Printed: 02/22/2025 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 12/14/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care	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)		
F 0600 Level of Harm - Immediate	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.		
jeopardy to resident health or safety		HAVE BEEN EDITED TO PROTECT C	
Residents Affected - Few	Based on interview and record review, the facility failed to ensure Certified Nursing Assistant 1 (CNA 1) and Dietary Aid 1 (DA 1) did not act negligently (a situation in which not enough care or attention is provided to someone or something) towards one of five sampled residents (Resident 1), who was prescribed a regular, no salt added, soft and bite-size texture, regular consistency diet (a diet that contains food that is cut into smaller pieces, soft, easy to chew, with lower amounts of salt), and was at risk for aspiration (when something enters your airway or lungs), when:		
	1. DA 1 prepared a chef 's salad (a salad of lettuce and other raw [crunchy] vegetables topped with slices of meat, cheese, croutons [bread that is hardened due to being fried or toasted], and hard-boiled eggs) for Resident 1, which contained croutons and raw lettuce, both of which are not allowed based on the resident 's dietary restrictions.		
	CNA 1 failed to first verify with a dietary restrictions, prior to serving	licensed nurse, that the prepared chef the salad to Resident 1.	's salad was within Resident 1
	These deficient practices resulted in Resident 1 choking (to stop breathing because something is blocking your throat) while eating the provided chef 's salad that did not adhere to his dietary restrictions on [DATE]. Resident 1 required abdominal thrusts (a technique in first aid to dislodge a foreign body in a person's airway by applying sudden upward pressure on the upper abdomen) and cardiopulmonary resuscitation (CPR- an emergency life-saving procedure that is done when someone's breathing, or heartbeat has stopped). Resident 1 was revived (regained life) and transferred to the General Acute Care Hospital (GACH). While at the GACH, the resident coded (abrupt loss of heart function) multiple times, required intubation (placement of a flexible plastic tube into the trachea [a tube structure in the body that carries air] to maintain an open airway), and then expired (died) on [DATE].		
	On [DATE] at 5:58 p.m., the State Survey Agency called an Immediate Jeopardy (IJ-a situation in which the facility 's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) in the presence of the Administrator (ADM) and the Director of Nursing (DON) due to the facility's failure to ensure a resident was kept free from neglect when facility staff provided food to Resident 1 that was contraindicated to the resident 's prescribed diet.		
	(continued on next page)		

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 19

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F 0600	On [DATE] at 4:43 p.m., the ADM provided an IJ Removal Plan which included the following summarized actions:		
Level of Harm - Immediate jeopardy to resident health or safety	On [DATE], The facility began an investigation into the choking incident involving Resident 1, including interviews, record review, and follow up with the hospital and responsible party (RP).		
Residents Affected - Few	DA 1 was suspended pending in however voluntarily resigned from I	vestigation on [DATE]. DA 1 was sched ner position on [DATE].	duled to be terminated on [DATE],
		on [DATE] and received final written wa or Resident 1 was first checked by a lice rior to serving it to the resident.	
	4. In-service was initiated by ADM/ Registered Dietician (RD)/Dietary Manager (DM) on [DATE] for dietary staff regarding resident diets, textures and what is allowed for each; as well as the process to follow, to validate diet orders prior to providing any food requests or substitutions requested by residents or staff to ensure that residents receive the correct texture diet.		
	regarding the process to request fo	y staff by Director of Staff Development and substitutes for residents and that all accuracy prior to serving it to resider	food must be checked by licensed
		E] for facility staff by RD/DON/designee riding the wrong texture to residents.	on the different food textures and
		on [DATE] to facility staff regarding the verification of prescribed diet to suppler	
	In-service was initiated for facility of residents.	r staff by DSD/designee on [DATE] reg	arding the choking and code status
		nce Improvement (QAPI- data driven a iew incident and review/revise action p	
	,	meal services on [DATE] and [DATE] ach resident's physician ordered diet. N	
	11. Direct care staff was surveyed by DON/designee on [DATE] to determine if any residents receiving modified diets are known to request foods that may be inconsistent with their diet order or texture. Fou residents were identified. Interdisciplinary Team (IDT - a group of members from different disciplines w collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) meetings were held with these four (4) residents on [DATE] to determine residents' sp requests and concerns regarding their diets, inform primary physician and develop a resident-specific care.		neir diet order or texture. Four (4) rs from different disciplines working share resources and E] to determine residents' specific
	(continued on next page)		

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	that all are accurate and consistent 13. Documentation log for alternate substitutes/meals have food provide physician's ordered diets are recont to the resident) with the meals and with diet order will be referred to RI initiate IDT meeting, referral to specare plan is updated to reflect any of the total substitute in including the process of providing a series of providing the process of providing a repeated and then again In-service was initiated on [DATE] of Accuracy log form. 17. DON/ Designee will continue in (CNAs)that food items provided to the residents. 18. On [DATE], DON/designee initial environment remaining as free of a supervision and assistance devices regards to the choking incident of Fire the continuation of the provided to the choking incident of Fire the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the continuation of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen of the provided to the nursing units are chosen o	es and food request was initiated on [D/ed that is consistent with each resident ciled (checked to ensure the order is the food served to the residents. Any food D to meet with resident, provide educate ech therapy, and follow up with primary changes made. TE] for RD and IDT regarding the processistent with diet order. -service of staff regarding the proper positernative substitute menu options. Id on [DATE] to ensure that meals provide opporate food items are served. Log we by licensed nurses prior to food being for dietary staff and licensed nurses regarded in-service for facility staff regarding cident hazards as is possible; that each is to prevent accidents, and a review of Resident 1. Board (oversees the operations of the facility staff and licensed nurses completed by dietary staff and licensed necked against the diet orders to ensure review these logs weekly for three more considered in the construction of the service of the licensed nurses and the facility staff and licensed nurses to ensure the completed by dietary staff and licensed necked against the diet orders to ensure the complete the constructions of the facility staff and licensed necked against the diet orders to ensure the constructions of the facility staff and licensed necked against the diet orders to ensure the constructions of the facility staff and licensed necked against the diet orders to ensure the constructions of the facility staff and licensed necked against the diet orders to ensure the constructions of the facility staff and licensed necked against the diet orders to ensure the constructions of the facility staff and licensed necked against the diet orders to ensure the constructions of the facility staff and licensed necked against the diet orders to ensure the construction of the facility staff and licensed necked against the diet orders to ensure the construction of the facility staff and licensed necked against the diet orders to ensure the construction of the facility staff and licensed necked against the diet orders t	ATE] to ensure that food 's physician orders and that he same as what is being provided requested that is not consistent ion to resident about ordered diet, rephysician if needed and ensure ess to be followed if residents are rocess for providing meals ded the nursing units are checked vill be completed in kitchen as trays served to residents on the unit. garding use of the Meal Tray entified Nursing Assistant s ensed nurse prior to providing to g the importance of the resident ch resident receives adequate how this standard was not met with acility) scheduled for [DATE] to If nurses to ensure that meals a appropriate food items are inths to ensure that compliance is by dietary staff to ensure that food the residents. Ensure that compliance is

