

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

ROC Accepted on 5/22/2024 By 49108

PRINTED: 05/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555578	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2024
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NAME OF PROVIDER OR SUPPLIER

HOLIDAY MANOR CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

20554 ROSCOE BLVD

CANOGA PARK, CA 91306

(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
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F 000 INITIAL COMMENTS

F 000

The following reflects the findings of the California Department of Public Health during the investigation of a complaint.

Complaint Number: CA00897577

Representing the Department:
Health Facilities Evaluator Nurse(s): 49109

The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility.

One deficiency was identified for the Complaint Number: CA00897577 (Refer to F676).

F 676 Activities Daily Living (ADLs)/Mntn Abilities
SS=D CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)

F 676

§483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:

§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...

§483.24(b) Activities of daily living.
The facility must provide care and services in accordance with paragraph (a) for the following

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

TITLE

ADMINISTRATOR

(X6) DATE

05/20/24

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 676	<p>Continued From page 1</p> <p>activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled resident (Resident 1) was provided with activities of daily living (ADL).</p> <p>This deficient practice resulted in a delay in delivering the necessary care and services to Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1 's Admission Record indicated the facility admitted Resident 1 on 1/18/2024 with diagnoses that included atrial fibrillation (irregular and often very rapid heart rhythm) and heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs).</p> <p>A review of Resident 1 's History and Physical</p>	F 676		

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F 676	<p>Continued From page 2</p> <p>Exam, dated 1/18/2024, indicated Resident 1 has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 4/19/2024 indicated that Resident 1 had the ability to make self understood and had the ability to understand others. The MDS further indicated Resident 1 required setup or clean-up assistance for eating, oral hygiene, toileting hygiene, shower or bathing self, upper and lower body dressing, personal hygiene, and mobility (movement).</p> <p>A review of Resident 1 's Care Plan dated 1/19/2024 indicated Resident 1 had ADL deficit related to eating, personal hygiene, mobility, dressing, toilet use, bathing, transfer, walking and locomotion (movement or ability to move from one place to another) on and off unit. The goal was for Resident 1 's ADL needs to be met daily. The approaches included to assist with ADL as needed, monitor the resident for ADL needs and keep clean and dry.</p> <p>A review of Resident 1 's Certified Nurse Assistant (CNA) Functional Abilities Flowsheet dated 4/2024 indicated there were no documented evidence found (blank) that on 4/6/2024 during the day shift (7:00 a.m. to 3:00 p.m.) Resident 1 was assisted and provided with ADL such as eating, oral hygiene, toileting hygiene, shower or bathing, upper and lower body dressing, and personal hygiene.</p> <p>During a concurrent interview and record review, on 5/1/2024 at 11:01 a.m., with the Director of Staff Development (DSD), the DSD stated that CNA 's must document on the CNA Functional</p>	F 676			

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F 676	<p>Continued From page 3</p> <p>Abilities Flowsheet after assisting or providing the ADL task to the resident. The DSD further stated the importance of documenting to ensure care or services has been provided and to notify licensed nurses for any changes in resident 's needs. The DSD stated that if the CNA Functional Abilities Flowsheet was blank and there were no documentations found if care was provided it means it was not done.</p> <p>A review of the facility's policy and procedure titled, "Activities of Daily Living (ADLs), Supporting," last revised on 3/2018 indicated residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p>	F 676			



HOLIDAYMANOR

20554 Roscoe Blvd, Canoga Park 91306
Phone # (818) 341-9800 Fax # (818) 341-1925

PLAN OF CORRECTION

HOLIDAY MANOR CARE CENTER submits this response and Plan of Correction as part of the requirements under the state and federal law. The plan of correction is submitted with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited or any other liability. Provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against any Provider or its employees, agents, officers, directors and shareholders. Provider reserves the right to challenge the cited findings if at any time Provider determines that the disputed findings are relied upon in a manner adverse to the interests of the Provider either by the governmental agencies or third party.

F676

Activities of Daily Living

Corrective Action:

There were no evidence found of ADL given on April 06, 2024 on the ADL flowsheet. Resident 1 was discharged to the acute hospital on May 2, 2024. Resident requested to go elsewhere after the acute hospital stay.

Identification of Others:

On May 16, 2024 an audit was completed by the Medical Records/Designee on all residents to identify if there were other patients affected by the deficient practice. It was found that there were no other residents were affected.

Measure to Prevent Recurrence:

On May 02, 2024 a one on one in-service was provided to the CNA regarding Activities of Daily Living. Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADL) do not diminish unless the circumstances of their clinical condition(s) demonstrate diminishing ADLs are unavoidable. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care including appropriate support with hygiene, mobility, elimination, dining and communication.

On May 16, 2024 all CNAs were given the same in-service regarding Activities of Daily Living. This is to ensure that the ADLs are given to the residents and it is documented properly.



HOLIDAYMANOR
NURSING HOME

POC Monitoring Process:

An in-service was also given to the Licensed Nurses regarding a New Huddle Form on May 17, 2024. The huddle form includes the monitoring of the ADLs and refusals from any resident. Any refusal should be communicated during the huddle. Refusals needs to be documented and care planned or offer alternative interventions.

Daily Audits of the ADL flowsheet will be done daily by Medical Records/Designee to ensure ADL is provided to the residents daily or according to schedule. Also this is to ensure that the ADLs are properly and documented timely. Findings will be discussed in the daily stand up meeting. Any trends will be reported to QAPI committee monthly then quarterly on the status of ongoing compliance until August 17, 2024. The QAPI committee shall determine agenda for further revision and /or revision to plan of correction. The Administrator / and or designee is responsible in ensuring compliance is achieved and sustained.

Completion Date:

May 17, 2024