Printed: 11/20/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	and neglect by anybody. **NOTE- TERMS IN BRACKETS IN	a salad of lettuce and other raw [crunch t is hardened due to being fried or toas ons and raw lettuce, both of which are relicensed nurse, that the prepared chef the salad to Resident 1. In Resident 1 choking (to stop breathing led chef's salad that did not adhere to custs (a technique in first aid to dislodge are on the upper abdomen) and cardiopnat is done when someone's breathing, life) and transferred to the General Acurupt loss of heart function) multiple time area [a tube structure in the body that car	ONFIDENTIALITY** 39739 In the state of the Administrator (ADM) and proper to the Administrator (ADM) and the was kept free from neglect when

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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 12/14/2022
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	
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F 0600	On [DATE] at 4:43 p.m., the ADM pactions:	provided an IJ Removal Plan which incl	uded the following summarized
Level of Harm - Immediate jeopardy to resident health or safety		n investigation into the choking incident w up with the hospital and responsible	
Residents Affected - Few	DA 1 was suspended pending in however voluntarily resigned from I	vestigation on [DATE]. DA 1 was sched ner position on [DATE].	duled to be terminated on [DATE],
		on [DATE] and received final written wa or Resident 1 was first checked by a lice rior to serving it to the resident.	
	4. In-service was initiated by ADM/ Registered Dietician (RD)/Dietary Manager (DM) on [DATE] for dietary staff regarding resident diets, textures and what is allowed for each; as well as the process to follow, to validate diet orders prior to providing any food requests or substitutions requested by residents or staff to ensure that residents receive the correct texture diet.		
	regarding the process to request fo	y staff by Director of Staff Development and substitutes for residents and that all accuracy prior to serving it to resider	food must be checked by licensed
		E] for facility staff by RD/DON/designee riding the wrong texture to residents.	on the different food textures and
		on [DATE] to facility staff regarding the verification of prescribed diet to suppler	
	In-service was initiated for facility of residents.	r staff by DSD/designee on [DATE] reg	arding the choking and code status
		nce Improvement (QAPI- data driven a iew incident and review/revise action p	
	10. The facility conducted audits of meal services on [DATE] and [DATE] to ensure that appropriate meals have been provided according to each resident's physician ordered diet. No additional concerns have been identified at this time.		
	11. Direct care staff was surveyed by DON/designee on [DATE] to determine if any residents receiving modified diets are known to request foods that may be inconsistent with their diet order or texture. Four (residents were identified. Interdisciplinary Team (IDT - a group of members from different disciplines wor collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) meetings were held with these four (4) residents on [DATE] to determine residents' spec requests and concerns regarding their diets, inform primary physician and develop a resident-specific placare.		
	(continued on next page)		