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	22. Audit will be done weekly for the current residents, and for 10 randor related to diet textures. Immediate 23. Audit findings will be reported to Committee will review any issues of to provide feedback and program in 24. An action plan with the above so Assurance (QA) Committee for conthe requirements for residents' right On [DATE] at 2:23 p.m., while onsignal, the State Survey Agency acceptesence of the ADM and the DON Findings: A review of Resident 1's Admission on [DATE], with diagnoses that includisease (COPD - a lung disease thand type 2 diabetes mellitus (the box A review of Resident 1's Minimum dated [DATE] indicated Resident 1 modified to help people who have continued to help people who have conti	ree months by DM/designee of physicia m resident care plans to validate that the correction will be made as needed and to the QAPI Committee. During the month of concerns identified to determine the emodification if needed for three months stated action items, education, and auditinued monitoring to ensure that the fact to be free from abuse, neglect, and must early and after verifying the facility 's full interest the IJ Removal Plan and removed. In Record indicated Resident 1 was adduded dysphagia (difficulty swallowing), at causes obstructed airflow from the labory is inability to regulate sugar levels in Data Set (MDS, a standardized assess had moderately impaired cognition (abild was on a mechanically altered diet (a difficulty with chewing and swallowing). In 's Order Summary Report indicated and bite-size texture, regular consistency and for [DATE] - Lunch, indicated Reside	an diet orders, tray tickets for ney are accurate and consistently reported to ADM. Athly QAPI meetings, the QAPI effectiveness of facility efforts and or until compliant. Its will be submitted to the Quality cility remains in compliance with isappropriation of resident property. Implementation of the IJ removal d the Immediate Jeopardy in the mitted on [DATE] and readmitted chronic obstructive pulmonary ungs, making it hard to breathe), in the blood). In the blood). In the where the texture is a physician 's order dated [DATE] diet. Int 1 was on a no added salt diet, andicated Resident 1 was eating his your throat). Resident 1 's Change bluish coloration of the skin caused for application to someone choking body fluids from an airway) was

			NO. 0936-0391
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	reviewed Resident 1 's diet tray ca Employee Corrective Action Notice restrictions, DA 1 still provided a ch further indicated that the chef's sa on Resident 1 's soft and bite sized. A review of the facility 's Employee obtained a salad for Resident 1 per licensed nurse check the food befor further indicated that the salad serv restrictions that included that need. During an interview with the DON conserved food that was not part of his that required soft, bite-sized food, but the DON stated Resident 1 had rechef's salad to CNA 1, who then son salad that included raw vegetable. During an interview with Certified Nowas in the dining room during lunch walking around the dining room chewith his hands around his neck, indicated abdominal thrusts on Resident 1 with the suction machine, she asked the the dining room, Resident 1 was or During an interview with DM on [DAResident 1 's choking incident on [though she saw that Resident 1 's chef's salad consisted of raw letture and croutons. The DM stated that I a soft, bite-sized diet since it had his the raw lettuce and croutons were any questions, she should have as Resident 1 food items not allowed that many years of experience as a Resident 1 food items not allowed that many years of experience as a	e Corrective Action Notice for CNA 1 day the resident 's request but failed to for reserving it to the resident. The Employed to Resident 1 did not follow the resident of the resident 1 did not follow the resident of some for soft, bite-sized food. In [DATE] at 2:25 p.m., the DON stated resident of the prescribed diet. The DON stated Resident of the prescribed diet. The DON stated that have served at the first salad that have reved it to Resident 1. DON stated that served it to Resident 1. CNA 2 stated that are ecking on the residents, she saw Residicating he was choking. CNA 2 stated hile screaming for help. CNA 2 stated hile screaming for help. CNA 2 stated how over with the abdominal thrusts and marily used for removing obstructions), are receptionist to call 911. CNA 2 stated in the floor with staff performing CPR or ATE] at 3:40 p.m., the DM stated that we DATE] and DA 1 admitted that she gave tray card indicated that he was on a soce, raw tomatoes, shredded cheese, pot DA 1 should have known a chef's salad and, crunchy ingredients like the raw lenot safe for a resident on a soft, bite-sized the DM prior to giving the salad to be possible to the prescribed diet put him at risk for a Dietary Aide and should have known DA 1 prepared a chef's salad for Resident on a soft, bite-sized the DM prior to giving the salad to be possible to the proper of the prescribed diet put him at risk for a Dietary Aide and should have known DA 1 prepared a chef's salad for Resident on a soft, bite-sized the DM prior to giving the salad for Resident on a chef's salad for Resident on	a soft and bite-sized diet. The nt 1 's tray card for their dietary byee Corrective Action Notice atons, both of which are not allowed ated [DATE], indicated CNA 1 allow the facility process of having a byee Corrective Action Notice ident 's physician ordered diet at on [DATE], Resident 1 was ident 1 was on a prescribed diet araw vegetables and dry croutons. DON stated that DA 1 provided a tray as a result of being served a chef up choking. at 2:58 p.m., CNA 2 stated she cound 12:30 p.m., when she was lent 1 coughing, gasping for air, she proceeded to perform cicensed Vocational Nurse 1 (LVN draked CNA 2 to get a suction CNA 2 stated on her way to get that by the time she went back to a him. Then she interviewed DA 1 after the CNA 1 a chef 's salad even off, bite-sized diet. The DM stated a ieces of ham, slices of boiled egg draws not allowed for a resident on truce and croutons. DM stated that zed diet. The DM stated that serving rehoking. The DM stated that serving rehoking. The DM stated that DA 1 that the salad was not part of a soft,

