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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056317 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/16/2020 |
| NAME OF PROVIDER OF SUPPLIER GLENOAKS CONVALESCENT HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP 409 W. GLENOAKS BLVD. GLENDALE, CA 91202 | |
| 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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</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 provide pharmaceutical services that include medication administration for one of two sampled residents (Resident 1). During a medication pass observation, Licensed Vocational Nurse 1 (LVN 1) failed to offer the medications ([MEDICATION NAME] and [MEDICATION NAME]) as ordered by the physician. This deficient practice had the potential for contributing factors in the resident's medication level not to reach therapeutic levels. Findings: A review of Resident 1's Record of Admission indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During a medication pass observation on 9/19/19, at 9:02 a.m., LVN 1 prepared the following morning medications for Resident 3: 1. Losartan 50 milligram (mg) 1 tab 2. Levetiracetam ([MEDICATION NAME]) 100 mg/milliliter (mL) for a total of 5 mL 3. [MEDICATION NAME] 50 mg 1 tab LVN 1 offered the three medications to Resident 1 and Resident 1 refused the medications. A review of the Physician order [REDACTED]. [MEDICATION NAME] 250 mg/ 5 mL to give 30 mL for a total 1500 mg twice a day orally During an interview on 9/19/19, at 9:32 a.m., with LVN 1, verified she failed to prepare [MEDICATION NAME] and [MEDICATION NAME]. LVN 1 stated she usually ask Resident 1 first if he wants medicine and resident say no. Upon reviewing to the resident's Medication Administration Record [REDACTED]. A review of the facility's undated policy and procedure titled Proper Med Pass Technique indicated to pour-pass-chart that includes to correctly prepare the medication before administration.</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.