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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 12/14/2022
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Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	r CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	that all are accurate and consistent 13. Documentation log for alternate substitutes/meals have food provide physician's ordered diets are recont to the resident) with the meals and with diet order will be referred to RI initiate IDT meeting, referral to specare plan is updated to reflect any of the total supdated as requesting food not continue in including the process of providing a series being prepared and then again In-service was initiated on [DATE] of Accuracy log form. 17. DON/ Designee will continue in (CNAs)that food items provided to the residents. 18. On [DATE], DON/designee initial environment remaining as free of a supervision and assistance devices regards to the choking incident of Figure 19. QAPI meeting with Governing Ereview action plan and root cause at 20. Meal Tray Accuracy log will be provided to the nursing units are chosen served. Administrator/designee will consistently met and review for any 21. Documentation log for alternate substitutes/meals have food provide physician's ordered diets are recon Administrator/designee will review of the review and review for any 21. Documentation log for alternates substitutes/meals have food provide physician's ordered diets are recon Administrator/designee will review of the review action plan and review for any 21. Documentation log for alternates substitutes/meals have food provide physician's ordered diets are recon Administrator/designee will review for any 21.	es and food request was initiated on [D/ed that is consistent with each resident ciled (checked to ensure the order is the food served to the residents. Any food D to meet with resident, provide educate ech therapy, and follow up with primary changes made. TE] for RD and IDT regarding the processistent with diet order. -service of staff regarding the proper positernative substitute menu options. Id on [DATE] to ensure that meals provide opporate food items are served. Log we by licensed nurses prior to food being for dietary staff and licensed nurses regarded in-service for facility staff regarding cident hazards as is possible; that each is to prevent accidents, and a review of Resident 1. Board (oversees the operations of the facility staff and licensed nurses completed by dietary staff and licensed necked against the diet orders to ensure review these logs weekly for three more considered in the consideration of the service of the licensed nurses and the facility staff and licensed nurses the operations of the facility staff and licensed nurses the operations of the facility staff and licensed nurses the operations of the facility staff and licensed nurses the operations of the facility staff and licensed nurses the operations of the facility staff and licensed nurses are serviced by dietary staff and licensed nurses for the licensed nurses are serviced to the licensed nurses are serviced in the licensed	ATE] to ensure that food 's physician orders and that he same as what is being provided requested that is not consistent ion to resident about ordered diet, rephysician if needed and ensure ess to be followed if residents are rocess for providing meals ded the nursing units are checked vill be completed in kitchen as trays served to residents on the unit. garding use of the Meal Tray entified Nursing Assistant s ensed nurse prior to providing to g the importance of the resident ch resident receives adequate how this standard was not met with acility) scheduled for [DATE] to If nurses to ensure that meals a appropriate food items are inths to ensure that compliance is by dietary staff to ensure that food the residents. Ensure that compliance is

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NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	ATEMENT OF DEFICIENCIES v must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	current residents, and for 10 rando related to diet textures. Immediate 23. Audit findings will be reported to Committee will review any issues of to provide feedback and program in 24. An action plan with the above is Assurance (QA) Committee for conthe requirements for residents' right On [DATE] at 2:23 p.m., while onsiplan, the State Survey Agency accipresence of the ADM and the DON Findings: A review of Resident 1 's Admission on [DATE], with diagnoses that includisease (COPD - a lung disease thand type 2 diabetes mellitus (the bound that the disease (COPD indicated Resident 1 The MDS also indicated Res	on Record indicated Resident 1 was ad luded dysphagia (difficulty swallowing), at causes obstructed airflow from the ludy 's inability to regulate sugar levels in Data Set (MDS, a standardized asses had moderately impaired cognition (able was on a mechanically altered diet (a difficulty with chewing and swallowing). In 's Order Summary Report indicated and bite-size texture, regular consistency d for [DATE] - Lunch, indicated Reside	nety are accurate and consistently reported to ADM. Inthly QAPI meetings, the QAPI effectiveness of facility efforts and or until compliant. Its will be submitted to the Quality cility remains in compliance with hisappropriation of resident property. Implementation of the IJ removaled the Immediate Jeopardy in the emitted on [DATE] and readmitted chronic obstructive pulmonary lungs, making it hard to breathe), in the blood). In the blood of the ID removaled the Immediate Jeopardy in the emitted on patternation of the ID removal of the ID remo	

