

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PANORAMA GARDENS NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9541 VAN NUYS BLVD. PANORAMA CITY, CA 91402</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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to report to the State Agency (the Department) two incidents of elopements (resident leaving facility without the facility knowing), which occurred on 3/1/20 and 5/24/20 for one of three sampled residents (Resident 1). This resulted in a delay of an onsite inspection by the Department to ensure the safety of the other residents and to ensure the elopement allegation was investigated. Findings: A review of Resident 1's Admission Record, dated 6/3/20, indicated the resident was originally admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. by brain damage caused by problems with supply of blood to the brain). A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 5/1/20, indicated the resident has ability to usually understand others and usually understood. A record review of Resident 1's Elopement Risk Assessment, dated 1/31/20, indicates that the resident had elopement risk score of 10 (high risk for potential elopement from the facility). A record review of the facility's investigation report, dated 3/1/20, indicates they were unable to locate Resident 1 inside the facility. When the facility contacted Resident 1's family regarding the status of Resident 1's elopement, the family informed the facility that the resident came to their house. Resident was brought back to facility. A record review of the facility's investigation report, dated 5/24/20, indicates they were unable to locate Resident 1 inside the facility. When the facility contacted Resident 1's family regarding the status of Resident 1's elopement, the family informed the facility that the resident came to their house. Resident was brought back to facility. During an interview and concurrent record review on 6/3/20 at 10:50 a.m., the Director of Nursing (DON) verified that Resident 1 had eloped from the facility on 3/1/20. During a follow up interview on 7/8/20 at 3:40 p.m., the DON stated there were no records to indicate the elopement on 3/1/20 was reported to the State agency. DON stated she does not know why it was not reported. During an interview on 7/6/20 at 3:30p.m., the DON stated that on 5/24/20, after Resident 1 left the facility, Resident 1 was found by the police and taken to his family's home. DON stated the facility arranged to have the resident brought back to facility thereafter. DON was unable to explain how come the incident was not reported again to the Department. During an interview on 7/6/20 at 2:30p.m., the Administrator (Admin) confirmed that the facility did not report Resident 1's elopement incident that occurred on 5/24/20 to the State agency because there was a lot going on at the facility. The Admin further stated the facility should have reported the incident to the Department. A review of the facility's policy and procedure titled Elopement/Unsafe Wandering dated 6/2018, indicates the facility will notify the appropriate State Agency in accordance with state requirement.		
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.