

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555814	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN LEGACY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 12260 FOOTHILL BLVD SYLMAR, CA 91342	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure call lights were within resident's reach while in bed for three out of four sampled residents (Residents 1, 2 & 3). This deficient practice had the potential to delay the provision of services and residents' needs not being met. Findings: a. A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 8/28/19, indicates Resident 1 has severely impaired cognitive skills for daily decision making. The MDS indicates Resident 1 is totally dependent with 1 person physical assistance with bed mobility, dressing, eating, toilet use and personal hygiene. During an observation and concurrent interview with Licensed Vocational Nurse 1 (LVN1), on 3/3/2020, at 9:56 a.m., Resident 1's call light was observed not within reach of the resident. The resident's call light was observed wrapped around the top of the right side rail. LVN1 stated call light should be on Resident 1's left side and within reach. b. A review of Resident 2's Admission Record indicated the resident was originally admitted to the facility on [DATE], and readmitted on [DATE] with [DIAGNOSES REDACTED]. The MDS indicated the resident is totally dependent with bed mobility, dressing, eating, toilet use and personal hygiene. During an observation and concurrent interview with LVN1, on 3/3/2020, at 10:07 a.m., Resident 2's call light was observed hanging on top of the left side rail of the bed touching the floor. LVN1 confirmed Resident 2's call light was not within the resident's reach. LVN1 further stated Resident 2's call light should be within easy reach of the resident. c. A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. During an observation and concurrent interview with the LVN1, on 3/3/2020, at 10:10 a.m., Resident 3's call light was observed on the floor not with reach of Resident 3. LVN1 stated Resident 3 was unable to reach it because it is on the floor. LVN1 continued to state call lights should be within easy reach of the resident just incase the resident needs any assistance he or she can call for help by pressing the call light right away. The facility policy and procedure titled Policy and Procedure for Call lights, dated Release date: August 2017, indicated to ensure the call light is plugged at all times. When resident is in bed and confined, the call light will be placed within easy reach of the resident.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.