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 12/14/2022
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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	reviewed Resident 1's diet tray ca Employee Corrective Action Notice restrictions, DA 1 still provided a ch further indicated that the chef's sa on Resident 1's soft and bite sized. A review of the facility's Employee obtained a salad for Resident 1 per licensed nurse check the food befor further indicated that the salad service restrictions that included that need. During an interview with the DON conserved food that was not part of his that required soft, bite-sized food, but the DON stated Resident 1 had rechef's salad to CNA 1, who then so salad that included raw vegetable. During an interview with Certified Nowas in the dining room during lunch walking around the dining room chewith his hands around his neck, indicated abdominal thrusts on Resident 1 with the suction machine, she asked the the dining room, Resident 1 was or During an interview with DM on [DAResident 1's choking incident on [though she saw that Resident 1's chef's salad consisted of raw lettuand croutons. The DM stated that I a soft, bite-sized diet since it had his the raw lettuce and croutons were any questions, she should have as Resident 1 food items not allowed that many years of experience as a series of the state of the succious of the should have as Resident 1 food items not allowed that many years of experience as a series of the state of the	e Corrective Action Notice for CNA 1 day the resident 's request but failed to four eserving it to the resident. The Employed to Resident 1 did not follow the resident of the Serving it to the resident. The Employed to Resident 1 did not follow the resident of Serving it to the serving it to the pool of the Serving it to the serving it to the serving it to Resident 1. Don stated the served it to Resident 1. Don stated that has and dry croutons, Resident 1 ended for the serving it to Resident 1. Don stated that serving assistant 2 (CNA 2) on [DATE] in time on [DATE]. CNA 2 stated that are ecking on the residents, she saw Residicating he was choking. CNA 2 stated hile screaming for help. CNA 2 stated hile screaming to call 911. CNA 2 stated in the floor with staff performing CPR or ATE] at 3:40 p.m., the DM stated that we can be compared to the same tray card indicated that he was on a so tray card indicated that he was on a	a soft and bite-sized diet. The nt 1 's tray card for their dietary byee Corrective Action Notice utons, both of which are not allowed ated [DATE], indicated CNA 1 allow the facility process of having a byee Corrective Action Notice ident 's physician ordered diet are vegetables and dry croutons. DON stated that DA 1 provided a tray vegetables and dry croutons. DON stated that DA 1 provided a tray as a result of being served a chef up choking. at 2:58 p.m., CNA 2 stated she ound 12:30 p.m., when she was lent 1 coughing, gasping for air, she proceeded to perform cicensed Vocational Nurse 1 (LVN drays as a state on her way to get that by the time she went back to him. After the DM stated a ieces of ham, slices of boiled egg id was not allowed for a resident on ttuce and croutons. DM stated that zed diet. The DM stated that serving rehoking. The DM stated that DA 1 that the salad was not part of a soft,

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NAME OF PROVIDED OF CURRUED		STREET ADDRESS CITY STATE 71		
Windsor Terrace Health Care Windsor Terrace Health Care STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405		PCODE		
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	OF DEFICIENCIES receded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Resident 1 informed him that he did stated he took Resident 1 's tray or 1 was requesting a salad. CNA 1 stated he brought the a licensed nurse check the food to restrictions. CNA 1 stated he did not nurses in or around the dining room understands that he bypassed a sawanted so that the resident could e Resident 1 because he trusted that Resident 1 's diet. During an interview with the DON of safety protocols in place to ensure diet. The DON stated DA 1 should Resident 1 's dietary restrictions. To checked the food before serving it 1 bypassed the facility 's safety protocol of DA1 and CNA 1 bypassing safet. A review of the GACH 's Discharge to the GACH for respiratory distressibody). The form further indicated the pneumonia (severe inflammation of GACH and coded three times before patients who are extremely ill or vefurther indicated that Resident 1 suresident 1 did want further escalation.	e Summary Report dated [DATE] indica is (trouble breathing) after being found hat Resident 1 had pulmonary (relating if the lungs). Resident 1 decompensate re being transferred to Intensive Care lary badly injured are looked after constant ffered cardiac arrest but did survive. T	salad from the kitchen. CNA 1, and informed DA 1 that Resident and then handed him a chef's rived it to Resident 1 without having hin the resident's dietary be because there were no licensed of flunch. CNA 1 stated he at Resident 1 the food that he alad would be okay to serve to sure the food given was part of their physician prescribed and only provide food that is within do have ensured a licensed nurse fortunately DA 1 and CNA 1 that Resident 1 choked as a result atted that Resident 1 was brought in hypoxic (low levels of oxygen in the to the lungs) findings suspicious for do (decline in health) after arrival to Unit (ICU- a part of a hospital where antly). The discharge summary the report went on to state that	