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident 1 informed him that he did stated he took Resident 1 's tray of 1 was requesting a salad. CNA 1 stated he brought the a licensed nurse check the food to restrictions. CNA 1 stated he did not nurses in or around the dining room understands that he bypassed a sate wanted so that the resident could be Resident 1 because he trusted that Resident 1 's diet. During an interview with the DON of safety protocols in place to ensure diet. The DON stated DA 1 should Resident 1 's dietary restrictions. To checked the food before serving it is bypassed the facility 's safety protocol of DA1 and CNA 1 bypassing safet. A review of the GACH 's Discharge to the GACH for respiratory distress body). The form further indicated the pneumonia (severe inflammation of GACH and coded three times before patients who are extremely ill or verificated that Resident 1 sure Resident 1 did want further escalated. A review of the facility 's policy and the safety of the facility is policy and the safety of the safety of the facility is policy and the safety of the saf	e Summary Report dated [DATE] indica s (trouble breathing) after being found hat Resident 1 had pulmonary (relating f the lungs). Resident 1 decompensate re being transferred to Intensive Care U ry badly injured are looked after consta ffered cardiac arrest but did survive. The	alad from the kitchen. CNA 1 and informed DA 1 that Resident and then handed him a chef's ved it to Resident 1 without having in the resident's dietary because there were no licensed d of lunch. CNA 1 stated he t Resident 1 the food that he alad would be okay to serve to sure the food given was part of I that the facility has numerous eart of their physician prescribed and only provide food that is within thave ensured a licensed nurse fortunately DA 1 and CNA 1 mat Resident 1 choked as a result atted that Resident 1 was brought in mypoxic (low levels of oxygen in the to the lungs) findings suspicious for d (decline in health) after arrival to Unit (ICU- a part of a hospital where intly). The discharge summary the report went on to state that

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F 0606	Not hire anyone with a finding of ab	ouse, neglect, exploitation, or theft.	
Level of Harm - Minimal harm or potential for actual harm	42040		
Residents Affected - Few		ew, the facility failed to ensure they did aw for one of seven facility staff memb	
	This deficient practice had the pote	ntial to place the residents in the facilit	y at risk for abuse.
	Findings:		
	During an interview and concurrent (ADM), she provided a copy of CNA	record review on 12/9/2022 at 5:00 p. A 1 's background check report.	m. with the facility 's Administrator
	During a record review on 12/10/20 of 6/1/2022, indicated the following)22 at 9:40 a.m., CNA 1 ' s background :	check report with completed date
	Name and date of birth matching 0	CNA 1	
	Charge type: Misdemeanor (a type	e of offense punishable under criminal l	aw)
	Charge: Corporal injury inflicted up condition on an intimate partner)	oon spouse (willfully inflicting a physica	l injury resulting in a traumatic
	Disposition (Outcome of an arrest	or prosecution): Guilty	
	Disposition date: 1/16/2020		
	Sentence (punishment for a crime)	: Jail 364 days	
	the pre-employment background check report are seinformation. The ADM stated that the and does not recall why she sent had the link for the background check report. ADM stated the background clear, and if there are any concerns any decisions to employ the applications background information indicated or reviewing the information. The ADM	record review on 12/10/2022 at 10:00 necks process, the applicant will be ser background check system. Once this hent to the staff who sent the applicant this process is usually done by the Direction the link instead of the DSD. The AD as so she was the one who received the checks are done prior to hiring to review then the regional Human Resources want. The ADM stated she does not recain his background check report. The ADM stated she may have sent the information of the check and approved the check	at a link through email to submit has been completed, the results of the online link to submit their ctor of Staff Development (DSD) M further stated that she sent CNA results of his background check aw and make sure everything is will further review prior to making all discussing his criminal DM stated she must have missed ation to the Human Resources to

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SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by During an interview on 12/12/2022 correspondence between her and to	Van Nuys, CA 91405 tact the nursing home or the state survey state. EIENCIES full regulatory or LSC identifying informati	
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(Each deficiency must be preceded by During an interview on 12/12/2022 correspondence between her and to	full regulatory or LSC identifying informati	onl
correspondence between her and t	at 11:55 a.m., the ADM stated she cou	,
During an interview on 12/12/2022 at 11:55 a.m., the ADM stated she could not locate any documentation correspondence between her and the Human Resources to indicate that the background information for 1 was reviewed and approved for employment. The ADM stated that if she saw this information on his background prior to his employment she would not have hired him to work at the facility. ADM stated that should have reviewed the information more thoroughly and that CNA 1 should not have been employed. A review of the facility 's policies and procedures titled, Abuse Prohibition and Prevention and Policy and Procedure, dated 8/2022, indicated that facility will not employ or otherwise engage individuals who have been found guilty of abuse by a court of law.		he background information for CNA e saw this information on his at the facility. ADM stated that she ould not have been employed. and Prevention and Policy and
	should have reviewed the informati A review of the facility 's policies at Procedure, dated 8/2022, indicated	should have reviewed the information more thoroughly and that CNA 1 sh A review of the facility 's policies and procedures titled, Abuse Prohibition Procedure, dated 8/2022, indicated that facility will not employ or otherwis

