

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER GLENDALE POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 N. VERDUGO ROAD GLENDALE, CA 91206	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0692 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) did not have severe weight loss (greater than 5 percent in one month). Resident 1 was 169.7 pounds (lbs) on 3/24/20 and was 151 lbs on 4/25/20, equal to 10.6 percent (%) in one month. This deficient practice had the potential for the resident to have a serious decline in health. Findings: A review of Resident 1's Admission Record indicated the resident initially admitted to the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED], to the stomach. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 2/8/2020, indicated the resident usually made self-understood or understood others. Resident 1 had moderate impairment in cognitive skills. A review of Resident 1's monthly physician's orders [REDACTED], was 169.7 lbs. and on 4/25/2020 weight was 151 lbs. During an observation on 4/28/2020 at 4:10 p.m., Resident 1 observed thin and pale. Resident 1 did not pay attention to the surrounding people around him and did not respond to the greeting. During an observation on 4/28/2020 at 4:35 p.m., the Director of Nursing (DON) and Infection Preventionist (IP) observed two certified nursing assistants (CNAs) using a mechanical lift weight machine to weigh Resident 1. Resident 1's weight was 151.2 lbs. A review of Resident 1's clinical records on 4/28/2020 at 4:45 p.m., there was no documentation indicating that the facility acted upon the resident's significant weight loss on 4/25/2020. There is no documentation of any interventions were implemented for the resident's weight loss. During an interview and record review on 4/28/2020 at 4:45 p.m., the DON stated that no interventions were implemented for Resident 1's weight loss. The DON stated that she will notify the resident's physician and get a consultation with the registered dietician (RD). A review of Resident 1's record titled, Change of Condition, dated 4/28/2020, indicated that resident had weight loss. Resident 1's physician was notified on 4/28/2020. During an interview on 6/4/2020 at 10 a.m., the DON stated the RD comes once a week to review the residents' nutritional status (such as weights). During an interview on 6/23/2020 at 10:45 a.m., a Registered Nurse 1 (RN 1) stated when residents have weight loss, poor appetite, and/or needs special diets, the nurses should notify the resident's physician and obtain an order for [REDACTED]. During an interview on 6/25/2020 at 2:04 p.m., the RD stated she did not receive notification about Resident 1's weight loss until 4/28/2020. The RD stated the facility's nurse told her that Resident 1 lost 18 lbs in one month. The RD stated she made recommendations to adjust the resident's [DEVICE] feeding to prevent further weight loss. During an interview on 6/25/2020 at 2:04 p.m., the DON stated when there is a change of condition, the facility's policy is to notify the resident's physician within 24 hours and initiate interventions. A review of the facility's policy and procedure titled, Nutritional Assessment, dated 9/2011, indicated the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the residents at risk for or with impaired nutrition. Nursing identify at least the following components but not limit to the following: usual body weight, general appearance, description of the resident's intake, and appetite. Once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to the extent possible the resident's risks for nutritional complications. A review of the facility's policy and procedure titled, Weight Assessment and Intervention, dated 9/2008, indicated the threshold for significant unplanned and undesired weight loss will be based on the following criteria: 1. one month = 5 % weight loss is significant; greater than 5 % is severe. 2. three months = 7.5 % weight loss is significant; greater than 7.5 % is severe. 3. six months = 10 % weight loss is significant; greater than 10 % is severe. Any weight change of 5 % or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the RD in writing. Verbal notification must be confirmed in writing. The RD will respond within 24 hours of receipt of written notification.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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