Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405		
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 0697 Level of Harm - Actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES		onfidentiality** 45579 Insure three of five sampled ain, received care and services in a person-centered care plan by Insure three of five sampled ain, received care and services in a person-centered care plan by Insure three of five sampled ain, received care and services in a person-centered care plan by Insure three of five sampled and prescribed physician as as per facility policy. Insure three of five sampled and physician as as per facility policy. Insure three of five sampled and physician and aid as person and aid and prescribed by the sibed time caused Resident 1, and at the person and aid aid aid aid aid aid aid aid aid ai	

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 555738

If continuation sheet Page 1 of 34

CTATEMENT OF REFIGIENCIES	()(1) PDO) ((DED (CUPPLIED (CUP	(//2) / / / / / / / / / / / / / / / / / /	(VZ) DATE CUDVEY	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	555738	A. Building B. Wing	07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Windsor Terrace Health Care 7447 Sepulveda Blvd Van Nuys, CA 91405				
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		MARY STATEMENT OF DEFICIENCIES deficiency must be preceded by full regulatory or LSC identifying information)		
F 0697 Level of Harm - Actual harm Residents Affected - Some	A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 6/1/2022, indicated Resident 1 was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated that Resident 1 only required staff assistance with setting up for toilet use.			
	A review of Resident 1 's Physicial	n 's Order, indicated the following orde	ers:	
	1. Oxycodone Hydrochloride (Oxycodone HCL- medication to treat pain) 30 milligrams (mg- a unit of measure), give two tablets by mouth every four hours for severe pain, hold of respiratory rate (RR -normal range of breaths are from 12 to 20 respirations per minute) below 12 or sedated, order start date of 11/25/2021.			
	2. Morphine Sulfate (medication used to treat pain) Extended Release (ER, the pill is made so that the drug is released slowly over time) tablet extended release 60 mg. give one tablet by mouth every 12 hours related to chronic gout, give with 30 mg. to equal 90 mg., hold medication and notify Medical Doctor (MD) if RR is below 12, order start date of 5/04/2022.			
		nded release 30 mg., give one tablet by qual 90 mg. hold medication and notify		
	A review of Resident 1 's Care Plan titled, Acute/Chronic Pain, dated 3/08/2022 and revised 6/17/2022, indicated Resident 1 will verbalize adequate relief of pain or resident will not have an interruption in normal activities due to pain. Interventions indicated were to administer analgesia (pain medications) as per physician 's orders, evaluate the effectiveness of pain interventions and review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition.			
	During a concurrent observation and interview on 6/16/2022 at 12:54 p.m., observed Resident 1 sitting on his bed in his room grimacing (twisting of the facial features into an unpleasant expression) while moving. Resident 1 reported his pain was 8/10 during the interview and stated that he had just received his ordered pain medication. Resident 1 stated that since his admission into the facility, there have been multiple instances where in the licensed nurses provide his scheduled pain medication late. Resident 1 stated that on 6/16/2022, he was supposed to receive a dose of Oxycodone HCl 60 mg at 4:00 a.m., but the nurses did not administer the medication until almost 6:00 a.m. Resident 1 stated that because of the delay in receiving his pain medications timely, he was left in excruciating pain that morning. Resident 1 stated that the pain would be so excruciating that he is not able to conduct activities of daily living. Resident 1 stated that there were even episodes where he was in so much pain that he defecated (bowel movement) on himself. Resident 1 stated that this upset him because he has control of his bowel movements.			
	During an interview on 6/17/2022 at 3:10 p.m. with Resident 1, Resident 1 stated that his scheduled 4:00 a. m. scheduled pain medications were always given past the scheduled time. Resident 1 stated he has received the medications after 5:00 a.m. on multiple occasions. Resident 1 stated he told the Licensed Nurses and Director of Nurses (DON) and that he just wants to receive his pain medications on time so that he will not suffer in pain.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE	
Windsor Terrace Health Care				
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	ICIENCIES y full regulatory or LSC identifying information)		
F 0697 Level of Harm - Actual harm	that Resident 1 's order for Oxycoo	iew of Resident 1 's Medication Administration Record (MAR) Details for 5/2022 and 6/2022 indicated Resident 1 's order for Oxycodone HCL 60 mg was not followed as per the physician 's order as enced by being administered outside of the scheduled time:		
Residents Affected - Some	1. On 5/03/2022, the 12:00 a.m. do	se was documented as administered a	at 06:34 a.m.	
	2. On 5/03/2022, the 04:00 a.m. do	ose was documented as administered a	at 06:34 a.m.	
	3. On 5/03/2022, the 08:00 a.m. do	ose was documented as administered a	at 09:12 a.m.	
	4. On 5/04/2022, the 12:00 a.m. do	ose was documented as administered a	at 06:30 a.m.	
	5. On 5/04/2022, the 04:00 a.m. do	ose was documented as administered a	at 06:30 a.m.	
	6. On 5/04/2022, the 04:00 p.m. do	se was documented as administered a	at 05:12 p.m.	
	7. On 5/05/2022, the 12:00 a.m. dose was documented as administered at 05:56 a.m.			
	8. On 5/05/2022, the 04:00 a.m. do	ose was documented as administered a	at 05:56 a.m.	
	9. On 5/06/2022, the 12:00 a.m. do	ose was documented as administered a	at 06:30 a.m.	
	10. On 5/05/2022, the 04:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	11. On 5/06/2022, the 12:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	12. On 5/06/2022, the 04:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	13. On 5/06/2022, the 04:00 p.m. o	lose was documented as administered	at 05:10 p.m.	
	14. On 5/07/2022, the 12:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	15. On 5/07/2022, the 04:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	16. On 5/10/2022, the 12:00 a.m. o	lose was documented as administered	at 06:02 a.m.	
	17. On 5/10/2022, the 04:00 a.m. o	lose was documented as administered	at 06:02 a.m.	
	18. On 5/11/2022, the 12:00 a.m. dose was documented as administered at 06:35 a.m.			
	19. On 5/11/2022, the 04:00 a.m. o	lose was documented as administered	at 06:35 a.m.	
	20. On 5/12/2022, the 12:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	21. On 5/12/2022, the 04:00 a.m. o	lose was documented as administered	at 06:30 a.m.	
	22. On 5/12/2022, the 04:00 p.m. o	lose was documented as administered	at 05:09 p.m.	
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			No. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Windsor Terrace Health Care	7470			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697	23. On 5/13/2022, the 12:00 a.m. d	lose was documented as administered	at 05:43 a.m.	
Level of Harm - Actual harm	24. On 5/13/2022, the 04:00 a.m. d	lose was documented as administered	at 05:43 a.m.	
Residents Affected - Some	25. On 5/13/2022, the 12:00 a.m. d	lose was documented as administered	at 05:43 a.m.	
	26. On 5/13/2022, the 04:00 a.m. d	lose was documented as administered	at 05:43 a.m.	
	27. On 5/15/2022, the 08:00 p.m. d	lose was documented as administered	at 10:59 p.m.	
	28. On 5/16/2022, the 12:00 a.m. dose was documented as administered at 02:38 a.m.			
	29. On 5/17/2022, the 12:00 a.m. dose was documented as administered at 06:28 a.m.			
	30. On 5/17/2022, the 04:00 a.m. dose was documented as administered at 06:28 a.m.			
	31. On 5/17/2022, the 08:00 a.m. dose was documented as administered at 11:39 a.m.			
	32. On 5/18/2022, the 12:00 a.m. dose was documented as administered at 07:29 a.m.			
	33. On 5/18/2022, the 04:00 a.m. d	lose was documented as administered	at 07:29 a.m.	
	34. On 5/19/2022, the 12:00 a.m. dose was documented as administered at 06:31 a.m.			
	35. On 5/19/2022, the 04:00 a.m. d	lose was documented as administered	at 06:31 a.m.	
	36. On 5/20/2022, the 12:00 a.m. d	lose was documented as administered	at 01:37 a.m.	
	37. On 5/20/2022, the 04:00 a.m. d	lose was documented as administered	at 06:45 a.m.	
	38. On 5/20/2022, the 04:00 p.m. d	lose was documented as administered	at 05:02 p.m.	
	39. On 5/21/2022, the 12:00 a.m. d	lose was documented as administered	at 01:47 a.m.	
	40. On 5/21/2022, the 08:00 p.m. d	lose was documented as administered	at 09:07 p.m.	
	41. On 5/22/2022, the 12:00 a.m. d	lose was documented as administered	at 03:04 a.m.	
	42. On 5/22/2022, the 04:00 p.m. d	lose was documented as administered	at 09:46 p.m.	
	43. On 5/22/2022, the 08:00 p.m. d	lose was documented as administered	at 09:49 p.m.	
	44. On 5/23/2022, the 12:00 a.m. d	lose was documented as administered	at 02:01 a.m.	
	45. On 5/23/2022, the 04:00 p.m. d	lose was documented as administered	at 05:04 p.m.	
	46. On 5/24/2022, the 12:00 a.m. d	lose was documented as administered	at 06:27 a.m.	
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			NO. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	IP CODE	
Windsor Terrace Health Care 7447 Sepulveda Blvd Van Nuys, CA 91405				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697	47. On 5/24/2022, the 04:00 a.m. o	lose was documented as administered	at 06:27 a.m.	
Level of Harm - Actual harm	48. On 5/25/2022, the 12:00 a.m. o	lose was documented as administered	at 06:25 a.m.	
Residents Affected - Some	49. On 5/25/2022, the 04:00 a.m. o	lose was documented as administered	at 06:25 a.m.	
	50. On 5/26/2022, the 12:00 a.m. o	lose was documented as administered	at 07:24 a.m.	
	51. On 5/26/2022, the 04:00 a.m. o	lose was documented as administered	at 06:40 a.m.	
	52. On 5/26/2022, the 04:00 p.m. dose was documented as administered at 05:23 p.m.			
	53. On 5/27/2022, the 12:00 a.m. dose was documented as administered at 06:36 a.m.			
	54. On 5/27/2022, the 08:00 p.m. o	lose was documented as administered	at 09:21 p.m.	
	55. On 5/28/2022, the 12:00 a.m. dose was documented as administered at 05:49 a.m.			
	56. On 5/29/2022, the 04:00 p.m. dose was documented as administered at 06:56 p.m.			
	57. On 5/29/2022, the 08:00 p.m. o	lose was documented as administered	at 10:07 p.m.	
	58. On 5/30/2022, the 12:00 a.m. dose was documented as administered at 03:39 a.m.			
	59. On 5/30/2022, the 04:00 p.m. o	lose was documented as administered	at 07:36 p.m.	
	60. On 5/30/2022, the 08:00 p.m. o	lose was documented as administered	at 10:01 p.m.	
	61. On 5/31/2022, the 12:00 a.m. o	lose was documented as administered	at 06:44 a.m.	
	62. On 5/31/2022, the 04:00 a.m. o	lose was documented as administered	at 06:44 a.m.	
	63. On 6/03/2022, the 04:00 a.m. o	lose was documented as administered	at 06:08 a.m.	
	64. On 6/04/2022, the 12:00 a.m. o	lose was documented as administered	at 06:35 a.m.	
	65. On 6/04/2022, the 04:00 a.m. o	lose was documented as administered	at 06:35 a.m.	
	66. On 6/04/2022, the 04:00 p.m. o	lose was documented as administered	at 05:05 p.m.	
	67. On 6/05/2022, the 12:00 a.m. o	lose was documented as administered	at 06:25 a.m.	
	68. On 6/05/2022, the 04:00 p.m. o	lose was documented as administered	at 06:52 p.m.	
	69. On 6/06/2022, the 04:00 p.m. o	lose was documented as administered	at 05:11 p.m.	
	70. On 6/06/2022, the 08:00 p.m. o	lose was documented as administered	on 6/07/2022 at 01:12 a.m.	
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			No. 0930-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	IP CODE	
Windsor Terrace Health Care				
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	DEFICIENCIES ded by full regulatory or LSC identifying information)		
F 0697	71. On 6/08/2022, the 04:00 p.m. o	lose was documented as administered	on 6/09/2022 at 01:20 a.m.	
