

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555716</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKWEST HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6740 WILBUR AVE RESEDA, CA 91335</b>	
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 0559  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to inform Resident 1 in writing of a room change. This deficient practice had the potential to negatively affect Resident 1 by not taking into account Resident 1's preferences prior to the room change. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated an admitted d 7/18/2017 with [DIAGNOSES REDACTED]. The form listed Family Member 1 (FM 1) as Resident 1's Responsible Party. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 4/27/2020, indicated the resident had moderately impaired decision-making and memory. Resident 1 required extensive assistance with bed mobility, transfers, dressing, and personal hygiene. During a telephone interview and concurrent clinical record review with Social Services Director (SSD), on 5/22/2020, at 11:20 a.m., SSD stated Resident 1 had a room change on 5/17/2020 but there was no documentation FM 1 was informed of the room change. The policy and procedure titled Transfer, Room to Room, dated revised October 2012, indicated the resident should be consulted about the room transfer. The policy continued to indicate to inform the resident about the transfer, especially: where the room is located; who the resident's new roommate, if any, will be; who will be providing the resident's care; that his/her family will be informed of the room change; why the transfer is necessary. The policy further indicated The following information should be recorded in the resident's medical record: the date and time the room transfer was made; the name and title of the individuals who assisted in the move; all assessment data obtained during the move, how the resident tolerated the move; if the resident refused the move, the reason why and the intervention taken; and the signature and title of the person recording the data.		
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.