

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555791</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BROOKDALE NORTHRIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>17650 DEVONSHIRE STREET NORTHRIDGE, CA 91325</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to follow its policy and procedures on fall prevention for one of two sampled residents (Resident 1) to prevent accidents. For Resident 1, who was at fall risk, the Falling Star Program (a program for high risk fall residents) was not implemented. This deficient practice could have resulted in further falls and injuries. Resident 1 sustained a fall on 7/29/2019 and sustained four fractured ribs. Findings: A review of Resident 1's Admission Record indicated the facility admitted Resident 1 on 6/27/2019 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 7/25/2019 indicated Resident 1 had the ability to make herself understood and understand others. Resident 1 required the assistance of one person for activities of daily living (ADLs) such as walking, dressing, eating, toileting and personal hygiene. On 8/31/2020 at 11:30 a.m., during an interview and record review with the Director of Nursing (DON), the Fall Risk Assessment form dated 6/27/2019 indicated Resident 1's score was 18, a score above 10 indicate high risk for falls. The DON stated residents with high fall risk are to be placed on the Falling Star program (a program to recognize residents at higher risk for falls, and plans to prevent falls). The DON stated that the care plan for residents on the Falling Star program would include frequent monitoring, clutter free room, and other interventions. The DON, after reviewing the clinical record, stated there was no documentation of an initiation of Falling Star Program or a Falling Star Program care plan. A review of facility's policy and procedure on Falling Star Program, revised 10/2016, indicated the Falling Star Program is designed to facilitate recognition of residents who are at risk for falls. When residents are determined to be at risk for falls, they will be referred to the Falling Star Program. If a resident scores above a 10 in the Fall Risk Data Collection, he/she shall be placed on the Falling Star Program. Resident's care plan shall reflect that he/she is at a higher risk for falls and identifies approaches to be taken. The Falling Star Program shall be initiated at the time the increased risk for falling is identified and approaches shall be outlined on the care plan for all disciplines.		
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.