Level of Harm - Actual harm	72. On 6/08/2022, the 08:00 p.m. o	lose was documented as administered	on 6/09/2022 at 01:21 a.m.	
Residents Affected - Some	73. On 6/09/2022, the 08:00 p.m. c	lose was documented as administered	on 6/10/2022 at 12:35 a.m.	
	74. On 6/10/2022, the 08:00 p.m. o	lose was documented as administered	at 09:24 p.m.	
	75. On 6/11/2022, the 04:00 a.m. o	lose was documented as administered	at 06:14 a.m.	
	76. On 6/13/2022, the 04:00 a.m. o	lose was documented as administered	at 05:46 a.m.	
	77. On 6/14/2022, the 04:00 a.m. dose was documented as administered at 05:16 a.m.			
	78. On 6/15/2022, the 08:00 p.m. dose was documented as administered at 09:26 p.m.			
	79. On 6/16/2022, the 08:00 p.m. dose was documented as administered at 09:57 p.m.			
	80. On 6/17/2022, the 12:00 a.m. dose was documented as administered at 01:26 a.m.			
	I and the second	5/2022 and 6/2022 Administration Det nd the actual time it was removed and	•	
	1. On 5/06/2022, the 09:00 p.m. dose was documented as administered at 10:40 p.m.			
	2. On 5/09/2022, the 09:00 p.m. do	se was documented as administered of	on 5/10/2022 at 05:20 a.m.	
	3. On 5/15/2022, the 09:00 p.m. do	se was documented as administered a	at 11:00 p.m.	
	4. On 5/17/2022, the 09:00 a.m. do	se was documented as administered a	at 11:40 a.m.	
	5. On 5/24/2022, the 09:00 a.m. do	se was documented as administered a	at 10:36 a.m.	
	6. On 5/26/2022, the 09:00 p.m. do	se was documented as administered a	at 10:44 p.m.	
	7. On 5/29/2022, the 09:00 p.m. do	se was documented as administered a	at 10:08 p.m.	
	8. On 6/02/2022, the 09:00 p.m. do	se was documented as administered a	at 11:14 p.m.	
	9. On 6/06/2022, the 09:00 p.m. do	se was documented as administered o	on 6/7/2022 at 01:11 a.m.	
	10. On 6/08/2022, the 09:00 p.m. o	lose was documented as administered	on 6/9/2022 at 01:24 a.m.	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555738	A. Building B. Wing	07/15/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care 7447 Sepulveda Blvd Van Nuys, CA 91405			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697 Level of Harm - Actual harm Residents Affected - Some	Resident 1 's 05/2022 and 06/2022 medications should be given one h stated she gives routine pain medic 4 stated Resident 1 has screamed more than an hour late in giving the administers Resident 1 's pain meadministration, and she is not follow During an interview and concurrent Resident 1 's MAR for 5/2022, 6/2 RN 1 stated that Resident 1 had in Oxycodone scheduled for 4:00 a.m excruciating pain whenever his pailicensed nurses to give Resident 1 Resident 1 's MAR for 5/2022 and followed as the medications were repain medications as per the physicafter administration. RN 1 reviewed documented evidence that Resident stated that it is important to do a portion was effective and that Resident 1 get mad and scream medication was effective and that Resident 1 get mad and scream mere being given late. RN 1 stated stated that he does recall instanced defecated on himself but was unaben During an interview and record reversident 1 's MAR for 05/2022 and administered a medication outside medication administration. DON 1 there was a total of 80 instances we prescribed by the physician, and 10 as prescribed by the physician. During an interview and record reversident 1 's MAR for 05/2022 and licensed nurse administered a medication administered and record reversident 1 's MAR for 05/2022 and licensed nurse administered a medication administered and licensed nurse administered a medication administered a late medication administration administered and licensed nurse administered a medication administered and licensed nurse administered a medication administered and licensed nurse administered a medication administered and licensed nurse administered and licensed nurse administered and licensed nurse administered a medication administered and licensed nurse administered a	t record review on 7/7/2022 at 03:10 p. 022 and Skilled Nursing Facility 's (SN formed her that his scheduled pain med. is always administered late. RN 1 stath medications are given late. RN 1 stath medications are given late. RN 1 stath medications are given late. RN 1 stath solved in the stath of the	hat the facility policy is that uled administration time. LVN 4 of 11:00 p.m. to 7:00 a.m. shift. LVN ions be given whenever LVN 4 is stated that every time she uled time, it is a late medication m. with Registered Nurse 1 (RN 1), F) Medical Records were reviewed. dications, particularly his ted that Resident 1 complains of ed she has been advising the other RN 1 stated that after reviewing ycodone and Morphine were not an for Resident 1 is to administer effectiveness of the pain medication and stated that there was no given pain medications. RN 1 given to know if the pain RN 1 stated that she has seen staff when his pain medications introl) his bowel and bladder. RN 1 nee with cleaning because he Director of Nursing 1 (DON 1), I that each time a licensed nurse led time, it is considered a late 22 and 06/2022 and stated that Daycodone on schedule as a receive his Morphine on schedule Director of Nursing 2 (DON 2), I that each and every time a for the scheduled time, it is 1 s MAR for 05/2022 and 06/2022 not receive his Oxycodone on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	P CODE	
Windsor Terrace Health Care		7447 Sepulveda Blvd	r CODE	
Windsor Ferrace Fleatin Gare	Van Nuys, CA 91405			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697 Level of Harm - Actual harm Residents Affected - Some	During an interview and record review on 7/06/2022 at 06:15 p.m. with DON 2, Resident 1 's care plan titled, Acute/Chronic Pain revised 6/17/2022 was reviewed. DON 2 stated that the facility policies were not followed as the licensed nurses did not administer pain medication as per physician 's orders and did not assess pain after an analgesic is given to determine effectiveness of the analgesic.			
Residents Affected - Some	B. A review of Resident 2 's Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included paraplegia (loss of movement and sensation in both legs, sometimes, part of the lower abdomen) and dorsalgia (physical discomfort occurring anywhere on the spine or back, ranging from mild to disabling).			
	A review of Resident 2 's History a capacity to understand and make of	nd Physical dated 12/26/2021, indicate lecisions.	ed that the resident had the	
	A review of Resident 2 's MDS, dated [DATE], indicated Resident 2 is cognitively intact with skills required for daily decision making. Resident 2 was totally dependence on staff with Activities of Daily Living and required one-person extensive assistance (resident involved in activity, staff provide weight-bearing support) with dressing, toilet use, and personal hygiene.			
	Acetaminophen (Norco - a medicat	s Order, dated 12/24/2021, indicated a ion used to relieve pain) 5/325 mg by mes at 9:00 a.m., at 5:00 p.m., and at 7	mouth three times a day for pain	
	A review of Resident 2 's Care Plan titled, Pain, dated 4/12/2022 and revised on 6/03/2022, indicated Resident 2 will be free of any discomfort or adverse side effects from receiving pain medication. Interventions indicated were to administer analgesia (Hydrocodone-Acetaminophen 5-325mg) as per physician 's order and evaluate the effectiveness of pain interventions.			
	During a concurrent observation and interview on 6/3/2022 at 12:36 p.m., observed Resident 2 sitting on bed in a high [NAME] 's position (sitting upright with the spine straight), awake and watching television. Resident 2 stated she is paralyzed from her sternum (breastbone) to her legs, but experiences constant Resident 2 stated that her scheduled pain medication of Norco has been administered to her more than a hour late on multiple occasions. Resident 2 stated it will help her more if the nurses give her pain medications on time to help make her pain more tolerable.			
		tails for 5/2022 and 6/2022 indicated th 25 mg was not followed as per the phys		
	1. On 5/01/2022, the 01:00 a.m. do	se was documented as administered a	at 05:13 a.m.	
	2. On 5/02/2022, the 05:00 p.m. do	se was documented as administered 5	5/03/2022 at 01:03 a.m.	
	3. On 5/03/2022, the 01:00 a.m. do	se was documented as administered a	at 06:25 a.m.	
	,	se was documented as administered a		
	· ·			
	5. On 5/03/2022, the 05:00 p.m. do	se was documented as administered a	at 08:43 p.m.	
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			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	FICIENCIES by full regulatory or LSC identifying information)		
F 0697	6. On 5/04/2022, the 01:00 a.m. do	se was documented as administered a	at 06:22 a.m.	
Level of Harm - Actual harm	7. On 5/05/2022, the 01:00 a.m. do	se was documented as administered a	at 06:03 a.m.	
Residents Affected - Some	8. On 5/06/2022, the 01:00 a.m. do	se was documented as administered a	at 06:19 a.m.	
	9. On 5/06/2022, the 09:00 a.m. do	se was documented as administered a	at 10:36 a.m.	
	10. On 5/06/2022, the 05:00 p.m. d	lose was documented as administered	5/07/2022 at 12:03 a.m.	
	11. On 5/07/2022, the 01:00 a.m. d	lose was documented as administered	at 06:15 a.m.	
	12. On 5/07/2022, the 09:00 a.m. d	lose was documented as administered	at 10:50 a.m.	
	13. On 5/07/2022, the 05:00 p.m. dose was documented as administered at 12:56 a.m. 14. On 5/08/2022, the 09:00 a.m. dose was documented as administered at 10:34 a.m.			
	15. On 5/09/2022, the 09:00 a.m. dose was documented as administered at 10:34 a.m.			
	16. On 5/09/2022, the 05:00 p.m. d	lose was documented as administered	at 06:31 p.m.	
	17. On 5/10/2022, the 01:00 a.m. dose was documented as administered at 06:11 a.m.			
	18. On 5/10/2022, the 09:00 a.m. d	lose was documented as administered	at 10:38 a.m.	
	19. On 5/10/2022, the 05:00 p.m. d	lose was documented as administered	at 06:31 p.m.	
	20. On 5/12/2022, the 01:00 a.m. d	lose was documented as administered	at 06:14 a.m.	
	21. On 5/12/2022, the 05:00 p.m. d	lose was documented as administered	at 06:45 p.m.	
	22. On 5/13/2022, the 09:00 a.m. d	lose was documented as administered	at 10:35 a.m.	
	23. On 5/15/2022, the 01:00 a.m. d	lose was documented as administered	at 06:09 a.m.	
	24. On 5/16/2022, the 01:00 a.m. d	lose was documented as administered	at 02:41 a.m.	
	25. On 5/16/2022, the 05:00 p.m. d	lose was documented as administered	at 07:08 p.m.	
	26. On 5/17/2022, the 01:00 a.m. d	lose was documented as administered	at 06:15 a.m.	
	27. On 5/17/2022, the 09:00 a.m. d	lose was documented as administered	at 10:58 a.m.	
	28. On 5/17/2022, the 05:00 p.m. d	lose was documented as administered	at 06:16 p.m.	
	29. On 5/18/2022, the 01:00 a.m. d	lose was documented as administered	at 07:40 a.m.	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	ICIENCIES y full regulatory or LSC identifying information)		
F 0697	30. On 5/19/2022, the 01:00 a.m. d	lose was documented as administered	at 06:39 a.m.	
