 4/25/24 regarding the transcription of the physician order to ensure that LNs can understand and accurately administer BP medications. Instead of using the symbol in the order, the Nurse will write out the parameter to allow for easier understanding. Resident 1 did not have any signs or symptoms of Hypotension during his stay at the facility. **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;**	5/8/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 5/8/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056253	A. BUILDING _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKLEY POST-ACUTE	6600 SEPULVEDA BLVD VAN NUYS, CA 91411

(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 760	Continued From page 1 lisinopril-hydrochlorothiazide. This deficient practice placed Resident 1 at risk for serious health complications as a result of being administered lisinopril-hydrochlorothiazide when the blood pressure (BP - pressure of circulating blood against the walls of blood vessels, normal range less than 120/80 millimeters of mercury [mmHg - unit of measure]) was less than 140/80 mmHg. This can lead to low blood pressure, lightheadedness, dizziness, and weakness. Findings: A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on 3/29/2024 with diagnoses that included cerebral infarction (occurs as a result of disrupted blood flow to the brain due to problems with the blood vessels that supply it), acute respiratory failure (occurs when the lungs cannot release enough oxygen into your blood), hypertension (high blood pressure), depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act) and dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities). A review of Resident 1's History and Physical (H&P- a term used to describe a physician's examination of a resident) dated 3/29/2024 indicated Resident 1 can make needs known but cannot make medical decisions. A review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 4/4/2024, indicated	F 760	Medical Records audited all residents on 4/19/2024 with blood pressure medication and the symbol of less than (<) and greater than (>) parameters. Orders were clarified with the prescribing physician without using the symbol and putting the actual phrase (less than/greater than). No other residents were affected by this deficient practice. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** All new admit residents with MD orders of blood pressure medication with parameters of less than and greater to will be written out instead of using the symbol. On 4/25/2024, licensed nurses (RN and LVN) were given an inservice by the DON regarding the transcription of the physician order to not use the symbol (</>) for blood pressure parameters, but to write it out. Medical Records will audit new admit residents with a physician order of blood pressure medications to ensure than symbols (</>) are not used, and they are written out to begin on 5/8/2024. Findings will be reported to the DON for follow up as needed, who will also report the findings to the QA committee. **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**	5/8/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056253	A. BUILDING _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKLEY POST-ACUTE	6600 SEPULVEDA BLVD VAN NUYS, CA 91411

(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 760	Continued From page 2 Resident 2 had severely impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS further indicated Resident 1 required supervision by staff for eating. Resident 1 is dependent on staff for oral hygiene, toileting hygiene and personal hygiene. A review of Resident 1's Telephone Physician Order Communication Note, obtained by RN 1, dated 3/29/2024 timed at 10:56 p.m. indicated to administer lisinopril-hydrochlorothiazide tablet 20-25 milligrams (mg- unit of measure) give 12.5 mg by mouth one time a day for hypertension give only if BP is greater than 140/80 mmHg. Upon further review of Resident 1's Telephone Physician Order Communication Note, obtained by RN 1, dated 3/29/2024 timed at 10:56 p.m. indicated the above order was discontinued on 3/29/2024 at 10:56 p.m. due to an updated dose. A review of Resident 1's updated Telephone Physician Order Communication Note transcribed by RN 1, dated 3/29/2024 timed at 10:56 p.m. indicated a new order to administer lisinopril-hydrochlorothiazide tablet 20-12.5 mg, give one tablet by mouth one time a day for hypertension, hold if vital signs (measurements of the body's most basic functions) shows blood pressure equals (=) systolic blood pressure (SBP- first number, indicates how much pressure your blood is exerting against your artery walls when the heart contracts) is less than (<) 140/80. A review of Resident 1's Medication Administration Record (MAR - a report detailing the medications administered to a resident) from 3/30/2024 to 3/31/2024 and 4/1/2024 to 4/16/2024 indicated to administer	F 760	The DON shall be responsible that the above process is ongoing and sustained. The DON shall report any trends based on the Medical Records audit. This is reported in a monthly meeting with our QA committee generally executed in the third week of every month. This will be how compliance is tracked. Compliance will be reported monthly x3 months to the QA for follow up and recommendations. **Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.** 5/8/2024	5/8/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056253	A. BUILDING _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKLEY POST-ACUTE	6600 SEPULVEDA BLVD VAN NUYS, CA 91411

(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 760	Continued From page 3	F 760		

lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg one tablet by mouth one time a day for hypertension, hold if vital signs show blood pressure = SBP < 140/80. Further review of Resident 1's MAR indicated Resident 1 was administered lisinopril-hydrochlorothiazide oral Tablet 20-12.5 mg on:

3/30/2024 at 9:00 a.m. BP 130/60
3/31/2024 at 9:00 a.m. BP 129/66
4/1/2024 at 9:00 a.m. BP 130/64
4/2/2024 at 9:00 a.m. BP 134/52
4/3/2024 at 9:00 a.m. BP 128/66
4/4/2024 at 9:00 a.m. BP 106/74
4/6/2024 at 9:00 a.m. BP 112/63
4/7/2024 at 9:00 a.m. BP 123/55
4/8/2024 at 9:00 a.m. BP 123/50
4/13/2024 at 9:00 a.m. BP 138/88
4/14/2024 at 9:00 a.m. BP 116/67
4/15/2024 at 9:00 a.m. BP 120/82
4/16/2024 at 9:00 a.m. BP 128/60

During an interview with RN 1 on 4/18/2024 at 1:15 p.m., RN 1 stated that she did speak with Resident 1's Medical Doctor (MD) on 3/29/2024 to clarify the physician order regarding lisinopril-hydrochlorothiazide 20-25 mg. RN 1 stated Resident 1's MD ordered to administer lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, give 1 tablet by mouth one time a day for hypertension and hold if vital signs show systolic blood pressure greater than 140/80 mmHg. RN 1 stated that when she transcribed the physician's order, she made a mistake by using < (less than) symbol when she documented Resident 1's MD order. RN 1 stated she should have transcribed and documented > (greater than symbol) 140/80 mmHg instead.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056253	A. BUILDING _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKLEY POST-ACUTE	6600 SEPULVEDA BLVD VAN NUYS, CA 91411

(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 760	Continued From page 4 During an interview with the Director of Nursing (DON) on 4/18/2024 at 3:00 p.m., the DON stated that the correct process when receiving a telephone order with the medical doctor is to read back the physician's order to the medical doctor or provider to ensure there are no discrepancy or errors in the telephone order. The DON further stated RN 1 should not have used a symbol when receiving a physician order by the telephone. A review of the facility's policy and procedure titled "Physician's Orders" dated 9/2020 indicated "It is the policy of the facility to transcribe physician's order either by phone or verbal for all prescription, non-prescription medications ...To have a complete order the following information must be included: 1. The individual's full name 2. The date of the order 3. Name of the medication, and other orders. 4. Dosage and administration information 5. Route of administration 6. Physician's signature The staff is responsible to query and verify with the doctor the order for accuracy.	F 760		