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Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	accidents. ***NOTE- TERMS IN BRACKETS H Based on interview and record revi who was prescribed a regular, no s contains food that is cut into smalle for aspiration (when something ent keep the resident free from accider first verified with a licensed nurse, t vegetables topped with slices of me toasted], and hard-boiled eggs) pre restrictions, prior to serving the sale which are not allowed based on the This deficient practice resulted in R throat) while eating the provided ch Resident 1 required abdominal thruby applying sudden upward pressu emergency life-saving procedure th Resident 1 was revived (regained li the GACH, the resident coded (abr a flexible plastic tube into the trach- airway), and then expired (died) or On [DATE] at 5:58 p.m., the State 3 facility 's noncompliance with one of serious injury, harm, impairment, or Director of Nursing (DON) due to th facility staff provided food to Reside On [DATE] at 4:43 p.m., the ADM p actions: 1. On [DATE], the facility began an interviews, record review, and follow 2. DA 1 was suspended pending in however voluntarily resigned from the 3. CNA 1 was verbally counseled of	desident 1 choking (to stop breathing bear of salad that did not adhere to his dusts (a technique in first aid to dislodge re on the upper abdomen) and cardiophat is done when someone's breathing, if and transferred to the General Acuitupt loss of heart function) multiple time ea [a tube structure in the body that can [DATE]. Survey Agency called an Immediate Jeor more requirements of participation har death to a resident) in the presence one facility's failure to ensure a resident that was contraindicated to the reprovided an IJ Removal Plan which includinvestigation into the choking incident when up with the hospital and responsible exestigation on [DATE]. DA 1 was schemer position on [DATE].	ive sampled residents (Resident 1), gular consistency diet (a diet that amounts of salt), and was at risk with appropriate supervision to ritified Nursing Assistant 1 (CNA 1) and other raw [crunchy] dened due to being fried or thin Resident 1's dietary croutons and raw lettuce, both of ecause something is blocking your interaction of IDATE]. The aforeign body in a person's airway ulmonary resuscitation (CPR- an or heartbeat has stopped). The Care Hospital (GACH). While at some ries air to maintain an open opardy (IJ-a situation in which the as caused, or is likely to cause, for the Administrator (ADM) and the was kept free from hazard when sident's prescribed diet. Including Resident 1, including party (RP). Included to be terminated on IDATE], runing on IDATE] for failure to

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety	4. In-service was initiated by ADM/ Registered Dietician (RD)/Dietary Manager (DM) on [DATE] for dietary staff regarding resident diets, textures and what is allowed for each; as well as the process to follow, to validate diet orders prior to providing any food requests or substitutions requested by residents or staff to ensure that residents receive the correct texture diet.		
Residents Affected - Few	5. In-service was initiated for facility staff by Director of Staff Development (DSD)/designee on [DATE] regarding the process to request food substitutes for residents and that all food must be checked by license nurses to confirm diet order and tray accuracy prior to serving it to residents.		
	 6. In-service was initiated on [DATE] for facility staff by RD/DON/designee on the different food textures and the potential consequences of providing the wrong texture to residents. 7. Notifications were made by ADM on [DATE] to facility staff regarding the facility 's system changes with regards to dietary restrictions and verification of prescribed diet to supplement the in-person in-services. 8. In-service was initiated for facility staff by DSD/designee on [DATE] regarding the choking and code statu of residents. 9. Quality Assurance and Performance Improvement (QAPI- data driven approach to quality improvement) meeting was held on [DATE] to review incident and review/revise action plan (plan containing actions to achieve a goal). 10. The facility conducted audits of meal services on [DATE] and [DATE] to ensure that appropriate meals have been provided according to each resident's physician ordered diet. No additional concerns have been identified at this time. 11. Direct care staff was surveyed by DON/designee on [DATE] to determine if any residents receiving modified diets are known to request foods that may be inconsistent with their diet order or texture. Four (4) residents were identified. Interdisciplinary Team (IDT - a group of members from different disciplines workin collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) meetings were held with these four (4) residents on [DATE] to determine residents' specific requests and concerns regarding their diets, inform primary physician and develop a resident-specific plan of care. 		
	12. Review of physician diet orders, tray tickets and resident care plans was initiated on [DATE] to validate that all are accurate and consistent related to diet textures.		
	13. Documentation log for alternates and food request was initiated on [DATE] to ensure th substitutes/meals have food provided that is consistent with each resident's physician orde physician's ordered diets are reconciled (checked to ensure the order is the same as what to the resident) with the meals and food served to the residents. Any food requested that is with diet order will be referred to RD to meet with resident, provide education to resident at initiate IDT meeting, referral to speech therapy, and follow up with primary physician if need care plan is updated to reflect any changes made.		
	14. ADM initiated in-service on [DA identified as requesting food not co	TE] for RD and IDT regarding the proconsistent with diet order.	ess to be followed if residents are
	(continued on next page)		