Level of Harm - Actual harm	31. On 6/01/2022, the 01:00 a.m. d	lose was documented as administered	at 06:04 a.m.	
Residents Affected - Some	32. On 6/02/2022, the 01:00 a.m. d	lose was documented as administered	at 05:57 a.m.	
	33. On 6/03/2022, the 01:00 a.m. d	lose was documented as administered	at 06:19 a.m.	
	34. On 6/03/2022, the 05:00 p.m. d	lose was documented as administered	at 10:59 p.m.	
	35. On 6/04/2022, the 01:00 a.m. d	lose was documented as administered	at 06:11 a.m.	
	36. On 6/05/2022, the 01:00 a.m. d	lose was documented as administered	at 03:13 a.m.	
	37. On 6/05/2022, the 05:00 p.m. d	lose was documented as administered	at 09:19 p.m.	
	38. On 6/06/2022, the 01:00 a.m. d	lose was documented as administered	at 04:10 a.m.	
	1, Resident 2 's MAR for 05/2022, stated that she provides pain media after reviewing Resident 1 's MAR Resident 2 received his scheduled 's MAR dated 5/2022 and 6/2022, reported that she did not follow the hour before or one hour after the screcords and stated that there was resident had been given pain media Pain dated 4/12/2022, which indicas should be a post pain assessment.	record review on 7/6/2022 at 01:18 p. 06/2022, and Resident 2 's SNF medication to Resident 2 during her shift of for 5/2022 and 6/2022 that there was a Norco pain medications late. LVN 1 stashe administered the resident 's Norco facility policy and procedure that medicheduled administration time. LVN 1 reno documented evidence that a post pacations. LVN 1stated that they did not forted to assess pain after administering for routine medications to evaluate the record review on 7/6/2022 at 07:10 p.m. ewed. DON 2 stated that there was a to	cal records was reviewed. LVN 1 7:00 a.m. to 3:00 p.m. LVN 1 stated a total of 38 entries that indicated ated that after reviewing Resident 2 b late a total of 12 times. LVN 1 cations should be given within one viewed Resident 2 's SNF medical ain assessment was done after the follow Resident 's 2 care plan titled, analgesic. LVN 1 stated there effectiveness of the analgesic. b. with DON 2, Resident 2 's MAR	
		ate. DON 2 stated that licensed nurses		
	During a concurrent interview and record review on 7/6/2022 at 07:25 p.m. with DON 2, Resident 2's care plan titled, Pain dated 4/12/2022 was reviewed. DON 2 stated that licensed nurses did not follow the care plan to document post pain assessment after each pain medication given to determine effectiveness of the analgesic.			
		Sheet indicated Resident 3 was admittees that included anxiety (feelings of un	,	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		MARY STATEMENT OF DEFICIENCIES deficiency must be preceded by full regulatory or LSC identifying information)		
F 0697 Level of Harm - Actual harm Residents Affected - Some	A review of Resident 3 's MDS, dated [DATE], indicated Resident 3 had intact cognition with skills required for daily decision making. The MDS further indicated that Resident 3 required one-person extensive assistance (resident involved in activity, staff provide weight-bearing support) with dressing, toilet use, and personal hygiene. A review of Resident 3 's Physician 's Orders indicated the following: 1. Methadone (medication to treat pain) Solution 10 mg/5 milliliters (ml, a unit of measure)- give 7.5 mg. by mouth three times a day for polyneuropathy (damage to many nerves that can cause pain and loss of sensation), dated 4/17/2022. 2. Methadone Solution 5 mg/5 ml- give 7.5 mg. by mouth three times a day for polyneuropathy, dated 3/08/2022. During an interview with Resident 3 on 6/17/2022 at 10:25 a.m., Resident 3 stated that when she receives her prescribed methadone late, the pain doubles and takes longer to bring the pain under control, which then makes it difficult to move. Resident 3 stated she has cried several times due to the pain. Resident 3 stated, many times she does not receive her pain medications on time and is often left waiting for over an hour.			
	Resident 3 stated Licensed Vocational Nurse 5 (LVN 5) is one of the nurses that often gives her prescribed dose of methadone late. A review of Resident 3 's Care Plan titled, Acute Pain, initiated 6/16/2022, indicated a goal that Resident 3 will be free from pain/discomfort. One of the interventions indicated was to administer pain medications per physician 's order.			
		tails for 5/2022 and 6/2022 indicated the das per the physician 's order by:	lat Resident 3 's order for	
	1. On 5/02/2022, the 8:00 p.m. dos	e was documented as administered at	9:40 p.m.	
	2. On 5/04/2022, the 1:00 p.m. dos	e was documented as administered at	2:18 p.m.	
	3. On 5/10/2022, the 8:00 p.m. dos	e was documented as administered on	5/11/2022 at 12:06 a.m.	
	4. On 5/13/2022, the 8:00 p.m. dos	e was documented as administered at	11:50 p.m.	
	5. On 5/16/2022, the 8:00 p.m. dos	e was documented as administered at	10:43 p.m.	
	6. On 5/17/2022, the 8:00 p.m. dos	e was documented as administered at	9:20 p.m.	
	7. On 5/18/2022, the 8:00 p.m. dos	e was documented as administered at	9:27 p.m.	
	8. On 5/24/2022, the 8:00 p.m. dos	e was documented as administered at	11:05 p.m.	
	9. On 5/28/2022, the 8:00 p.m. dos	e was documented as administered at	9:17 p.m.	
	10. On 5/31/2022, the 8:00 p.m. dose was documented as administered at 11:04 p.m. (continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697	11. On 6/03/2022, the 8:00 p.m. do	se was documented as administered a	ıt 9:55 p.m.	
Level of Harm - Actual harm	12. On 6/07/2022, the 8:00 p.m. do	se was documented as administered o	on 6/08/2022 at 12:01 a.m.	
Residents Affected - Some	13. On 6/14/2022, the 8:00 p.m. do	se was documented as administered of	on 6/15/2022 at 12:49 a.m.	
	14. On 6/21/2022, the 8:00 p.m. do	se was documented as administered a	ıt 9:42 p.m.	
	During a concurrent interview and record review on 7/07/2022 at 4:00 p.m. with LVN 5, Resident 3 's MAR for 5/2022 and 6/2022 was reviewed. LVN 5 stated that after reviewing Resident 3 's MAR for 5/2022 and 6/2022, there were a total of nine instances where she documented one hours past the scheduled time of administering Resident 3 's methadone. LVN 5 stated that the late administrations on the MAR were due to having computer documentation issues. When asked to provide any other documented evidence that the medications were given timely as the MAR indicated that LVN 5 administered methadone late on nine instance, LVN 5 was not able to explain nor show additional evidence to show that the medications were administered as scheduled. During an interview with the Assistant Director of Nurses (ADON) on 6/06/2022 at 12:55 pm., ADON stated that pain medications are to be given on time, either one hour before the scheduled time or one hour after the scheduled time. The ADON stated if a pain medication is given late, then a resident can have increased pain that is difficult to control.			
		record review on 7/06/2022 at 4:18 p.m ed. The DON stated that the MAR indic		
	A review of the facility 's policy and procedure titled, Pain Management, reviewed 2/16/2022, indicated the facility is to manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the patient 's goals and preferences. The policy also indicated a plan of care is developed for residents, documented, and updated as needed. Pain is assessed at least every shift, when a patient complains of pain and after an analgesic is given to determine effectiveness of the analgesic.			
	A review of the facility's policy and procedure titled, Medication Administration- General Guidelines, dated 4/2008, indicated that Medications are administered in accordance with written orders of the attending physician, medications are administered within 60 minutes of scheduled time (one hour before and one hour after).			
	A review of the facility's policy and procedure titled, Pain Assessment and Management, reviewed 2/16/2022, indicated the facility recognizes the patients right to be free of pain and promotes pain free relief through the use of pain management plan during the patient duration of stay at the facility to help the patient obtain or maintain his or her highest practicable level of well-being and to prevent or manage pain to the extent possible.			

STATEMENT OF DEFICIENCIES	(VI) DDOV/IDED/CLIDDLIED/CLIA			
AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		A. Building	07/15/2022	
	555738	B. Wing	01/13/2022	
NAME OF PROVIDER OR SUPPLIER	₹	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Windsor Terrace Health Care	Windsor Terrace Health Care			
		Van Nuys, CA 91405		
For information on the nursing home's pl	lan to correct this deficiency, please conf	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES		
	(Each deficiency must be preceded by	full regulatory or LSC identifying informati	on)	
F 0755	Provide pharmaceutical services to licensed pharmacist.	meet the needs of each resident and e	employ or obtain the services of a	
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 45579	
Residents Affected - Some	Based on observation, interview, ar	nd record review, the facility:		
	 Failed to ensure that licensed nurses signed the Medication Administration Record (MAR, the report that serves as a legal record of the drugs administered to a resident by licensed nursing staff) after administering a control substance (medications with a high potential for abuse) for four of six sampled residents (Residen 1, Resident 2, Resident 4, and Resident 5). Failed to ensure that licensed nurses signed the Control Drug Record (a log signed by licensed nurse we date and time a controlled substance is given to a resident) after administering a control substance medication for two of six sampled resident (Resident 2 and Resident 4). 			
		rses signed both the MAR and the Cor Resident 4) after administering a contr	•	
	These deficient practices had the potential to result in confusion in the care and services provided to the residents, drug loss, drug diversion (transfer of a medication from a legal to an illegal use), or accidental exposure to controlled substances.			
	Findings:			
	with diagnoses including chronic go	ew of Resident 1 's Admission Record indicated Resident 1 was admitted to the facility on [DATE] moses including chronic gout (a form of arthritis [joint inflammation] characterized by severe pain, and tenderness in joints.) and diabetic mellitus (the body 's inability to control sugar in the blood)		
	dated 6/1/2022, indicated Resident	Data Set (MDS, a standardized asses 1 is cognitively (the process of acquiring the senses) intact with skills required for	ng knowledge and understanding	
	A review of Resident 1 's Physician 's Order, indicated an order for Oxycodone Hydrochloride HCL- medication to treat pain) 30 milligrams (mg- a unit of measure), give two tablets by mourhours for severe pain, hold of respiratory rate (RR -normal range of breaths are from 12 to 20 per minute) below 12 or sedated, order start date of 11/25/2021.			
	A review of the Resident 1's Oxyco on the following dates:	done 30 mg Controlled Drug Record in	dicated the removal of three doses	
	1. On 5/21/2022 at 4:00 a.m.			
	2. On 6/3/2022 at 4:00 p.m.			
	(continued on next page)			

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0755	3. On 6/3/2022 at 8:00 p.m.		
Level of Harm - Minimal harm or potential for actual harm		/2022 and 6/2022 MAR did not have do of Oxycodone 30mg for Resident 1.	ocumentation that corresponded
Residents Affected - Some	During a concurrent interview and record review on 6/6/2022 at 1:30 p.m. with the Assistant Director of Nursing (ADON), Resident 1 's Controlled drug record for Oxycodone 30mg and Resident 1 's MAR for 5/2022 and 6/2022 were reviewed. ADON stated and confirmed that there were three instances where in the licensed nurse documented the removal of Oxycodone in Resident 1 's Control Drug Record, but did not document the medication as administered in Resident 1 's MAR. The ADON stated that this was a discrepancy. ADON stated that controlled drug record and MAR should be documented immediately after the medication is administered to a resident.		
