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

PRINTED: 05/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055845	A. BUILDING _____ B. WING _____	C 05/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE GLEN POST ACUTE CARE CENTER	330 MISSION ROAD GLENDALE, CA 91205

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F 000	INITIAL COMMENTS Surveyor: 36500 The following reflects the findings of the Department of Public Health during an Abbreviated Survey. Complaint No.:CA00531053-Substantiated Representing the Department of Public Health Surveyor Federal ID: 36500, RN, HFEN The inspection was limited to the specific complaint(s) and does not represent the findings of a full inspection of the facility.	F 000	Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.	
F 154 SS=D	483.10(c)(1)(2)(iii)(4)(5) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS (c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: (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. (c)(iii) The right to be informed, in advance, of changes to the plan of care. (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. (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	F 154		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 5-19-17

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 154	Continued From page 1 options and to choose the alternative or option he or she prefers. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the resident's responsible party (RP) was notified when the resident's antidepressant medication was discontinued upon readmission from the general acute care hospital (GACH) for one out of three sample residents (Resident 1). This deficient practice violated the resident's responsible party right to be fully informed of the changes in Resident 1's medications. Findings: On April 17, 2017, the Department received a complaint (CA00531053) with allegations that included Resident 1's responsible party was not notified an anti depressant medication that the resident was receiving at the GACH was discontinued when the resident was readmitted at the facility. Investigation of the complaint was conducted on May 1, 2017. A review of the admission record face sheets indicated Resident 1 was initially admitted to the facility on May 19, 2016, and readmitted on April 8, 2017, with diagnoses that included osteomyelitis (inflammation of the bone caused by infection) in the vertebra and sacral (bottom of the spine), muscle wasting and dysphagia (difficulty swallowing). The admission record indicated Family Member 1 (FM 1) was Resident 1's responsible party (RP). A review of the Minimum Data Set [MDS- a	F 154	**F154** **Informed of Health Status, Care & Treatments** **Corrective action for residents found to have been affected by this deficiency:** Zoloft 50mg 1 tablet PO QD for Depression was ordered by MD on 4/17/17 for Resident 1. Resident's 1 family member (FM 1) who was the resident's responsible party, received informed consent verified by Registered Nurse (RN) on the same date. FM 1 attended care conference on 4/18/17.	

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F 154	Continued From page 2 comprehensive assessment and care screening tool], dated February 13, 2017, indicated Resident 1's cognitive skills (the act or process of knowing, perceiving) were moderately impaired and required extensive assistance with one person assisting for bed mobility (moving to and from lying positions, turning side to side, and positioning body while in bed), dressing, eating; and total dependence with two persons assisting for transfer, toilet use, personal hygiene, and bathing. The MDS indicated Resident 1's active diagnoses included depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). A review of the History and Physical Examination dated April 24, 2017, indicated Resident 1 does not have the capacity to understand and make decisions. A review of the care plan dated May 19, 2016 indicated a care plan for alteration in mood, behaviors and psychosocial well being related to depression manifested by symptoms of verbalization of sadness with interventions that included medications as ordered and monitor side effects of medications. A review of Resident 1's Discharge Summary from the GACH dated April 8, 2017, indicated Resident 1 was admitted on March 28, 2017 and discharged to the facility with diagnoses that included pneumonia (infection that inflames air sacs in one or both lungs, which may fill with fluid.) and depression. A review of Resident 1's GACH records that included a form titled, "24 Hour Report," dated April 7, 2017, indicated Resident 1's medications	F 154	**Corrective action for residents that may be affected by this deficiency:** Revicwed re-admissions from May 13 through May 19th and found no residents identified that were affected by this deficicnt practice.	

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F 154	Continued From page 3 included Sertraline HCl (an antidepressant medication) 50 milligrams by mouth everyday. A review of the Physician Admission Orders dated April 8, 2017, did not indicate there was an order for the antidepressant medication Sertraline. On May 1, 2017 at 4:00 p.m., during an interview, Registered Nurse 1 stated Resident 1 did not have an order for the antidepressant medication Sertraline when he was readmitted to the facility because he was not taking Sertraline prior to admission to GACH. RN 1 stated Resident 1 was taking a different antidepressant, Effexor (Venlafaxine) at the facility. RN 1 was unable to show documented evidence, Resident 1's responsible party was notified when the facility physician did not order Sertraline for Resident 1 when he was readmitted from GACH. A review of the physician orders dated March 21, 2017, indicated an order for Effexor XL 75 milligrams 1 tablet, by mouth, everyday. Monitor episodes of depression manifested by episodes of crying. Monitor side effects of antidepressant medication Effexor such as drowsiness, dry mouth, blurred vision, skin, constipation, postural hypotension, increased weight, urinary retention, muscle tremor, headache, photosensitivity. A review of an undated Resident 1's Psychotropic Assessment indicated Resident 1 exhibited depression behavior on April 15, 2017. The Interdisciplinary Team recommendations included monitor administer medication as ordered, behavior as ordered, monitor potential adverse potential adverse drug reactions as ordered, and psych follow-up as indicated/needed.	F 154	**Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not reoccur:** DON will re-educate licensed nurses by 5/22/17 in regard to notification and/or informing resident/responsible party of new or discontinued medication orders. This notification will be documented in the resident's medical record. During IDT care conference, medications ordered or discontinued will be discussed with resident or responsible party. Any concerns will be reported to DON for follow-up.	

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F 154	Continued From page 4 A review of the physician orders dated April 17, 2017, indicated an order for Zoloft (Sertraline) 50 m.g., 1 tablet, by mouth, daily for depression. A review of Facility Verification/Informed Consent for Zoloft dated April 17, 2017 at 7:00 a.m., indicated Resident 1's family member (FM 1) who was the resident's responsible party, received informed consent by telephone and receipt of informed consent verified by a Registered Nurse (RN).	F 154	**Measures that will be put into place to ensure that this deficiency does not reoccur:** The above POC will be reviewed in the QAA committee for 3 months and quarterly thereafter and as needed. Administrator and/or Designee will report trends.	