

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER GLENDALE POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 N. VERDUGO ROAD GLENDALE, CA 91206	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to administer medications as ordered safely for one of three sampled residents (Resident 1). A Licensed Vocational Nurse 1 (LVN 1) left Resident 1's medication unattended at the resident's bedside table and did not return to Resident 1 until one to two hours later to administer the medication. This deficient practice had the potential for the medication to be accidentally taken by another person and/or the resident receiving the dose late. Findings: A review of Resident 1's Admission Record indicated, Resident 1 was initially admitted to the facility on [DATE] with re-admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 2/11/2020, indicated the resident had no impairment in cognitive skills. Resident 1 made self-understood and understood others. A review of Resident 1's monthly physician's orders [REDACTED]. During an interview on 4/28/2020 at 3:25 p.m., Resident 1 stated it was the first or the second day she was in the Covid-19 area that the evening shift (3 to 11 p.m.) LVN 1 told her he was busy and left the medication on her bedside table. Resident 1 stated the LVN 1 did not come back and to administer the medication until one or two hours later. During an interview on 4/28/2020 at 3:50 p.m., LVN 1 stated they had an emergency and went back to help Resident 1 take her medication. During an interview on 6/23/2020 at 10:45 a.m., a Registered Nurse 1 (RN1) stated medications are not to be left and/o unattended at the bedside at any time. During an interview on 6/23/2020 at 8:03 p.m., LVN 1 stated when administering medications, staff are to make sure residents take their medications at the time it was prepared. LVN 1 stated if they do not want to take the medications at the time offered medications need to be locked in the medication cart and not left at the bedside. During an interview on 6/25/2020 at 2:04 p.m., the Director of Nursing (DON) stated medication cannot be left unattended at any time. A review of facility's policy, Administering Medications, revised on December 2012, indicated during administration of medications cart will be kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. If a dry is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle on the Medication Administration Record [REDACTED].</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.