	B. A review of Resident 2 's Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included paraplegia (loss of movement and sensation in both legs, sometimes, part of the lower abdomen) and dorsalgia (physical discomfort occurring anywhere on the spine or back, ranging from mild to disabling).		
	for daily decision making. Resident	ted [DATE], indicated Resident 2 is cog 2 was totally dependence on staff with istance (resident involved in activity, stanal hygiene.	Activities of Daily Living and
	Acetaminophen (Norco - a medicat	s Order, dated 12/24/2021, indicated an ion used to relieve pain) 5/325 mg by r nes at 9:00 a.m., at 5:00 p.m., and at 1	nouth three times a day for pain
	A review of the Resident 2's Hydrodoses had been removed on the fo	codone- Acetaminophen 5/325 mg Cor llowing dates:	ntrolled Drug Record indicated two
	1. On 5/20/22 at 5:00 p.m.		
	2. On 6/04/22 at 5:00 p.m.		
	1	/2022 and 6/2022 MAR did not have do f Hydrocodone- Acetaminophen 5/325	•
	(DON 2), Resident 2 's Hydrocodo 5/2022 and 6/2022 were reviewed. Hydrocodone- Acetaminophen 5/32 Hydrocodone- Acetaminophen med	record review on 7/6/2022 at 7:10 p.m. ne- Acetaminophen 5/325mg Controlle DON 2 confirmed that licensed nurses 25 mg MAR after signing the controlled dication. DON 2 stated that the facility of that licensed nurses should have sig t.	d Drug Record and MAR for did not document on the drug record for Resident 2 's did not follow the policy regarding
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLI	FD.	STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd	CODE
Wildson Terrace Fleatin Gare		Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0755		Sheet indicated Resident 4 was admitt	
Level of Harm - Minimal harm or potential for actual harm		e heart muscle is unable to pump enou	
Residents Affected - Some	A review of Resident 4 's MDS, dated [DATE], indicated Resident 4 is not cognitively intact with skills required for daily decision making and requires extensive assistance during bed mobility, transfers, dressing, toilet use and personal hygiene with one-to-two or more-person physical assistance.		
		s Order, dated 12/24/2021, indicated a th every six hours for pain managemen	
	A review of the Resident 4's Hydrodoses had been removed on the fo	codone- Acetaminophen 10/325mg Co llowing dates:	ntrolled Drug Record indicated four
	1. On 5/8/2022 at 6:00 a.m.	·	
	2. On 5/15/2022 at 6:00 a.m.		
	3. On 6/03/2022 at 6:00 p.m.		
	4. On 6/04/2022 at 6:00 p.m.		
	However, a review Resident 4 's 5/2022 and 6/2022 MAR did not have documentation that corresponded with the removal of the four doses of Hydrocodone- Acetaminophen 10/325 mg for Resident 4.		
	During a concurrent interview and record review on 7/6/2022 at 07:02 p.m. with the DON 2, Reside Hydrocodone- Acetaminophen 10/325 mg Control Drug Record and 5/2022 and 6/2022 MAR were DON 2 confirmed that licensed nurses did not document on the MAR after signing the controlled d for Resident 2 's Hydrocodone- Acetaminophen medication. DON 2 stated that the facility did not policy regarding administering controlled records and that licensed nurses should have signed the when administering controlled medications to a resident.		
	and readmitted on [DATE] with diag	Sheet indicated Resident 5 was initially gnoses that included low back pain (ph d discitis (an infection in the spinal cord	ysical discomfort occurring
	A review of Resident 5 's MDS, dated [DATE], indicated Resident 5 is cognitively intact with skills req for daily decision making, requires limited assistance during bed mobility, transfers, dressing, toilet us personal hygiene with one-person physical assistance.		
		s Order dated 4/04/2022, indicated an tition to treat pain) tablet 10 mg by mout elow 12.	
	A review of the Resident 5's Metha had been removed on the following	done Hydrochloride 10mg Controlled E g dates:	Orug Record indicated four doses
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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			on)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. On 5/9/22 at 9:00 p.m. 2. On 5/20/22 at 9:00 p.m. 3. On 6/1/222 at 9:00 p.m. 4. On 6/4/222 at 9:00 p.m. 4. On 6/4/222 at 9:00 p.m. A review of Resident 5 's 5/2022 a removal of the four doses of Methal During a concurrent interview and r (DON 2), Resident 5 's Methadone MAR were reviewed. DON 2 stated 6/2022 MAR for Methadone 10 mg that the facility did not follow the poshould have signed the MAR when A review of the facility's policy date Controlled Medications, the policy in urse administering the medication and the medication administration is signature of the nurse administering removed from the supply, and initial administered. E. A review of the Resident 2's 5/20 indicated seven doses had been accompany to the control of the nurse administering the medication and the medication and the supply, and initial administered. E. A review of the Resident 2's 5/20 indicated seven doses had been accompany to the control of the nurse administering removed from the supply, and initial administered. E. A review of the Resident 2's 5/20 indicated seven doses had been accompany to the nurse administering removed from the supply, and initial administered. E. A review of the Resident 2's 5/20 indicated seven doses had been accompany to the nurse administering removed from the supply, and initial administered. E. A review of the Resident 2's 5/20 indicated seven doses had been accompany to the nurse administering removed from the supply and initial administering removed from	and 6/2022 MAR did not have document done Hydrochloride 10mg. The Hydrochloride 10mg Control Drug Revelopment of that licensed nurses did not document after signing the controlled drug record administering controlled administering controlled medications to describe the significant of the signific	with the Director of Nursing 2 cord and 05/2022 and 06/2022 and 06/2022 and for the four doses. DON 2 stated records and that licensed nurses or a resident. The paration and General Guidelinestation is administered, the licensed mation on the accountability record stration, amount administered, at the time of the medication is on the MAR after the medication is an on the MAR after the medication is continuously. Acetaminophen 5/325 mg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLII Windsor Terrace Health Care	NAME OF PROVIDER OR SUPPLIER Windoor Torrogo Hoolth Core		P CODE	
Windson Torrade Fredrich Gare		7447 Sepulveda Blvd Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hydrocodone- Acetaminophen Cor DON 2 stated that licensed nurses	record review on 7/6/2022 at 7:15 p.m. htrolled drug record and MAR for 05/20 did not document on Resident 2 's Hy noving and administering seven doses	22 and 06/2022 were reviewed. drocodone- Acetaminophen 5/325	
	F. A review of the Resident 4's 5/20 10/325mg had been administered a	022 and 6/2022 MAR indicated 13 dose as followed:	es of Hydrocodone- Acetaminophen	
	1. On 5/14/22 at 6:00 p.m.			
	2. On 5/16/22 at 12:00 a.m.			
	3. On 5/16/22 at 6:00 a.m.			
	4. On 5/18/22 at 12:00 p.m.			
	5. On 5/21/22 at 6:00 p.m.			
	6. On 5/22/22 at 6:00 p.m.			
	7. On 5/23/22 at 12:00 a.m.			
	8. On 5/23/22 at 6:00 a.m.			
	9. On 5/25/22 at 12:00 p.m.			
	10. On 5/29/22 at 12:00 p.m.			
	11. On 5/30/22 at 12:00 a.m.			
	12. On 6/04/22 at 12:00 p.m.			
	13. On 6/05/22 at 6:00 a.m.			
	However, a review of Resident 4 's Hydrocodone- Acetaminophen 10/325mg Controlled Drug Records did not indicate signatures from the licensed nurses that medication was removed was removed from the medication card (bubble pack) on the corresponding dates and times as indicated in the MAR.			
	Acetaminophen Controlled 10/325 reviewed. DON 2 stated that licens	record on 7/6/2022 at 07:02 p.m. DON mg controlled drug record and MAR for ed nurses did not sign the controlled drug after removing and administerin	r 05/2022 and 06/2022 were rug record for Resident 2 ' s	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd	P CODE
		Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's policy dated 8/2014, reviewed 2/16/2022, titled Preparation and General Guidelines-Controlled Medications, the policy indicated that when a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR); date and time of administration, amount administered, signature of the nurse administering the dose on the accountability record at the time of the medication is removed from the supply, and initials of the nurse administering the dose on the MAR after the medication is administered.		
	G. A review of the Resident 2's Hydrocodone- Acetaminophen 5/325mg Controlled Drug Record and Ma for 5/2022 indicated five doses were not documented on the following dates and times as scheduled perphysician 's order:		
	1. On 5/8/22 at 1:00 a.m.		
	2. On 5/9/22 at 5:00 p.m.		
	3. On 5/15/22 at 1:00 a.m.		
	4. On 5/20/22 at 5:00 p.m.		
	5. On 5/28/22 at 9:00 a.m.		
	During a concurrent interview and record review on 7/6/2022 at 7:15 p.m. with the DON 2, Resident Hydrocodone- Acetaminophen 5/325mg Controlled Drug Record and MAR for 5/2022 were reviewed stated that licensed nurses did not document on Resident 2 's MAR and controlled drug record for the scheduled Hydrocodone- Acetaminophen 5/325mg medication. DON 2 stated that the licensed nurse not follow the facility policies regarding administering controlled medications by immediately recording controlled drug record and the MAR whenever a controlled medication is administered		
		drocodone- Acetaminophen 10/325mg re not documented on the following date	
	1. On 5/8/22 at 12:00 a.m.		
	2. On 5/9/22 at 06:00 p.m.		
	3. On 5/15/22 at 12:00 a.m.		
	4. On 5/20/22 at 06:00 a.m.		
	5. On 5/20/22 at 06:00 p.m.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hydrocodone- Acetaminophen 10/3 2 stated that licensed nurses did no scheduled Hydrocodone- Acetamin not follow the facility policies regard controlled drug record and the MAF A review of the facility's policy date Guidelines, the policy indicated tha attending physician. The individual resident 's MAR directly after the notation of the facility's policy date Controlled Medications, the policy in nurse administering the medication and the medication administration is signature of the nurse administerin	record review on 7/6/2022 at 06:54 p.m. 325mg Controlled Drug Record and M/ 2014 document on Resident 4 's MAR an anophen 10/325mg medication. DON 2 strong administering controlled medication is deviced whenever a controlled medication is deviced at the medication are administered in accomposition with a controlled medication is given. If all a second	AR for 5/2022 were reviewed. DON d controlled drug record for the stated that the licensed nurses did ons by immediately recording on the administered. edication Administration-General ordance with written orders of the records the administration on the reparation and General Guidelinestation is administered, the licensed mation on the accountability record stration, amount administered, if at the time of the medication is

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 555738	A. Building B. Wing	07/15/2022
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIE (Each deficiency must be preceded by full		on)
F 0760	Ensure that residents are free from	significant medication errors.	
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 45579
Residents Affected - Some	Based on observation, interview, and record review, the facility failed to ensure residents were free from significant medication errors for four of six sampled residents (Resident 1, Resident 2, Resident 3, and Resident 5) when the facility failed to:		
		ed per the physician 's order of Oxycoo nilligrams (mg-unit of measure) to Resi	
	2. Administer 10 doses of Morphine Sulfate (medication to treat pain) 90 mg as scheduled per the physician s order to Resident 1 between 5/1/2022 and 6/30/2022.		
	3. Administer 38 doses of Hydrocodone- Acetaminophen (Norco-medication use to treat pain) 5/325 mg as scheduled per the physician 's order to Resident 2 between 5/1/2022 and 6/30/2022.		
	4. Administer 14 doses of Methadone (medication use to treat pain) 7.5 mg as scheduled per the physician 's order to Resident 3 between 5/1/2022 and 6/30/2022.		