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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 12/14/2022
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	D CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	PCODE
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	15. DON/designee will continue inthe process of providing alternative against the diet orders to ensure agare being prepared and then again In-service was initiated on [DATE] Accuracy log form. 17. DON/designee will continue inthat food items provided to the resi residents. 18. On [DATE], DON/designee initi environment remaining as free of a supervision and assistance devices regards to the choking incident of Figure 19. QAPI meeting with Governing Ereview action plan and root cause at 20. Meal Tray Accuracy log will be provided to the nursing units are characteristic and review for any 21. Documentation log for alternate substitutes/meals have food provide physician's ordered diets are recon Administrator/designee will review consistently met and that any requirements for appropriate follow up. 22. Audit will be done weekly for the current residents, and for 10 rando related to diet textures. Immediate 23. Audit findings will be reported to Committee will review any issues of to provide feedback and program in 24. An action plan with the above so Assurance (QA) Committee for correquirements for resident environments	service of staff regarding the proper pro- e substitute menu options. d on [DATE] to ensure that meals provi- propriate food items are served. Log w by licensed nurses prior to food being for dietary staff and licensed nurses reg- service for the licensed nurses and Cer dents will be checked by the licensed nurses will be checked by the licensed nurse ated in-service for facility staff regardin accident hazards as is possible; that ear is to prevent accidents, and a review of Resident 1. Board (oversees the operations of the facility staff and licensed analysis. completed by dietary staff and licensed necked against the diet orders to ensure review these logs weekly for three mo	ded the nursing units are checked will be completed in kitchen as trays served to residents on the unit. garding use of the Meal Tray riffied Nursing Assistant 's (CNAs) nurse prior to providing to the g the importance of the resident ch resident receives adequate how this standard was not met with acility) scheduled for [DATE] to d nurses to ensure that meals appropriate food items are not not only dietary staff to ensure that food its physician orders and that to the residents. Ensure that compliance is act order have been referred to RD and diet orders, tray tickets for ney are accurate and consistently reported to ADM. Anthly QAPI meetings, the QAPI effectiveness of facility efforts and or until compliant. Attist will be submitted to the Quality dity remains in compliance with the reds as is possible and that each

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 12/14/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	FCODE
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 0689 Level of Harm - Immediate jeopardy to resident health or safety	On [DATE] at 2:23 p.m., while onsite and after verifying the facility 's full implementation of the IJ removal plan, the State Survey Agency accepted the IJ Removal Plan and removed the Immediate Jeopardy in the presence of the ADM and the DON. Findings:		
Residents Affected - Few	A review of Resident 1 's Admission Record indicated Resident 1 was admitted on [DATE] and readmitted on [DATE], with diagnoses that included dysphagia (difficulty swallowing), chronic obstructive pulmonary disease (COPD - a lung disease that causes obstructed airflow from the lungs, making it hard to breathe), and type 2 diabetes mellitus (the body 's inability to regulate sugar levels in the blood).		
	A review of Resident 1 's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated [DATE] indicated Resident 1 had moderately impaired cognition (ability to think and make decisions). The MDS also indicated Resident 1 was on a mechanically altered diet (a type of diet where the texture is modified to help people who have difficulty with chewing and swallowing).		
	A review of Resident 1's Physician's Order Summary Report indicated a physician's order dated [DATE] for a regular, no salt added, soft and bite-size texture, regular consistency diet.		
	A review of Resident 1 's Tray Car soft and bite-sized texture, and thir	d for [DATE] - Lunch, indicated Reside h liquids.	nt 1 was on a no added salt diet,
	A review of Resident 1 's Change in Condition Evaluation dated [DATE] indicated Resident 1 was eating hi lunch and then choked. Resident 1 's Change in Condition Evaluation further indicated the resident became cyanotic (a bluish coloration of the skin caused by lack of oxygen), Heimlich maneuver (an emergency rescue procedure for application to someone choking on a foreign object) and suctioning (the use of suction to remove debris or body fluids from an airway) was initiated, 911(the number that you call to contact the emergency services) was called, and Resident 1 was taken to the GACH. A review of the facility 's Employee Corrective Action Notice for DA 1, dated [DATE], indicated that DA 1 reviewed Resident 1 's diet tray card and noted that the resident was on a soft and bite-sized diet. The Employee Corrective Action Notice went on to state that despite reading Resident 1 's tray card for their dietary restrictions, DA 1 still provided a chef 's salad for the resident. The Employee Corrective Action Notice further indicated that the chef 's salad contained raw vegetables and croutons, both of which are not allowed on Resident 1 's soft and bite sized diet. A review of the facility 's Employee Corrective Action Notice for CNA 1 dated [DATE], indicated CNA 1 obtained a salad for Resident 1 per the resident 's request but failed to follow the facility process of having licensed nurse check the food before serving it to the resident. The Employee Corrective Action Notice further indicated that the salad served to Resident 1 did not follow the resident 's physician ordered diet restrictions that included the need for soft, bite-sized food.		
	(continued on next page)		