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	555738	B. Wing	12/14/2022	
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZIP CODE		
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0606	Not hire anyone with a finding of ab	ouse, neglect, exploitation, or theft.		
Level of Harm - Minimal harm or potential for actual harm	42040			
Residents Affected - Few		ew, the facility failed to ensure they did law for one of seven facility staff memb		
	This deficient practice had the pote	ential to place the residents in the facility	y at risk for abuse.	
	Findings:			
	During an interview and concurrent record review on 12/9/2022 at 5:00 p.m. with the facility 's Administrator (ADM), she provided a copy of CNA 1 's background check report.			
	During a record review on 12/10/20 of 6/1/2022, indicated the following	022 at 9:40 a.m., CNA 1 ' s background :	check report with completed date	
	Name and date of birth matching 0	CNA 1		
	Charge type: Misdemeanor (a type	e of offense punishable under criminal l	aw)	
	Charge: Corporal injury inflicted up condition on an intimate partner)	oon spouse (willfully inflicting a physica	l injury resulting in a traumatic	
	Disposition (Outcome of an arrest	or prosecution): Guilty		
	Disposition date: 1/16/2020			
	Sentence (punishment for a crime)): Jail 364 days		
	During an interview and concurrent record review on 12/10/2022 at 10:00 a.m., the ADM stated that do the pre-employment background checks process, the applicant will be sent a link through email to sub their information to run through the background check system. Once this has been completed, the rest the background check report are sent to the staff who sent the applicant the online link to submit their information. The ADM stated that this process is usually done by the Director of Staff Development (Di and does not recall why she sent him the link instead of the DSD. The ADM further stated that she ser 1 the link for the background check, so she was the one who received the results of his background checks are done prior to hiring to review and make sure everything clear, and if there are any concerns then the regional Human Resources will further review prior to ma any decisions to employ the applicant. The ADM stated she does not recall discussing his criminal background information indicated on his background check report. The ADM stated she must have mis reviewing the information. The ADM stated she may have sent the information to the Human Resource review and the decision to hire CNA 1 may have been cleared and approved by them.			
	(continued on next page)			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/12/2022 at 11:55 a.m., the ADM stated she could not locate any document correspondence between her and the Human Resources to indicate that the background information		

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Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	accidents. ***NOTE- TERMS IN BRACKETS H Based on interview and record revi who was prescribed a regular, no s contains food that is cut into smalle for aspiration (when something ent keep the resident free from accider first verified with a licensed nurse, t vegetables topped with slices of me toasted], and hard-boiled eggs) pre restrictions, prior to serving the sale which are not allowed based on the This deficient practice resulted in R throat) while eating the provided ch Resident 1 required abdominal thruby applying sudden upward pressu emergency life-saving procedure th Resident 1 was revived (regained li the GACH, the resident coded (abr a flexible plastic tube into the trach- airway), and then expired (died) or On [DATE] at 5:58 p.m., the State 3 facility 's noncompliance with one of serious injury, harm, impairment, or Director of Nursing (DON) due to th facility staff provided food to Reside On [DATE] at 4:43 p.m., the ADM p actions: 1. On [DATE], the facility began an interviews, record review, and follow 2. DA 1 was suspended pending in however voluntarily resigned from the 3. CNA 1 was verbally counseled of	desident 1 choking (to stop breathing bear of salad that did not adhere to his dusts (a technique in first aid to dislodge re on the upper abdomen) and cardiophat is done when someone's breathing, if and transferred to the General Acuitupt loss of heart function) multiple time ea [a tube structure in the body that can [DATE]. Survey Agency called an Immediate Jeor more requirements of participation har death to a resident) in the presence of the facility's failure to ensure a resident sent 1 that was contraindicated to the reprovided an IJ Removal Plan which includinvestigation into the choking incident when which the hospital and responsible exestigation on [DATE]. DA 1 was schemer position on [DATE].	ive sampled residents (Resident 1), gular consistency diet (a diet that amounts of salt), and was at risk with appropriate supervision to ritified Nursing Assistant 1 (CNA 1) and other raw [crunchy] dened due to being fried or thin Resident 1's dietary croutons and raw lettuce, both of ecause something is blocking your interaction of IDATE]. The aforeign body in a person's airway ulmonary resuscitation (CPR- an or heartbeat has stopped). The Care Hospital (GACH). While at some ries air to maintain an open opardy (IJ-a situation in which the as caused, or is likely to cause, for the Administrator (ADM) and the was kept free from hazard when sident's prescribed diet. Including Resident 1, including party (RP). Included to be terminated on IDATE], runing on IDATE] for failure to