	5. Administer the correct prescribed dose of Norco 5/325 mg to Resident 5 between 3/4/2022 and 4/3/2022. Resident 5 was instead given 55 incorrect higher doses of Norco.		
	The deficient practice of failing to administer medications in accordance with physician's orders caused Resident 1, Resident 2, and Resident 3 to experience severe untreated pain (pain rated at seven [7] or higher out of 10, on a pain scale from zero to ten where ten is the worst possible pain) between 5/1//2022 and 6/30/2022; and placed Resident 5 at risk of serious health complications as a result of being administered a higher dose of Norco than prescribed.		
	Findings:		
	with diagnoses including chronic go	ssion Record indicated Resident 1 was out (a form of arthritis [joint inflammatio and diabetic mellitus (the body 's inab	n] characterized by severe pain,
	A review of Resident 1 's History and Physical (H & P), dated 11/25/2021, indicated Resident 1 had the capacity to understand and make decisions. The History and Physical indicated Resident 1 had diagnos that included osteoarthritis (when the protective cartilage that cushions the ends of the bones wears downwest time resulting in pain) and chronic pain syndrome (pain that lasts from weeks to years).		
	A review of Resident 1 's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 6/1/2022, indicated Resident 1 is cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MI indicated that Resident 1 required staff assistance with setting up for toilet use.		
	(continued on next page)		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0760 Level of Harm - Actual harm Residents Affected - Some	A review of Resident 1 's Physician 1. Oxycodone Hydrochloride (Oxycmeasure), give two tablets by mour range of breaths are from 12 to 20 11/25/2021. 2. Morphine Sulfate (medication us is released slowly over time) tablet to chronic gout, give with 30 mg. to below 12, order start date of 5/04/2 3. Morphine Sulfate ER tablet exterchronic gout, give with 60 mg. to edate of 5/4/2022 A review of Resident 1 's Care Plaindicated Resident 1 will verbalize activities due to pain. Interventions physician 's orders, evaluate the esymptoms, dosing schedules and rognition. During a concurrent observation are bed in his room grimacing (twisting Resident 1 reported his pain was 8 pain medication. Resident 1 stated instances where in the licensed nu 6/16/2022, he was supposed to recadminister the medication until alm pain medications timely, he was left be so excruciating that he is not abe even episodes where he was in so stated that this upset him because During an interview on 6/17/2022 am. scheduled pain medications we received the medications after 5:00 Nurses and Director of Nurses (DC Nurses and Director of Nurses (DC Nurses and Director of Nurses) and Director of Nurses (DC Nurses) and Director of oxycore evidenced by being administered or evidenced by evidenced by evidenced by evidenced evidenced evidenced by evidenced evidenced evidenced evidenced evidenced ev	codone HCL- medication to treat pain) of the every four hours for severe pain, hold respirations per minute) below 12 or severed to treat pain) Extended Release (Elextended release 60 mg. give one table equal 90 mg., hold medication and notify and titled, Acute/Chronic Pain, dated 3/06 adequate relief of pain or resident will resident satisfaction with results, impact of the facial features into an unpleasa and interview on 6/16/2022 at 12:54 p.m. of the facial features into an unpleasa and interview on 6/16/2022 at 12:54 p.m. of the facial features into an unpleasa and interview and stated that that since his admission into the facility responsible to conduct activities of daily living. Resident of the facial features of daily living. Resident as control of his bowel movements at 3:10 p.m. with Resident 1, Resident of a.m. on multiple occasions. Resident on Administration Record (MAR) Detail done HCL 60 mg was not followed as pain and that he just wants to receive his con Administration Record (MAR) Detail done HCL 60 mg was not followed as pain and that he just wants to receive his con Administration Record (MAR) Detail done HCL 60 mg was not followed as pain and that he just wants to receive his con Administration Record (MAR) Detail done HCL 60 mg was not followed as pain that he defecated (MAR) Detail done HCL 60 mg was not followed as pain that morning the pain that he just wants to receive his con Administration Record (MAR) Detail done HCL 60 mg was not followed as pain that morning the pain that he just wants to receive his control of his bowel movements.	and milligrams (mg- a unit of diffespiratory rate (RR -normal edated, order start date of addited, order start date of the pill is made so that the drug let by mouth every 12 hours related tify Medical Doctor (MD) if RR is a mouth every 12 hours related to MD if RR is below 12, order start and pilling in mouth every 12 hours related to MD if RR is below 12, order start and pilling in medications) as per review for compliance, alleviating of the on functional ability and impact on at 4:00 a.m., but the moving. The had just received his ordered by, there have been multiple ation late. Resident 1 stated that on at 4:00 a.m., but the nurses did not accause of the delay in receiving his sident 1 stated that the pain would desident 1 stated that there were dovement) on himself. Resident 1 stated that there were dovement) on himself. Resident 1 stated the has 1 stated that his scheduled 4:00 a.m. are. Resident 1 stated he has 1 stated he told the Licensed is pain medications on time so that the physician 's order as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	EIENCIES full regulatory or LSC identifying informati	on)	
F 0760	2. On 5/03/2022, the 04:00 a.m. do	se was documented as administered a	t 06:34 a.m.	
Level of Harm - Actual harm	3. On 5/03/2022, the 08:00 a.m. do	se was documented as administered a	t 09:12 a.m.	
Residents Affected - Some	4. On 5/04/2022, the 12:00 a.m. do	se was documented as administered a	t 06:30 a.m.	
	5. On 5/04/2022, the 04:00 a.m. do	se was documented as administered a	t 06:30 a.m.	
	6. On 5/04/2022, the 04:00 p.m. dose was documented as administered at 05:12 p.m.			
	7. On 5/05/2022, the 12:00 a.m. dose was documented as administered at 05:56 a.m.			
	8. On 5/05/2022, the 04:00 a.m. dose was documented as administered at 05:56 a.m.			
	9. On 5/06/2022, the 12:00 a.m. dose was documented as administered at 06:30 a.m.			
	10. On 5/05/2022, the 04:00 a.m. dose was documented as administered at 06:30 a.m.			
	11. On 5/06/2022, the 12:00 a.m. dose was documented as administered at 06:30 a.m.			
	12. On 5/06/2022, the 04:00 a.m. d	ose was documented as administered	at 06:30 a.m.	
	13. On 5/06/2022, the 04:00 p.m. dose was documented as administered at 05:10 p.m.			
	14. On 5/07/2022, the 12:00 a.m. dose was documented as administered at 06:30 a.m.			
	15. On 5/07/2022, the 04:00 a.m. dose was documented as administered at 06:30 a.m.			
	16. On 5/10/2022, the 12:00 a.m. d	ose was documented as administered	at 06:02 a.m.	
	17. On 5/10/2022, the 04:00 a.m. d	ose was documented as administered	at 06:02 a.m.	
	18. On 5/11/2022, the 12:00 a.m. d	ose was documented as administered	at 06:35 a.m.	
	19. On 5/11/2022, the 04:00 a.m. d	ose was documented as administered	at 06:35 a.m.	
	20. On 5/12/2022, the 12:00 a.m. dose was documented as administered at 06:30 a.m.			
	21. On 5/12/2022, the 04:00 a.m. dose was documented as administered at 06:30 a.m.			
	22. On 5/12/2022, the 04:00 p.m. dose was documented as administered at 05:09 p.m.			
	23. On 5/13/2022, the 12:00 a.m. dose was documented as administered at 05:43 a.m.			
	24. On 5/13/2022, the 04:00 a.m. dose was documented as administered at 05:43 a.m.			
	25. On 5/13/2022, the 12:00 a.m. d	ose was documented as administered	at 05:43 a.m.	
	(continued on next page)			

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	IP CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0760	26. On 5/13/2022, the 04:00 a.m. d	lose was documented as administered	at 05:43 a.m.
Level of Harm - Actual harm	27. On 5/15/2022, the 08:00 p.m. d	lose was documented as administered	at 10:59 p.m.
Residents Affected - Some	28. On 5/16/2022, the 12:00 a.m. d	lose was documented as administered	at 02:38 a.m.
	29. On 5/17/2022, the 12:00 a.m. d	lose was documented as administered	at 06:28 a.m.
	30. On 5/17/2022, the 04:00 a.m. d	lose was documented as administered	at 06:28 a.m.
	31. On 5/17/2022, the 08:00 a.m. dose was documented as administered at 11:39 a.m.		
	32. On 5/18/2022, the 12:00 a.m. dose was documented as administered at 07:29 a.m.		
	33. On 5/18/2022, the 04:00 a.m. dose was documented as administered at 07:29 a.m.		
	34. On 5/19/2022, the 12:00 a.m. dose was documented as administered at 06:31 a.m.		
	35. On 5/19/2022, the 04:00 a.m. d	lose was documented as administered	at 06:31 a.m.
	36. On 5/20/2022, the 12:00 a.m. d	lose was documented as administered	at 01:37 a.m.
	37. On 5/20/2022, the 04:00 a.m. d	lose was documented as administered	at 06:45 a.m.
	38. On 5/20/2022, the 04:00 p.m. d	lose was documented as administered	at 05:02 p.m.
	39. On 5/21/2022, the 12:00 a.m. d	lose was documented as administered	at 01:47 a.m.
	40. On 5/21/2022, the 08:00 p.m. d	lose was documented as administered	at 09:07 p.m.
	41. On 5/22/2022, the 12:00 a.m. d	lose was documented as administered	at 03:04 a.m.
	42. On 5/22/2022, the 04:00 p.m. d	lose was documented as administered	at 09:46 p.m.
	43. On 5/22/2022, the 08:00 p.m. d	lose was documented as administered	at 09:49 p.m.
	44. On 5/23/2022, the 12:00 a.m. dose was documented as administered at 02:01 a.m.		
	45. On 5/23/2022, the 04:00 p.m. d	lose was documented as administered	at 05:04 p.m.
	46. On 5/24/2022, the 12:00 a.m. d	lose was documented as administered	at 06:27 a.m.
	47. On 5/24/2022, the 04:00 a.m. d	lose was documented as administered	at 06:27 a.m.
	48. On 5/25/2022, the 12:00 a.m. d	lose was documented as administered	at 06:25 a.m.
	49. On 5/25/2022, the 04:00 a.m. d	lose was documented as administered	at 06:25 a.m.
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd	P CODE
		Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0760	50. On 5/26/2022, the 12:00 a.m. d	lose was documented as administered	at 07:24 a.m.
Level of Harm - Actual harm	51. On 5/26/2022, the 04:00 a.m. d	lose was documented as administered	at 06:40 a.m.
Residents Affected - Some	52. On 5/26/2022, the 04:00 p.m. d	lose was documented as administered	at 05:23 p.m.