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2022	
Windsor Terrace Health Care 744		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.	
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
served food that was not part of his that required soft, bite-sized food, be The DON stated Resident 1 had received it is salad to CNA 1, who then is a salad that included raw vegetable. During an interview with Certified N was in the dining room during lunch walking around the dining room che with his hands around his neck, ind abdominal thrusts on Resident 1 with 1) came into the dining room and to machine (medical device that is pring the suction machine, she asked the the dining room, Resident 1 was on During an interview with DM on [DAR Resident 1 is choking incident on [Inthough she saw that Resident 1 is chef is salad consisted of raw letture and croutons. The DM stated that Da a soft, bite-sized diet as it contained that the raw lettuce and croutons whad any questions, she should have serving Resident 1 food items not a that DA 1 had many years of experiment of a soft, bite-sized diet. During an interview with CNA 1 on Resident 1 informed him that he did stated he took Resident 1 is tray of 1 was requesting a salad. CNA 1 stated he brought the a licensed nurse check the food to restrictions. CNA 1 stated he did no nurses in or around the dining room understands that he bypassed a sa wanted so that the resident could experiment.	prescribed diet. The DON stated Resibut was served a chef's salad that had quested for CNA 1 to get him a salad. I erved it to Resident 1. DON stated that is and dry croutons, Resident 1 ended lursing Assistant 2 (CNA 2) on [DATE] in time on [DATE]. CNA 2 stated that are ecking on the residents, she saw Residicating he was choking. CNA 2 stated hile screaming for help. CNA 2 stated hile screaming the performing CPR or had been considered that he was on a screaming to the floor with staff performing CPR or had been considered that he was on a scream to safe for a resident on a soft, bit is easked the DM prior to giving the salad hard, crunchy ingredients like the rate ere not safe for a resident on a soft, bit is easked the DM prior to giving the salad hard, crunchy ingredients like the rate ere not safe for a resident on a soft, bit is easked the DM prior to giving the salad hard in the his food and requested for a stated that DA 1 looked at the tray card is salad back to the dining room and serverify that the salad prepared was with a treated that the salad with a licensed nurse of the time, and it was already the enfety check, but he was just trying to ge at. CNA 1 stated that he thought the salad.	dent 1 was on a prescribed diet I raw vegetables and dry croutons. DON stated that DA 1 provided a t as a result of being served a chef up choking. at 2:58 p.m., CNA 2 stated she ound 12:30 p.m., when she was lent 1 coughing, gasping for air, she proceeded to perform licensed Vocational Nurse 1 (LVN d asked CNA 2 to get a suction CNA 2 stated on her way to get that by the time she went back to him. Then she interviewed DA 1 after re CNA 1 a chef 's salad even off, bite-sized diet. The DM stated a ieces of ham, slices of boiled egg id was not allowed for a resident on welettuce and croutons. DM stated it cesized diet. The DM stated if DA 1 dto CNA 1. The DM stated if DA 1 dto CNA 1. The DM stated that at risk for choking. The DM stated we known that the salad was not informed DA 1 that Resident and then handed him a chef's eved it to Resident 1 without having in the resident's dietary because there were no licensed d of lunch. CNA 1 stated he t Resident 1 the food that he alad would be okay to serve to	
	DENTIFICATION NUMBER: 555738 SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by During an interview with the DON of served food that was not part of his that required soft, bite-sized food, but The DON stated Resident 1 had rechef's salad to CNA 1, who then so salad that included raw vegetable. During an interview with Certified Nowas in the dining room during lunch walking around the dining room chewith his hands around his neck, individuals and the dining room and to machine (medical device that is pring the suction machine, she asked the dining room, Resident 1 was on During an interview with DM on [DAResident 1's chef's salad consisted of raw letture and croutons. The DM stated that DAResident 1's chef's salad consisted of raw letture and croutons. The DM stated that DAResident 1 food items not at that DAResident 1 food items not at that DAResident 1 informed him that he did stated he took Resident 1's tray of 1 was requesting a salad. CNA 1 stated he brought the a licensed nurse check the food to restrictions. CNA 1 stated he brought the a licensed nurse check the food to restrictions. CNA 1 stated he did nor understands that he bypassed a sawanted so that the resident could eresident 1 because he trusted that Resident 1's diet.	IDENTIFICATION NUMBER: 555738 A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405 Plant to correct this deficiency, please contact the nursing home or the state survey. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informati During an interview with the DON on [DATE] at 2:25 p.m., the DON stated served food that was not part of his prescribed diet. The DON stated Resi that required soft, bite-sized food, but was served a chef's salad that hac The DON stated Resident 1 had requested for CNA 1 to get him a salad. chef's salad to CNA 1, who then served it to Resident 1. DON stated that sa salad that included raw vegetables and dry croutons, Resident 1 ended During an interview with Certified Nursing Assistant 2 (CNA 2) on [DATE] was in the dining room during lunch time on [DATE]. CNA 2 stated that ar walking around the dining room checking on the residents, she saw Resid with his hands around his neck, indicating he was choking. CNA 2 stated 1) came into the dining room and took over with the abdominal thrusts an machine (medical device that is primarily used for removing obstructions), the suction machine, she asked the receptionist to call 911. CNA 2 stated the dining room, Resident 1 was on the floor with staff performing CPR or During an interview with DM on [DATE] at 3:40 p.m., the DM stated that we said the dining room, Resident 1 was on the floor with staff performing CPR or During an interview with DM on [DATE] and DA 1 admitted that she gas though she saw that Resident 1 stray card indicated that he was on a sc chef's salad consisted of raw lettuce, raw tomatoes, shredded cheese, p and croutons. The DM stated that DA 1 should have known a chef's sala a soft, bite-sized diet as it contained hard, crunchy ingredients like the ray that the raw lettuce and croutons were not safe for a resident on a soft, bith had any questions, she should have asked the DM prior to giving the sala serving Resident 1 food i	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738 an to correct this deficiency, please confi	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	(X3) DATE SURVEY COMPLETED 12/14/2022 P CODE
an to correct this deficiency, please conf	7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
SUMMARY STATEMENT OF DEFIC		
	tact the nursing home or the state survey	agency.
(Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
During an interview with the DON of safety protocols in place to ensure diet. The DON stated DA 1 should it Resident 1's dietary restrictions. To checked the food before serving it to bypassed the facility's safety protocols. A review of the GACH's Discharge to the GACH for respiratory distress body). The form further indicated the pneumonia (severe inflammation of GACH and coded three times befor patients who are extremely ill or verifurther indicated that Resident 1 sufurther escalation of care and ultimated. A review of the facility's policy and indicated that the resident's nutritic program specific to their needs will a review of the facility's policy and indicated that the resident's nutritic program specific to their needs will a review of the facility's policy and indicated that the resident's nutritic program specific to their needs will a review of the facility's policy and indicated that the resident's nutritic program specific to their needs will be primary purpose is to inform the discreptives with mealtime information.	on [DATE] at 4:21 p.m., the DON stated residents are served only food that is phave checked the tray card carefully at the DON then stated that CNA 1 should to Resident 1. The DON stated that unit pools. DON stated that Resident 1 choles Summary Report dated [DATE] indicates (trouble breathing) after being found not resident 1 had pulmonary (relating if the lungs). Resident 1 decompensate the being transferred to Intensive Care by badly injured are looked after constant of the procedure titled, Nutrition Services for onal status and their nutritional needs to be planned and implanted. If procedure titled, Diet Tray Card, revisitietary staff how to assemble the resident. The policy and procedure further income.	I that the facility has numerous art of their physician prescribed and only provide food that is within I have ensured a licensed nurse fortunately DA 1 and CNA 1 ared as a result of DA1 and CNA 1 ared that Resident 1 was brought in hypoxic (low levels of oxygen in the to the lungs) findings suspicious for I (ICU- a part of a hospital where ntly). The discharged summary on to state that Resident 1 did want are All Residents, revised on [DATE] will be assessed. A nutritional
	diet. The DON stated DA 1 should Resident 1's dietary restrictions. To checked the food before serving it it bypassed the facility's safety protobypassing safety protocols. A review of the GACH's Discharge to the GACH for respiratory distression body). The form further indicated the pneumonia (severe inflammation of GACH and coded three times befor patients who are extremely ill or vefurther indicated that Resident 1 suffurther escalation of care and ultimated that the resident's nutritic program specific to their needs will A review of the facility's policy and sprimary purpose is to inform the caregivers with mealtime information.	safety protocols in place to ensure residents are served only food that is p diet. The DON stated DA 1 should have checked the tray card carefully ar Resident 1 's dietary restrictions. The DON then stated that CNA 1 should checked the food before serving it to Resident 1. The DON stated that unf bypassed the facility 's safety protocols. DON stated that Resident 1 chok bypassing safety protocols. A review of the GACH 's Discharge Summary Report dated [DATE] indicated the GACH for respiratory distress (trouble breathing) after being found body). The form further indicated that Resident 1 had pulmonary (relating pneumonia (severe inflammation of the lungs). Resident 1 decompensate GACH and coded three times before being transferred to Intensive Care L patients who are extremely ill or very badly injured are looked after consta further indicated that Resident 1 suffered cardiac arrest. The report went of further escalation of care and ultimately expired. A review of the facility 's policy and procedure titled, Nutritional needs of program specific to their needs will be planned and implanted. A review of the facility 's policy and procedure titled, Diet Tray Card, revis so primary purpose is to inform the dietary staff how to assemble the reside caregivers with mealtime information. The policy and procedure further incitated food items served are consistent with tray card information.

