

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

POC Accepted on 4/23/2024 By 39550

PRINTED: 04/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/27/2024
NAME OF PROVIDER OR SUPPLIER PANORAMA GARDENS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9541 VAN NUYS BLVD. PANORAMA CITY, CA 91402		
(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 a complaint. Complaint Number: CA00888492 Representing the Department: Health Facilities Evaluator Nurse(s): 39550 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the Complaint Number: CA00888492 (Refer to Ftag 580).	F 000	Allegation of Compliance: This plan of correction is prepared and submitted as required by law. By submitting this plan of correction, Panorama Gardens Nursing and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does Panorama Gardens Nursing and Rehabilitation Center admit to any statements, findings, facts or conclusions that for the basis for the alleged deficiencies. Panorama Gardens Nursing and Rehabilitation Center reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts and conclusions that form the basis of the deficiencies.	April 15, 2024	
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. - On March 27, 2024, SSD informed resident 2's family member (son) regarding the room to room transfer that was done on March 6, 2024. FM1 was informed that this was per resident's request. FM1 stated that he is okay with the room change. 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. - All residents have the potential to be affected by this finding.		

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

TITLE

(X6) DATE

[Signature]

Director of Nursing

04-15-2024

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.

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F 580	<p>Continued From page 1</p> <p>§483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify a resident's responsible party (RP) of a room change for one of three sampled residents (Resident 2).</p> <p>This deficient practice violated the resident's and resident's RP's right to be informed in advance of a room change.</p>	F 580	<p>- SSD and designees conducted an audit of the "Room Change Binder" for month of March 2024 to ensure that all residents who recently had a room to room transfer were informed and consent was obtained. No other residents were affected by this finding.</p> <p>- On March 9, 2024, an in-service training was provided to Social Services Department (SSD) by the Assistant Administrator regarding the "Policy and Procedure for Room to Room Transfer" with emphasis on notifying resident and / or resident representative in advance and obtaining consent prior to room to room transfer. Room to room transfer will not be conducted prior to obtaining consent with resident / resident representative.</p> <p>What measures will be put into place what systemic changes the facility will to ensure that deficient practice does not recur.</p> <p>- On April 9 and 10, 2024, an in-service training was provided to Licensed Nurses by the Assistant Administrator regarding the "Policy and Procedure for Room to Room Transfer" with emphasis on notifying resident and / or resident representative in advance and obtaining consent prior to room to room transfer. Licensed Nurses are aware that room to room transfer will not be conducted unless consent is obtained from resident / resident representative.</p>		

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F 580	<p>Continued From page 2</p> <p>Findings:</p> <p>A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on 2/23/2024 with metabolic encephalopathy (a condition in which brain function is disturbed either temporarily or permanently due to different diseases or toxins in the body), dysphagia (difficulty swallowing), and cognitive communication deficit (difficulty with thinking and how someone uses language). The Admission Record listed Resident 1's RP as Family Member 1 (FM1).</p> <p>A review of Resident 2's history and physical dated 2/25/2024 indicated Resident 2 did not have the capacity to make their own decisions.</p> <p>A review of Resident 2's Minimum Data Set (MDS- a standardized assessment and care planning tool) dated 2/27/2024, indicated Resident 2 was able to be understood by others and was able to understand others. The MDS indicated Resident 2 was dependent on staff with toileting, showers, upper body dressing, lower body dressing, putting on footwear, taking off footwear, and personal hygiene.</p> <p>A review of Resident 2's Social Services Progress Note dated 3/6/2024 at 3:39 p.m., indicated that Resident 2 was moved from Room 1 (R1) to Room 2 (R2) per resident's request. The form indicated that FM 1 was notified via voicemail.</p> <p>During an interview and concurrent record review with Social Service's Assistant (SSA) on 3/14/2024 at 10:55 a.m., SSA reviewed Resident 2's Social Services Progress Note dated</p>	F 580	<p>- Starting April 15, 2024, the facility will initiate the use of the "Notification of Room Change" form. This form will be completed by the SSD or designee prior to conducting a room to room transfer. This form will be filed in the "Room Change Binder" for tracking. The "Room Change Binder" will be reviewed by the Assistant Administrator weekly x 3 months.</p> <p>Additionally, SSD will continue to document in the electronic health record (PCC) regarding room to room transfer including but not limited to resident and / or representative communication about the room transfer and will include resident or representative consent to the proposed room transfer.</p> <p>- Starting April 15, 2024, room to room transfers that was completed from the previous day/s will be discussed and reviewed by the IDT including DON and / or Assistant Administrator during daily morning stand-up meeting to ensure compliance with the "Policy and Procedure for Room to Room Transfer." Any issues will be reviewed by the Assistant Administrator to review compliance and evaluate need for further training.</p>		

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F 580	<p>Continued From page 3</p> <p>3/6/2024 at 3:39 p.m. SSA stated that prior to a resident's room change, the facility will speak to the resident and or the resident's RP to discuss the room change and to get consent (permission) for the room change. When asked if SSA spoke to FM 1, SSA stated that she did not speak nor get FM 1's consent for Resident 2's room change. SSA stated that FM 1 did not pick up the phone when SSA called, so SSA left a voice message. When asked why SSA did not wait to speak to FM 1 prior to the room change, SSA stated that Resident 2 was so persistent that SSA moved Resident 2 without FM 1's consent. SSA stated that she should have waited for a response from FM 1 prior to Resident 2's room change because Resident 2's did not have the capacity to make decisions.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 3/14/2024 at 4:30 p.m., the ADON stated that a resident's responsible party should be made aware prior to a room change of a resident in order to get consent. ADON stated that the facility cannot change a residents' rooms without consent.</p> <p>A review of the facility's policy and procedure titled "Room to Room Transfer", revised October 2023, indicated that prior to the room transfer, the resident, his or her roommate, and the resident's representative will be provided with information concerning the decision to make the room transfer.</p>	F 580	<p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan 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.</i></p> <ul style="list-style-type: none"> - Assistant Administrator or designee will perform weekly x 3 months inspection of the "Room Change Binder" and review "Notification of Room Change" form to ensure compliance. Any findings will be reported to QA committee for review and recommendations. - Findings and concerns regarding Room to Room transfer will be reported to QA committee monthly x 3 months for review, trending and recommendations. QA Committee meeting is scheduled on May 13, 2024. 		