	53. On 5/27/2022, the 12:00 a.m. d	lose was documented as administered	at 06:36 a.m.
54. On 5/27/2022, the 08:00 p.m. dose was documented as administered at 09:21 p.m.			at 09:21 p.m.
	55. On 5/28/2022, the 12:00 a.m. dose was documented as administered at 05:49 a.m.		
	56. On 5/29/2022, the 04:00 p.m. dose was documented as administered at 06:56 p.m.		
	57. On 5/29/2022, the 08:00 p.m. dose was documented as administered at 10:07 p.m.		
	58. On 5/30/2022, the 12:00 a.m. dose was documented as administered at 03:39 a.m.		
	59. On 5/30/2022, the 04:00 p.m. d	lose was documented as administered	at 07:36 p.m.
	60. On 5/30/2022, the 08:00 p.m. d	lose was documented as administered	at 10:01 p.m.
	61. On 5/31/2022, the 12:00 a.m. d	lose was documented as administered	at 06:44 a.m.
	62. On 5/31/2022, the 04:00 a.m. d	lose was documented as administered	at 06:44 a.m.
	63. On 6/03/2022, the 04:00 a.m. d	lose was documented as administered	at 06:08 a.m.
	64. On 6/04/2022, the 12:00 a.m. d	lose was documented as administered	at 06:35 a.m.
	65. On 6/04/2022, the 04:00 a.m. d	lose was documented as administered	at 06:35 a.m.
	66. On 6/04/2022, the 04:00 p.m. d	lose was documented as administered	at 05:05 p.m.
	67. On 6/05/2022, the 12:00 a.m. d	lose was documented as administered	at 06:25 a.m.
	68. On 6/05/2022, the 04:00 p.m. d	lose was documented as administered	at 06:52 p.m.
	69. On 6/06/2022, the 04:00 p.m. d	lose was documented as administered	at 05:11 p.m.
	70. On 6/06/2022, the 08:00 p.m. dose was documented as administered on 6/07/2022 at 01:12 a.m.		
	71. On 6/08/2022, the 04:00 p.m. d	lose was documented as administered	on 6/09/2022 at 01:20 a.m.
	72. On 6/08/2022, the 08:00 p.m. d	lose was documented as administered	on 6/09/2022 at 01:21 a.m.
	73. On 6/09/2022, the 08:00 p.m. d	lose was documented as administered	on 6/10/2022 at 12:35 a.m.
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	r copi
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIE (Each deficiency must be preceded by full		CIENCIES full regulatory or LSC identifying informati	on)
F 0760	74. On 6/10/2022, the 08:00 p.m. d	lose was documented as administered	at 09:24 p.m.
Level of Harm - Actual harm	75. On 6/11/2022, the 04:00 a.m. d	lose was documented as administered	at 06:14 a.m.
Residents Affected - Some	76. On 6/13/2022, the 04:00 a.m. d	lose was documented as administered	at 05:46 a.m.
	77. On 6/14/2022, the 04:00 a.m. d	lose was documented as administered	at 05:16 a.m.
	78. On 6/15/2022, the 08:00 p.m. d	lose was documented as administered	at 09:26 p.m.
	79. On 6/16/2022, the 08:00 p.m. d	lose was documented as administered	at 09:57 p.m.
	80. On 6/17/2022, the 12:00 a.m. dose was documented as administered at 01:26 a.m. A review of Resident 1's MAR for 5/2022 and 6/2022 Administration Details indicated the Morp 90mg medication scheduled time and the actual time it was removed and signed as being given		
	1. On 5/06/2022, the 09:00 p.m. dose was documented as administered at 10:40 p.m.		
	2. On 5/09/2022, the 09:00 p.m. dose was documented as administered on 5/10/2022 at 05:20 a.m.		
	3. On 5/15/2022, the 09:00 p.m. dose was documented as administered at 11:00 p.m.		
	4. On 5/17/2022, the 09:00 a.m. do	ose was documented as administered a	ut 11:40 a.m.
	5. On 5/24/2022, the 09:00 a.m. do	ose was documented as administered a	ut 10:36 a.m.
	6. On 5/26/2022, the 09:00 p.m. do	ose was documented as administered a	at 10:44 p.m.
	7. On 5/29/2022, the 09:00 p.m. do	se was documented as administered a	at 10:08 p.m.
	8. On 6/02/2022, the 09:00 p.m. do	se was documented as administered a	nt 11:14 p.m.
	9. On 6/06/2022, the 09:00 p.m. do	ose was documented as administered o	on 6/7/2022 at 01:11 a.m.
	10. On 6/08/2022, the 09:00 p.m. dose was documented as administered on 6/9/2022 at 01:24 a.m.		
	Resident 1 's 05/2022 and 06/2022 medications should be given one h stated she gives routine pain medic 4 stated Resident 1 has screamed more than an hour late in giving the	iew on 6/16/2022 at 4:11 p.m. with Lic 2 MAR was reviewed. LVN 4 reported to our before or one hour after the scheducations to Resident 1 twice during her of the rand demanded his pain medicate resident his pain medications. LVN 4 dication one hour outside of the scheducy.	that the facility policy is that uled administration time. LVN 4 of 11:00 p.m. to 7:00 a.m. shift. LVN ions be given whenever LVN 4 is stated that every time she
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738 STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405 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) During an interview and concurrent record review on 7/7/2022 at 03:10 p.m. with Register Residents Affected - Some Residents Affected - Some Residents Affected - Some Resident 1's MAR for 5/2022, 6/2022 and Skilled Nursing Facility's (SNF) Medical Rec RN 1 stated that Resident 1 had informed her that his scheduled pain medications, pain medications, such pain medications are given late. RN 1 stated that Resident 1's scheduled pain medications timely. RN 1 stated that Resident 1's MAR for 5/2022 and 6/2022; the physician's orders for Oxycodone and Nollowed as the medications were not given timely. RN 1 stated that he plan for Residen pain medications. RN 1 stated that it is important to do a post assessment after pain medications were being given late. RN 1 stated that lies important to do a post assessment after pain medications were being given late. RN 1 stated that lies important to do a post assessment after pain medications were being given late. RN 1 stated that the iliensed nurses and medications were being given late. RN 1 stated that the scident 1's pain has been alleviates she has seen Resident 1's MAR for 05/2022 and 06/2022 was reviewed. DON 1 stated that each time administered a medication administration. DON 1 reviewed Resident 1's MAR for 05/2022 and 06/2022 there was a total of 80 instances where in Resident 1 did not receive his Mx as prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mx as prescribed by the physician, and 10 instances where in Reviewed. DON 2 stated that each and licensed nurse administe		
Windsor Terrace Health Care 7447 Sepulveda Blvd Van Nuys, CA 91405 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) During an interview and concurrent record review on 7/7/2022 at 03:10 p.m. with Register Resident 1 's MAR for 5/2022, 6/2022 and Skilled Nursing Facility 's (SNF) Medical Rec RN 1 stated that Resident 1 had informed her that his scheduled pain medications, particlensed nurses to give Resident 1 's SAF when the scheduled pain medications particlensed nurses to give Resident 1 's orders. RN 1 stated that Reside excruciating pain whenever his pain medications are given late. RN 1 stated that Resident 1 Resident 1 's MAR for 5/2022 and 6/2022, the physician 's orders for Oxycodone and N followed as the medications were not given timely. RN 1 stated that the plan for Resident pain medications are per the physician 's orders. RN 1 reviewed Resident 1 's SNF Med stated that there was no documented evidence that Resident 1 's pain was reassessed. pain medications. RN 1 stated that it is important to do a post assessment after pain medications. RN 1 stated that Resident 1 's pain has been alleviate she has seen Resident 1 get mad and scream multiple times at the licensed nurses and medications were being given late. RN 1 stated that Resident 1 's pain has been alleviate she has seen Resident 1 get mad and scream multiple times at the licensed nurses and medications were being given late. RN 1 stated that Resident 1 's pain has been alleviate she has seen Resident 1 get mad and scream multiple times at the licensed nurses and medications were being given late. RN 1 stated that Resident 1 is on the pain medication were pain given late. RN 1 stated that Resident 1 's pain has been alleviate she has seen Resident 1 's MAR for 05/2022 and 06/2022 was reviewed. DON 1 stated that each time a	ETED	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During an interview and concurrent record review on 7/7/2022 at 03:10 p.m. with Register Resident 1 's MAR for 5/2022, 6/2022 and Skilled Nursing Facility 's (SNF) Medical Rec RN 1 stated that Resident 1 had informed her that his scheduled pain medications, partic Oxycodone scheduled for 4:00 a.m. is always administered late. RN 1 stated that Reside excruciating pain whenever his pain medications are given late. RN 1 stated she has bee licensed nurses to give Resident 1 's scheduled pain medications timely. RN 1 stated the Resident 1 's MAR for 5/2022 and 6/2022, the physician 's orders for Oxycodone and N followed as the medications were not given timely. RN 1 stated that the plan for Residen pain medications as per the physician 's orders. RN 1 reviewed Resident 1's SNF Med stated that there was no documented evidence that Resident 1's pain was reassessed. pain medications. RN 1 stated that it is important to do a post assessment after pain medications were being given late. RN 1 stated that Resident 1 is continent (able to cont bladder. RN 1 stated that he does recall instances where in Resident 1 required assistar because he defecated on himself but was unable to recall the exact dates. During an interview and record review on 6/17/2022 at 12:01 p.m. with the Director of N Resident 1's MAR for 05/2022 and 06/2022 was reviewed. DON 1 stated that each time administered a medication outside of the one-hour window for the scheduled time, it is or medication administration. DON 1 reviewed Resident 1 did not receive his Mas as prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mas as prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mas as prescribed by the physician. During an interview and record review on 7/7/2022 at 05:30 p.m. with the Director of Nur Resident 1's MAR for 05/2022 and 06/2022 was revi	7447 Sepulveda Blvd	
F 0760 During an interview and concurrent record review on 7/7/2022 at 03:10 p.m. with Register Resident 1 's MAR for 5/2022, 6/2022 and Skilled Nursing Facility 's (SNF) Medical Rec RN 1 stated that Resident 1 had informed her that his scheduled pain medications, partic Oxycodone scheduled for 4:00 a.m. is always administered late. RN 1 stated that Resident 1 's MAR for 5/2022 and 6/2022, the physician 's orders for Oxycodone and N followed as the medications were not given timely. RN 1 stated that the plan for Resident 1 's MAR for 5/2022 and 6/2022, the physician 's orders for Oxycodone and N followed as the medications were not given timely. RN 1 stated that the plan for Residen pain medications. RN 1 stated that it is important to do a post assessment after pain medications. RN 1 stated that it is important to do a post assessment after pain medications. RN 1 stated that it is important to do a post assessment after pain medications. RN 1 stated that it is important to do a post assessment after pain medications were being given late. RN 1 stated that Resident 1 's pain has been alleviates she has seen Resident 1 get mad and scream multiple times at the licensed nurses and medications were being given late. RN 1 stated that Resident 1 required assistar because he defecated on himself but was unable to recall the exact dates. During an interview and record review on 6/17/2022 at 12:01 p.m. with the Director of N Resident 1 's MAR for 05/2022 and 06/2022 was reviewed. DON 1 stated that each time administeration administration. DON 1 reviewed Resident 1 did not receive his Oxycodone on a prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mas prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mas prescribed by the physician. During an interview and record review on 7/7/2022 at 05:30 p.m. with the Director of Nur Resident 1 's MAR for 05/2022 and 06/2022 was reviewed. DON 2 stated that each and licensed nurse administered a medication outs		
Resident 1 's MAR for 5/2022, 6/2022 and Skilled Nursing Facility 's (SNF) Medical Rer RN 1 stated that Resident 1 had informed her that his scheduled pain medications, partic Oxycodone scheduled for 4:00 a.m. is always administered late. RN 1 stated that Reside excruciating pain whenever his pain medications are given late. RN 1 stated she has be licensed nurses to give Resident 1 's scheduled pain medications timely. RN 1 stated that Residee scruciating pain whenever his pain medications are given late. RN 1 stated that Resident 1 's MAR for 5/2022 and 6/2022, the physician 's orders for Oxycodone and N followed as the medications were not given timely. RN 1 stated that the plan for Residen pain medications as per the physician 's orders. RN 1 reviewed Resident 1 's SNF Med stated that there was no documented evidence that Resident 1 's pain was reassessed pain medications. RN 1 stated that it is important to do a post assessment after pain med know if the pain medication was effective and that Resident 1 's pain has been alleviates she has seen Resident 1 get mad and scream multiple times at the licensed nurses and medications were being given late. RN 1 stated that Resident 1 is continent (able to cont bladder. RN 1 stated that he does recall instances where in Resident 1 required assistar because he defecated on himself but was unable to recall the exact dates. During an interview and record review on 6/17/2022 at 12:01 p.m. with the Director of N Resident 1 's MAR for 05/2022 and 06/2022 was reviewed. DON 1 stated that each time administered a medication outside of the one-hour window for the scheduled time, it is comedication administration. DON 1 reviewed Resident 1 did not receive his Oxycodone on a prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mas prescribed by the physician, and 10 instances where in Resident 1 did not receive his Mas prescribed by the physician.		