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 12/14/2022	
NAME OF PROVIDED OR CURRUIS	-n	CTREET ARRESCE CITY CTATE 71	D CODE	
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 0801	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.			
Level of Harm - Minimal harm or potential for actual harm	42040			
Residents Affected - Few		ew, the facility failed to follow their policed to measure the employee 's perform finembers [Dietary Aide 1 (DA 1)].		
	This deficient practice had the pote services.	ential to place residents at risk for not re	eceiving adequate dietary aide	
	Findings:			
	A review of DA 1's personnel file in	dicated DA 1 was hired as a dietary aid	de by the facility on 1/7/2009.	
	During an interview on 12/10/2022 at 11:55 a.m., the Dietary Manager (DM 1) stated that it is the task and role of the dietary manager to do the annual assessment of the roles of her staff. DM 1 stated that she is responsible to ensure that dietary aides are competent to do their jobs. DM 1 stated that she did not know that DA 1 did not have a competency check done after 2019 and that she should have reviewed DA 1 's records to ensure this was done.			
	competency check done was dated that were done for years 2020, 202 checks annually to ensure they had responsible for performing compete	review of the facility 's policies and procedures titled, Knowledge and Skills Competency Evaluation, dated vised 5/2015, indicated that the purpose of the policy is to provide a method to measure the employee 's erformance based on objective data. The knowledge and skill competencies are evaluated upon hire,		
	revised 5/2015, indicated that the p			

			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 12/14/2022	
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	CIENCIES full regulatory or LSC identifying informati	on)	
F 0803 Level of Harm - Actual harm Residents Affected - Few	updated, be reviewed by dietician, **NOTE- TERMS IN BRACKETS I- Based on interview and record revifive residents reviewed (Resident 1 added, soft and bite-size texture, repieces, soft, easy to chew, with low your airway or lungs), a chef 's sal slices of meat, cheese, croutons [beggs], which contained croutons at dietary restrictions. This deficient practice resulted in Fithroat) while eating the provided chesident 1 required abdominal thruby applying sudden upward pressulemergency life-saving procedure the Resident 1 was revived (regained I the GACH, the resident coded (abra flexible plastic tube into the trach airway), and then expired (died) of Findings: A review of Resident 1 's Admission [DATE], with diagnoses that incompare disease (COPD - a lung disease thand type 2 diabetes mellitus (the bound of the people who have the control of the people who have the peo	on Record indicated Resident 1 was ad luded dysphagia (difficulty swallowing), at causes obstructed airflow from the ludy's inability to regulate sugar levels in Data Set (MDS, a standardized asses had moderately impaired cognition (able was on a mechanically altered diet (a difficulty with chewing and swallowing). In 's Order Summary Report indicated and bite-size texture, regular consistency d for [DATE] - Lunch, indicated Reside	coribed diet was followed for one of who was on a regular, no salt ains food that is cut into smaller aspiration (when something enters unchy] vegetables topped with d or toasted], and hard-boiled owed based on the resident 's ecause something is blocking your ietary restrictions on [DATE]. a foreign body in a person's airway ulmonary resuscitation (CPR- an or heartbeat has stopped). the Care Hospital (GACH). While at s, required intubation (placement of rries air] to maintain an open mitted on [DATE] and readmitted chronic obstructive pulmonary ungs, making it hard to breathe), in the blood). Sement and care planning tool) sility to think and make decisions). type of diet where the texture is a physician 's order dated [DATE] of diet.	

