

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

PRINTED: 01/21/2021
FORM APPROVED
OMB NO. 0938-0391

P.O.C Accepted 9.2.2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555814	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>by-42943</u> B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2021
NAME OF PROVIDER OR SUPPLIER GOLDEN LEGACY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12260 FOOTHILL BLVD SYLMAR, CA 91342		
(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 an investigation of a complaint. Complaint Number: CA00716554 Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 42943 The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility. One deficiency was written for Complaint Number: CA00716554 F 684 Quality of Care SS=D CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the licensed nursing staff failed to meet professional standards of quality for one of three sampled residents (Resident 1) by failing to ensure a required nurse escort was assigned to accompany the resident to their doctor's	F 000	DISCLAIMER STATEMENT Golden Legacy Care Center - SNF makes its best effort to operate in substantial compliance with both Federal and State Law. Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 4, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute (Golden Legacy Care Center's credible allegation of compliance. The facility has submitted this plan of correction in order to comply with its regulatory obligation under Title 18 and 19 and to meet the ten (10) days of survey condition mandate. Likewise, the facility does not waive any objections to the merits or form any allegations contained herein. Please note that the facility may contest the merit and/or form of any of the deficiency findings alleged below and may take reasonable steps to appeal them. The following are the plan of correction for F 684: Quality of Care Compliance Date: 12/22/2020 How corrective actions will be accomplished for those residents found to have been affected by the deficient practice: A.) Scheduled appointment on 11/24/20 at 1:30pm for follow up appointment with the plastic surgeon and was immediately rescheduled on 11/30/20 at 11:30am. B.) Surgeon was notified on 11/24/20 and resident was started on antibiotic therapy. C.) Resident was transferred to the hospital on 11/25/21 for wound evaluation.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE admin (X6) DATE 2/1/21

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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NAME OF PROVIDER OR SUPPLIER GOLDEN LEGACY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12280 FOOTHILL BLVD SYLMAR, CA 91342		
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F 684	<p>Continued From page 1 appointment on 11/24/2020.</p> <p>This deficient practice resulted in Resident 1's surgical appointment being cancelled and delayed the surgeon from evaluating and treating the surgical wound.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated that Resident 1 was admitted to the facility on 11/17/2020 with diagnosis including Diabetes Mellitus (disease that result in too much sugar in the blood), Cancer of mandible (jaw), and tracheostomy (surgically created hole through the front of your neck and into your windpipe [trachea]).</p> <p>A review of Resident 1's History and Physical dated 11/19/2020 indicated that Resident 1 has intact cognition (thinking process).</p> <p>A review of Resident 1's Physician orders dated 11/18/2020 indicated that Resident 1 had a follow up appointment with their surgeon on 11/24/2020 at 1:30 p.m. for their surgical incision of the anterior (front) neck to left lateral (side) neck.</p> <p>A review of facility's Communication log dated 11/18/2020 indicated that the Case Manager (CM) noted Resident 1's need for a nurse escort to her doctor's appointment scheduled for 11/24/2020 at 1:30 p.m.</p> <p>During an interview with Registered Nurse 1 (RN1) on 12/21/2020 at 1:22p.m., RN1 indicated that Resident 1 was supposed to see the surgeon on 11/24/2020 at 1:30p.m. RN1 stated that when the transportation came, there was no nurse to</p>	F 684	<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>A.) DON and Social Service Director reviewed all residents' appointments, no other resident/patient affected by the deficient practice.</p> <p>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>A.) In-service given to Licensed Staff on 12/22/2020 on policy and procedure re transporting residents to their appointment.</p> <p>B.) Social Service and DSD will utilize a form to ensure all residents that needs an escort, if family is not available will be provided with one.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Social Service Director will review all appointments and discuss during QAPI meetings for further recommendations. The DON and NHA will report the results of monitoring to the Quality Assurance Performance Improvement (QAPI) Committee for review and recommendations.</p> <p>The QAPI Committee will monitor the process until compliance is achieved.</p>		

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F 684	<p>Continued From page 2</p> <p>accompany the resident to the appointment. Per RN1, she did not feel comfortable sending Resident 1 to her medical appointment because the resident is nonverbal and has a tracheostomy tube. RN1 stated that it is not safe to transfer without a nurse in case an emergency happens because the driver would not be able to help the resident. RN1 stated that for all residents that have a tracheostomy are supposed to be accompanied by a nurse for their medical visits.</p> <p>A review of Resident 1's Nurses Progress noted dated 11/24/2020 at 1:51 p.m., RN1 wrote that Resident 1's appointment was cancelled because they did not feel safe to send the resident on their own.</p> <p>During an interview with Case Manager (CM) on 12/21/2020 at 1:40p.m., CM was asked regarding Resident 1 having tracheostomy and needing a nurse to accompany resident to the doctor's office. Per CM, if resident is on tracheostomy, they will need a nurse to go with them.</p> <p>During an interview with Director of Staff Development (DSD) on 12/21/2020 at 2:05p.m., DSD stated that there is a form that needs to be filled out so the DSD can assign a nurse or respiratory therapist escort for the resident during doctor's appointment. DSD stated she was not able to remember what happened and why a nurse was not designated for Resident 1's appointment.</p> <p>A review of facility's Policy and procedure titled "Resident transportation" dated 11/2017 indicated that the facility needs to ensure that residents are transported to and from their appointment and services provided in the community according to</p>	F 684			

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F 684	Continued From page 3 their treatment plan.	F 684			