there was a total of 80 instances where in Resident 1 did not receive his Oxycodone on a prescribed by the physician, and 10 instances where in Resident 1 did not receive his More as prescribed by the physician. During an interview and record review on 7/06/2022 at 6:15 p.m. with DON 2, Resident Acute/Chronic Pain revised 6/17/2022 was reviewed. DON 2 stated that the facility polici as the licensed nurses did not administer pain medication as per physician 's orders. A review of the facility's policy and procedure titled, Medication Administration- General 4/2008, indicated that Medications are administered in accordance with written orders of physician, medications are administered within 60 minutes of scheduled time (one hour tafter). B. A review of Resident 2 's Face Sheet indicated Resident 2 was admitted to the facility diagnoses that included paraplegia (loss of movement and sensation in both legs, somet lower abdomen) and dorsalgia (physical discomfort occurring anywhere on the spine or tailed to disabling). (continued on next page)	Records were reviewed. articularly his sident 1 complaints of been advising the other d that after reviewing and Morphine were not dent 1 is to administer Medical Records and ed after being given medication is given to ated. RN 1 stated that and staff when his pain control) his bowel and stance with cleaning of Nursing 1 (DON 1), time a licensed nurse is considered a late 2022 and stated that on schedule as Morphine on schedule Nursing 2 (DON 2), and every time a leduled time, it is 06/2022 and stated that on schedule as Morphine on schedule as Morphine on schedule and 1's care plan titled, policies were not followed as of the attending our before and one hour cility on [DATE] with metimes, part of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Van Nuys, CA 91405				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0760 Level of Harm - Actual harm	A review of Resident 2's History and Physical dated 12/26/2021, indicated that the resident had the capacity to understand and make decisions. A review of Resident 2's MDS, dated [DATE], indicated Resident 2 is cognitively intact with skills required for daily decision making. Resident 2 was totally dependent on staff with Activities of Daily Living and required one-person extensive assistance (resident involved in activity, staff provide weight-bearing support) with dressing, toilet use, and personal hygiene.			
Residents Affected - Some				
	A review of Resident 2's Physicians Order, dated 12/24/2021, indicated an order to administer Hy Acetaminophen (Norco - a medication used to relieve pain) 5/325 mg by mouth three times a day management with administration times at 9:00 a.m., at 5:00 p.m., and at 1:00 a.m. A review of Resident 2's Care Plan titled, Pain, dated 4/12/2022 and revised on 6/03/2022, indic Resident 2 will be free of any discomfort or adverse side effects from receiving pain medication. In indicated were to administer analgesia (Hydrocodone-Acetaminophen 5-325mg) as per physician and evaluate the effectiveness of pain interventions.			
	During a concurrent observation and interview on 6/3/2022 at 12:36 p.m., observed Resident 2 sitting o bed in a high [NAME] 's position (sitting upright with the spine straight), awake and watching television. Resident 2 stated she is paralyzed from her sternum (breastbone) to her legs, but experiences constan Resident 2 stated that her scheduled pain medication of Norco has been administered to her more than hour late on multiple occasions. Resident 2 stated it will help her more if the nurses give her pain medications on time to help make her pain more tolerable.			
		tails for 5/2022 and 6/2022 indicated th 25 mg was not followed as per the phys		
	1. On 5/01/2022, the 01:00 a.m. do	se was documented as administered a	t 05:13 a.m.	
	2. On 5/02/2022, the 05:00 p.m. do	se was documented as administered 5	i/03/2022 at 01:03 a.m.	
	3. On 5/03/2022, the 01:00 a.m. dose was documented as administered at 06:25 a.m.			
	4. On 5/03/2022, the 09:00 a.m. dose was documented as administered at 10:58 a.m.			
	5. On 5/03/2022, the 05:00 p.m. dose was documented as administered at 08:43 p.m.			
	6. On 5/04/2022, the 01:00 a.m. dose was documented as administered at 06:22 a.m.			
	7. On 5/05/2022, the 01:00 a.m. dose was documented as administered at 06:03 a.m.			
	8. On 5/06/2022, the 01:00 a.m. do	se was documented as administered a	t 06:19 a.m.	
	9. On 5/06/2022, the 09:00 a.m. do	se was documented as administered a	t 10:36 a.m.	
	10. On 5/06/2022, the 05:00 p.m. d	ose was documented as administered	5/07/2022 at 12:03 a.m.	
	11. On 5/07/2022, the 01:00 a.m. d	ose was documented as administered	at 06:15 a.m.	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE (Each deficiency must be preceded by full reg		on)
F 0760	12. On 5/07/2022, the 09:00 a.m. d	lose was documented as administered	at 10:50 a.m.
Level of Harm - Actual harm	13. On 5/07/2022, the 05:00 p.m. d	lose was documented as administered	at 12:56 a.m.
Residents Affected - Some	14. On 5/08/2022, the 09:00 a.m. d	lose was documented as administered	at 10:34 a.m.
	15. On 5/09/2022, the 09:00 a.m. d	lose was documented as administered	at 10:34 a.m.
	16. On 5/09/2022, the 05:00 p.m. d	lose was documented as administered	at 06:31 p.m.
	17. On 5/10/2022, the 01:00 a.m. dose was documented as administered at 06:11 a.m. 18. On 5/10/2022, the 09:00 a.m. dose was documented as administered at 10:38 a.m. 19. On 5/10/2022, the 05:00 p.m. dose was documented as administered at 06:31 p.m. 20. On 5/12/2022, the 01:00 a.m. dose was documented as administered at 06:14 a.m.		
	21. On 5/12/2022, the 05:00 p.m. dose was documented as administered at 06:45 p.m.		at 06:45 p.m.
	22. On 5/13/2022, the 09:00 a.m. d	lose was documented as administered	at 10:35 a.m.
	23. On 5/15/2022, the 01:00 a.m. d	lose was documented as administered	at 06:09 a.m.
	24. On 5/16/2022, the 01:00 a.m. d	lose was documented as administered	at 02:41 a.m.
	25. On 5/16/2022, the 05:00 p.m. d	lose was documented as administered	at 07:08 p.m.
	26. On 5/17/2022, the 01:00 a.m. d	lose was documented as administered	at 06:15 a.m.
	27. On 5/17/2022, the 09:00 a.m. d	lose was documented as administered	at 10:58 a.m.
	28. On 5/17/2022, the 05:00 p.m. d	lose was documented as administered	at 06:16 p.m.
	29. On 5/18/2022, the 01:00 a.m. d	lose was documented as administered	at 07:40 a.m.
	30. On 5/19/2022, the 01:00 a.m. d	lose was documented as administered	at 06:39 a.m.
	31. On 6/01/2022, the 01:00 a.m. d	lose was documented as administered	at 06:04 a.m.
	32. On 6/02/2022, the 01:00 a.m. d	lose was documented as administered	at 05:57 a.m.
	33. On 6/03/2022, the 01:00 a.m. d	lose was documented as administered	at 06:19 a.m.
	34. On 6/03/2022, the 05:00 p.m. d	lose was documented as administered	at 10:59 p.m.
	35. On 6/04/2022, the 01:00 a.m. d	lose was documented as administered	at 06:11 a.m.
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MILLTIDLE CONSTRUCTION	(VZ) DATE CLIDVEV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	555738	B. Wing	07/15/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY (Each deficiency must be preceded by full re			on)
F 0760	36. On 6/05/2022, the 01:00 a.m. o	lose was documented as administered	at 03:13 a.m.
Level of Harm - Actual harm	37. On 6/05/2022, the 05:00 p.m. o	lose was documented as administered	at 09:19 p.m.
Residents Affected - Some	38. On 6/06/2022, the 01:00 a.m. o	lose was documented as administered	at 04:10 a.m.
	During an interview and concurrent record review on 7/6/2022 at 01:18 p.m. with Licensed Vocational Nurse 1, Resident 2 's MAR for 05/2022, 06/2022, and Resident 2 's SNF medical records was reviewed. LVN 1 stated that she provides pain medication to Resident 2 during her shift of 7:00 a.m. to 3:00 p.m. LVN 1 stated after reviewing Resident 1 's MAR for 5/2022 and 6/2022 that there was a total of 38 entries that indicated Resident 2 received his scheduled Norco pain medications late. LVN 1 stated that after reviewing Resident 2 's MAR dated 5/2022 and 6/2022, she administered the resident 's Norco late a total of 12 times. LVN 1 reported that she did not follow the facility policy and procedure that medications should be given within one hour before or one hour after the scheduled administration time. LVN 1 reviewed Resident 2 's SNF medical records and stated that there was no documented evidence that a post pain assessment was done after the resident had been given pain medications. LVN 1 stated that they did not follow Resident 's 2 care plan titled, Pain dated 4/12/2022, which indicated to assess pain after administering analgesic. LVN 1 stated there should be a post pain assessment for routine medications to evaluate the effectiveness of the analgesic. A review of the facility's policy and procedure titled, Medication Administration- General Guidelines, dated 4/2008, indicated that Medications are administered in accordance with written orders of the attending physician, medications are administered within 60 minutes of scheduled time (one hour before and one hour after). C. A review of Resident 3 's Face Sheet indicated Resident 3 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included anxiety (feelings of uneasiness) and depression (feelings of sadness). A review of Resident 3 's MDS, dated [DATE], indicated Resident 3 had intact cognition with skills required for daily decision making. The MDS further indicated that Resident 3 required one-person extensive assista		
	personal hygiene. A review of Resident 3 's Physician 's Orders indicated the following:		
	Methadone (medication to treat pain) Solution 10 mg/5 milliliters (ml, a unit of measure)- give 7.5 mg. by mouth three times a day for polyneuropathy (damage to many nerves that can cause pain and loss of sensation), dated 4/17/2022.		
	2. Methadone Solution 5 mg/5 ml- give 7.5 mg. by mouth three times a day for polyneuropathy, dated 3/08/2022.		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIE (Each deficiency must be preceded by fu		IENCIES iull regulatory or LSC identifying information)	
F 0760 Level of Harm - Actual harm Residents Affected - Some	During an interview with Resident 3 on 6/17/2022 at 10:25 a.m., Resident 3 stated that when she receives her prescribed methadone late, the pain doubles and takes longer to bring the pain under control, which the makes it difficult to move. Resident 3 stated she has cried several times due to the pain. Resident 3 stated, many times she does not receive her pain medications on time and is often left waiting for over an hour. Resident 3 stated Licensed Vocational Nurse 5 (LVN 5) is one of the nurses that often gives her prescribed dose of methadone late. A review of Resident 3 's Care Plan titled, Acute Pain, initiated 6/16/2022, indicated a goal that Resident 3 will be free from pain/discomfort. One of the interventions indicated was to administer pain medications per		
	physician 's order. A review of Resident 3 's MAR Details for 5/2022 and 6/2022 indicated that Resident 3 's order for Methadone 7.5 mg. was not followed as per the physician 's order by:		
	1. On 5/02/2022, the 8:00 p.m. dose was documented as administered at 9:40 p.m.		
	2. On 5/04/2022, the 1:00 p.m. dose was documented as administered at 2:18 p.m.		
	3. On 5/10/2022, the 8:00 p.m. dose was documented as administered on 5/11/2022 at 12:06 a.m.		
	4. On 5/13/2022, the 8:00 p.m. dose was documented as administered at 11:50 p.m.		
	5. On 5/16/2022, the 8:00 p.m. dose was documented as administered at 10:43 p.m.		
	·	e was documented as administered at	·
	,	e was documented as administered at	•
		e was documented as administered at	
	·	e was documented as administered at	·
		se was documented as administered a	·
	·	se was documented as administered a	·
		se was documented as administered o	
		se was documented as administered o	
	·	se was documented as administered a	t 9:42 p.m.
