

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 03/12/2020
NAME OF PROVIDER OF SUPPLIER PANORAMA GARDENS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9541 VAN NUYS BLVD. PANORAMA CITY, CA 91402	
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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident had means of communication by not having an call system to meet the resident's needs for one (1) of three (3) residents (Resident 1), reviewed for the care area of resident rights. This deficient practice placed the resident at risk of inability to summon health care workers as needed to receive assistance that may include urgent care. Findings: A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- an assessment and care screening tool) dated 11/14/19, indicated the resident has the ability to sometimes make self-understood and has the ability to sometimes understand others. The MDS indicated that Resident 1 had functional limitation in range of motion (ROM) of bilateral (both sides) upper and lower extremities.</p> <p>During an interview, on 1/22/20 at 2:10 p.m., Family Member 1 (FM 1) stated that Resident 1 cannot press the call light due to advanced [MEDICAL CONDITION], and stated that he rarely sees staff making rounds (checking routinely on the resident) except for twice a day they come to change her. During a concurrent observation, and interview, on 1/30/20 at 4:45p.m., Licensed Vocational Nurse 1 (LVN 1) stated that Resident 1's ROM is very limited. When asked how the resident calls for help LVN 1 stated that the resident will yell for help and does not use the call light, since she is unable to use the call light. LVN 1 stated that they make frequent rounds, but there are no specific assignments or schedules. A review of facility policies and procedures titled, Call Light/Bell revised 05/2007, indicated, It is the policy of this facility to provide the resident a means of communication with nursing staff.</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.