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 12/14/2022
NAME OF PROVIDER OR SUPPLII Windsor Terrace Health Care	7470		P CODE
For information on the nursing home's	plan to correct this deficiency, please con		agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0803 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 1's Change in Condition Evaluation dated [DATE] indicated Resident 1 was eating his lunch and then choked. Resident 1's Change in Condition Evaluation further indicated the resident became cyanotic (a bluish coloration of the skin caused by lack of oxygen), Heimlich maneuver (an emergency rescue procedure for application to someone choking on a foreign object) and suctioning (the use of suction to remove debris or body fluids from an airway) was initiated, 911(the number that you call to contact the emergency services) was called, and Resident 1 was taken to the GACH.		
	reviewed Resident 1 's diet tray ca Employee Corrective Action Notice dietary restrictions, DA 1 still provice	e Corrective Action Notice for DA 1, dained and noted that the resident was on went on to state that despite reading filed a chef's salad for the resident. The f's salad contained raw vegetables a pite sized diet.	a soft and bite-sized diet. The Resident 1 ' s tray card for their e Employee Corrective Action
	obtained a salad for Resident 1 per licensed nurse check the food befo	e Corrective Action Notice for CNA 1 da the resident 's request but failed to for re serving it to the resident. The Employed to Resident 1 did not follow the res for soft, bite-sized food.	ollow the facility process of having a byee Corrective Action Notice
	served food that was not part of his that required soft, bite-sized food, k The DON stated Resident 1 had re chef's salad to CNA 1, who then s	on [DATE] at 2:25 p.m., the DON stated is prescribed diet. The DON stated Resi but was served a chef's salad that had quested for CNA 1 to get him a salad. iterved it to Resident 1. DON stated that is and dry croutons, Resident 1 ended	dent 1 was on a prescribed diet d raw vegetables and dry croutons. DON stated that DA 1 provided a t as a result of being served a chef'
	was in the dining room during lunch walking around the dining room che with his hands around his neck, ind abdominal thrusts on Resident 1 wl 1) came into the dining room and to machine (medical device that is print the suction machine, she asked the	lursing Assistant 2 (CNA 2) on [DATE] in time on [DATE]. CNA 2 stated that are ecking on the residents, she saw Residicating he was choking. CNA 2 stated hile screaming for help. CNA 2 stated look over with the abdominal thrusts an marily used for removing obstructions) are receptionist to call 911. CNA 2 stated in the floor with staff performing CPR or	ound 12:30 p.m., when she was lent 1 coughing, gasping for air, she proceeded to perform Licensed Vocational Nurse 1 (LVN d asked CNA 2 to get a suction . CNA 2 stated on her way to get that by the time she went back to
	(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 12/14/2022
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			on)
F 0803 Level of Harm - Actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During an interview with DM on [DATE] at 3:40 p.m., the DM stated that when she interviewed DA 1 after Resident 1's choking incident on [DATE] and DA 1 admitted that she gave CNA 1 a chef's salad even though she saw that Resident 1's tary card indicated that he was on a soft, bite-sized diet. The DM stated that DA 1 should have known a chef's salad was not allowed for a resident a soft, bite-sized diet because it included hard, crunchy ingredients like the raw lettuce and croutons. DM stated that DA 1 should have known a chef's salad was not allowed for a resident a soft, bite-sized diet because it included hard, crunchy ingredients like the raw lettuce and croutons. DM stated that DA 1 had amany years of experience as a Dietary Aide and should have known that the salad to CNA 1. The DM state it DA 1 had amany years of experience as a Dietary Aide and should have known that the salad w not part of a soft, bite-sized diet. During an interview with CNA 1 on [DATE] at 4:10 p.m., CNA 1 stated that during lunch time on [DATE], Resident 1 informed him that he did not like his food and requested for a salad from the kitchen. CNA 1 stated he took Resident 1's tray card to the kitchen, presented it to DA 1, and informed DA 1 that Resided 1 was requesting a salad. CNA 1 stated that DA 1 hold was considered that DA 1 hold was considered that the salad bread of lunch. CNA 1 stated he brought the salad back to the dining room and served it to Resident 1 without havid a licensed nurse check the food to verify that the salad prepared was within the resident? sidetary restrictions. CNA 1 stated he did not verify the salad with a licensed nurse because there were no licensed nurses in or around the dining room at the time, and it was already the end of lunch. CNA 1 stated he wanted so that the resident could eat. CNA 1 stated that the thought the salad would be okay to serve to Resident 1's dietary restricti		re CNA 1 a chef's salad even off, bite-sized diet. The DM stated a lieces of ham, slices of boiled egg id was not allowed for a resident on e raw lettuce and croutons. DM soft, bite-sized diet. The DM stated the salad to CNA 1. The DM stated im at risk for choking. The DM build have known that the salad was in the during lunch time on [DATE], salad from the kitchen. CNA 1, and informed DA 1 that Resident and then handed him a chef's reved it to Resident 1 without having in the resident's dietary in the resident's dietary in the resident 1 the food that he alad would be okay to serve to sure the food given was part of their physician prescribed and only provide food that is within thave ensured a licensed nurse fortunately DA 1 and CNA 1 stated that Resident 1 was brought in hypoxic (low levels of oxygen in the to the lungs) findings suspicious for did (decline in health) after arrival to Unit (ICU- a part of a hospital where antly). The discharged summary on to state that Resident 1 did want

			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 12/14/2022	
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	Lact 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)		ion)	
F 0803 Level of Harm - Actual harm Residents Affected - Few	A review of the facility 's policy and procedure titled, Diet Tray Card, revised [DATE], indicated the diet card 's primary purpose is to inform the dietary staff how to assemble the resident 's meal tray and provide caregivers with mealtime information. The policy and procedure further indicate that the facility is to ensure that food items served are consistent with tray card information.			