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0760 Level of Harm - Actual harm Residents Affected - Some	During a concurrent interview and if for 5/2022 and 6/2022 was reviewe 6/2022, there were a total of nine in administering Resident 3 's methal having computer documentation is medications were given timely as the administration by LVN 5, LVN 5 was medications were administered as During an interview with the Assistathat pain medications are to be given the scheduled time. The ADON state pain that is difficult to control. During a concurrent interview and if for 5/2022 and 6/2022 was reviewed doses of Methadone late. A review of the facility's policy and 4/2008, indicated that Medications physician, medications are administanter). D. A review of Resident 5 's Face and readmitted on [DATE] with diagramywhere on the spine or back) and A review of Resident 5 's History as capacity to understand and make of the control o	record review on 7/07/2022 at 4:00 p.m. ad. LVN 5 stated that after reviewing Resistances where she documented one hadone. LVN 5 stated that the late adminisues. When asked to provide any other ne MAR indicated that there were nine as not able to explain nor show addition scheduled. The Director of Nurses (ADON) on 6/06, and the process of the state of a pain medication is given late, the record review on 7/06/2022 at 4:18 p.m. and The DON stated that the MAR indicated procedure titled, Medication Administrate are administered in accordance with we stered within 60 minutes of scheduled to Sheet indicated Resident 5 was initially gnoses that included low back pain (phind discitis (an infection in the spinal corduct of the IDATE), indicated Resident 5 is coolimited assistance during bed mobility,	a. with LVN 5, Resident 3 's MAR esident 3 's MAR for 5/2022 and fours past the scheduled time of istrations on the MAR were due to adocumented evidence that the instances of late methadone all evidence to show that the instances of late methadone all evidence to show that the instances of late methadone all evidence to show that the instances of late methadone all evidence to show that the instances of late methadone all evidence to show that the instances of late methadone all evidence to show that the instances of late and instance and instances of late and instances of late and instances of late and one hour defended by the late and one hour before and one hour expectation of late and late an	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	1 6052	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0842 Level of Harm - Minimal harm or	Safeguard resident-identifiable info accordance with accepted professi	rmation and/or maintain medical record onal standards.	ds on each resident that are in	
potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 45579	
Residents Affected - Some	Based on interview and record review, the facility failed to ensure that licensed nursing staff maintained accurate medical records in accordance with accepted professional standards for one of six sampled residents (Resident 6) when Licensed Vocational Nurse 5 (LVN 5) failed to document the administration of the medications on Resident 6 's Medication Administration Record (MAR [a flow sheet for charting the dispensed prescribed medication for the resident).			
	This deficient practice had the potential to result in confusion in the care and services provided to the residents, which could place the residents at risk of not receiving appropriate care due to inaccurate and incomplete resident medical care information.			
	Findings:			
	A review of Resident 6 's Face Sheet indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included diabetes mellitus (the body 's inability to control sugar levels in the blood), hypertension (high blood pressure), and depression (feelings of sadness).			
	A review of Resident 6 's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 2/21/2022, indicated Resident 6 was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making.			
	A review of Resident 6 's Physician 's Orders indicated the following:			
		dication to lower cholesterol) tablet 10 milligram (mga unit of measure) by blesterolemia (high levels of cholesterol in the blood), with order start date of		
	measure)/milliliter (ml-unit of meas	2. Insulin Glargine Solution (an injectable medication to treat diabetes mellitus) 100 units (U-unit of measure)/milliliter (ml-unit of measure) (an injectable medication to treat diabetes mellitus) - inject 26 uni subcutaneously (into the fat underneath the skin) at bedtime.		
	Trazadone (a medication for depinability to sleep, with order start date.)	pression) tablet 150 mg. by mouth at be ate of1/19/2022.	dtime for depression manifested by	
		on) tablet 20 mg. by mouth in the evening sually in the legs which can loosen and with order start date of 1/19/2022.		
	5. Augmentin (an antibiotic to treat bacterial infection) tablet 875-125 mg by mouth two times a day for abnormal chest x-ray result for 7 days, with order start date of5/13/22.		by mouth two times a day for	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022	
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd		
Windsof Ferrase Freditif State		Van Nuys, CA 91405		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0842 Level of Harm - Minimal harm or potential for actual harm	6. Carvedilol (a medication for HTN) 3.125 tablet mg by mouth every twelve hours for hypertension, hold for systolic blood pressure (the top number of the blood pressure, measuring pressure when the heart is pumping blood through the blood vessels) is less than 110 or heart rate is less than 60 beats per minute, with order start date of 2/02/2022.			
Residents Affected - Some	7. Colace (medication to soften bot management, with order start date	wel movements) capsule 200 mg by moof1/20/2022.	outh two times a day for bowel	
	8. Ferrous Sulfate tablet (iron table (low red blood cell count), with order	t to help red blood cells) 325 mg by mo er start date of 1/19/2022.	outh two times a day for anemia	
	9. Carisoprodol (muscle relaxer) 325 mg capsule by mouth every eight (8) hours for muscle spasms, with order start date of1/20/2022.			
	10. Gabapentin (medication used to treat nerve pain) 300 mg capsule by mouth three times a day for neuropathy (numbness in hands and/or feet), with order start date of 1/20/2022.			
	11. Repaglinide (medication to help control blood sugar levels) tablet 0.5 mg. by mouth three times a day for diabetes, with order start date of 2/28/2022.			
	12. Regular Insulin (medication used to lower sugar in the blood), inject per sliding scale, subcutaneously before meals and at bedtime, related to diabetes mellitus, with order start date of 1/19/2022:			
	If 70 - 149 mg/ deciliter (dL-unit of measure), then give 0 units			
	If 150 - 199 mg/dL, then give 2 unit	S		
	If 200 - 249 mg/dL, then give 4 unit	S		
	If 250 - 299 mg/dL, then give 6 unit	is .		
	If 300 - 349 mg/dL, then give 8 unit	S		
	If 350 - 400 mg/dL, then give 10 un	its		
	If above 400 mg/dL, then give 12 u	nits and call the physician		
	A review of Resident 6 's 5/2022 MAR indicated there was no nursing documentation for the following d and medications:			
	1. Atorvastatin Calcium 10 mg for 5	5/10/2022, 5/16/2022 5/17/2022, 5/21/2	2022 and 5/24/2022 at 9 pm.	
	2. Insulin Glargine Solution 100 uni 5/24/2022 at 9 pm.	its/ml, 26 units for 5/10/2022, 5/16/202	2 5/17/2022, 5/21/2022 and	
	3. Trazadone tablet 150 mg for 5/1	0/2022, 5/16/2022 5/17/2022, 5/21/202	22 and 5/24/2022 at 9 pm.	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Xarelto table 20 mg for 5/10/202 5. Augmentin tablet 875-125 mg, 5. 6. Carvedilol table 3.125 mg for 5/1 7. Colace 200 mg for 5/10/2022, 5/ 8. Ferrous Sulfate 325 mg. tablet, 5. 9. Carisoprodol tablet 350 mg. for 5. 10. Gabapentin 300 mg. for 5/10/202 11. Repaglinide tablet 0.5 mg. for 5. 12. Blood sugars and regular insuli a. 5/10/2022 for 4:30 pm. and 9:00 b. 5/16/2022 for 4:30 pm. and 9:00 c. 5/17/2022 for 4:30 pm. and 9:00 d. 5/21/2022 for 4:30 pm. and 9:00 d. 5/21/2022 for 4:30 pm. and 9:00 puring a record review and concurrant 12:55 pm., Resident 6 's 5/2022 resident, the licensed nurse must demedication was given. The ADON MAR after administering a medicat medication. During a concurrent interview and 4:30 pm., Resident 6 's 5/2022 MAS 5/17/2022, 5/21/2022 and 5/24/202 LVN 5 confirmed that on those date routine medications. LVN 5 stated in the medications. LVN 5 stated in the resident 6. A review of the facility 's policy and reviewed 2/16/2022, indicated the inon the resident 's MAR directly after the sident 's MAR directly after the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly after the medication in the resident 's MAR directly afte	2, 5/16/2022 5/17/2022, and 5/24/2022 /16/22 and 5/17/22 at 5 pm. 0/2022, 5/16/2022 5/17/2022, 5/21/202 at 5/21/2022 5/17/2022, 5/16/2022 at 5/24/2022 at 5/21/2022, 5/16/2022 5/17/2022, 5/16/2022 5/17/2022, 5/21/2022, 5/16/2022 5/17/2022, and 5/24/20 5/10/2022, 5/16/2022 5/17/2022, and 5/24/20 in sliding scale if needed for:: pm. pm. pm.	22 and 5/24/2022 at 9pm. 5 pm. 5 pm. 2022 and 5/24/2022 at 10 pm. 2022 and 5/24/2022 at 10 pm. 22 at 5 pm. 224/2022 at 4:30 pm. 24/2022 at 4:30 pm. 24/2022 at 4:30 pm. 25 pm. 26 pm. 27 pm. 27 pm. 28 pm. 29 pm. 20 pm. 21 pm. 22 pm. 22 pm. 23 pm. 24 pm. 25 pm. 26 pm. 27 pm. 28 pm. 29 pm. 20 pm. 20 pm. 20 pm. 20 pm. 20 pm. 21 pm. 22 pm. 23 pm. 24 pm. 25 pm. 26 pm. 27 pm. 28 pm. 29 pm. 20 pm. 20 pm. 20 pm. 20 pm. 20 pm. 20 pm. 21 pm. 22 pm. 23 pm. 24 pm. 25 pm. 26 pm. 26 pm. 27 pm. 28 pm. 29 pm. 20 pm. 20 pm. 20 pm. 20 pm. 20 pm. 21 pm. 22 pm. 23 pm. 24 pm. 26 pm. 26 pm. 27 pm. 27 pm. 28 pm. 29 pm. 20 pm. 20 pm. 20 pm. 20 pm. 20 pm. 21 pm. 21 pm. 22 pm. 23 pm. 24 pm. 25 pm. 26 pm. 26 pm. 27 pm. 27 pm. 27 pm. 28 pm. 28 pm. 28 pm. 29 pm. 20 pm. 21 pm. 22 pm. 23 pm. 24 pm. 24 pm. 25 pm. 26 pm. 26 pm. 27 pm. 27 pm. 27 pm. 28 pm. 28 pm. 29 pm. 20 pm. 21 pm. 21 pm. 22 pm. 23 pm. 24 pm. 24 pm. 25 pm. 26 pm. 26 pm. 26 pm. 27 pm. 27 pm. 28 pm. 28 pm. 28 pm. 28 pm. 29 pm. 20