

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 04/16/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR TERRACE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 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 0883 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to conduct influenza (a highly contagious [MEDICAL CONDITION] infection of the respiratory passages) vaccination (treatment with a vaccine to produce immunity against a disease) screening and offer influenza vaccination for two of three residents (Resident 1 and Resident 2). This deficiency had the potential to put resident at risk for influenza and /or complications from influenza including death. Findings: a. A review of Resident 1's Admission Record (face sheet) indicated the facility admitted the resident on 02/03/2020 with [DIAGNOSES REDACTED]. A review of Resident 1's history and physical dated 02/03/2020 indicated the resident was unable to understand and make decisions. b. A review of Resident 2's Admission Record indicated the facility admitted the resident on 02/03/2020 with [DIAGNOSES REDACTED]. On 02/19/2020 at 10 a.m., during an interview and concurrent record review with the DON, she stated all residents upon admission are screened for influenza vaccination and are offered the vaccine during the flu season from September to May, however the DON was unable to find documented evidence Resident 1 and Resident 2 were screened and offered vaccination since admission 02/03/2020. A review of the facility's policy on Immunization, revised on 11/2017, indicated it is the policy of this facility to offer influenza vaccine annually to all residents and employees.		

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.