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	4. In-service was initiated by ADM/ Registered Dietician (RD)/Dietary Manager (DM) on [DATE] for dietary staff regarding resident diets, textures and what is allowed for each; as well as the process to follow, to validate diet orders prior to providing any food requests or substitutions requested by residents or staff to ensure that residents receive the correct texture diet.			
Residents Affected - Few	regarding the process to request for	y staff by Director of Staff Development and substitutes for residents and that all ay accuracy prior to serving it to resider	I food must be checked by licensed	
		E] for facility staff by RD/DON/designed riding the wrong texture to residents.	on the different food textures and	
	7. Notifications were made by ADM on [DATE] to facility staff regarding the facility 's system changes with regards to dietary restrictions and verification of prescribed diet to supplement the in-person in-services.			
	8. In-service was initiated for facility staff by DSD/designee on [DATE] regarding the choking and code status of residents.			
	9. Quality Assurance and Performance Improvement (QAPI- data driven approach to quality improvement) meeting was held on [DATE] to review incident and review/revise action plan (plan containing actions to achieve a goal).			
	10. The facility conducted audits of meal services on [DATE] and [DATE] to ensure that appropriate meals have been provided according to each resident's physician ordered diet. No additional concerns have been identified at this time.			
	11. Direct care staff was surveyed by DON/designee on [DATE] to determine if any residents receiving modified diets are known to request foods that may be inconsistent with their diet order or texture. Four (4) residents were identified. Interdisciplinary Team (IDT - a group of members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) meetings were held with these four (4) residents on [DATE] to determine residents' specific requests and concerns regarding their diets, inform primary physician and develop a resident-specific plan of care.			
	12. Review of physician diet orders that all are accurate and consistent	s, tray tickets and resident care plans w t related to diet textures.	as initiated on [DATE] to validate	
	13. Documentation log for alternates and food request was initiated on [DATE] to ensure that food substitutes/meals have food provided that is consistent with each resident's physician orders and that physician's ordered diets are reconciled (checked to ensure the order is the same as what is being provide to the resident) with the meals and food served to the residents. Any food requested that is not consistent with diet order will be referred to RD to meet with resident, provide education to resident about ordered die initiate IDT meeting, referral to speech therapy, and follow up with primary physician if needed and ensure care plan is updated to reflect any changes made.			
	14. ADM initiated in-service on [DA identified as requesting food not co	TE] for RD and IDT regarding the procensistent with diet order.	ess to be followed if residents are	
	(continued on next page)			

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AND PLAN OF CORRECTION	555738	A. Building B. Wing	12/14/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Windsor Terrace Health Care 7447 Sepulveda Blvd Van Nuys, CA 91405				
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	 15. DON/designee will continue in-service of staff regarding the proper process for providing meals including the process of providing alternative substitute menu options. 16. Meal Tray Accuracy log initiated on [DATE] to ensure that meals provided the nursing units are checked against the diet orders to ensure appropriate food items are served. Log will be completed in kitchen as trays 			
Residents Affected - Few		by licensed nurses prior to food being for dietary staff and licensed nurses required.		
	17. DON/designee will continue in-service for the licensed nurses and Certified Nursing Assistant's (CNAs) that food items provided to the residents will be checked by the licensed nurse prior to providing to the residents.			
	18. On [DATE], DON/designee initiated in-service for facility staff regarding the importance of the resident environment remaining as free of accident hazards as is possible; that each resident receives adequate supervision and assistance devices to prevent accidents, and a review of how this standard was not met with regards to the choking incident of Resident 1.			
	19. QAPI meeting with Governing E review action plan and root cause a	Board (oversees the operations of the fanalysis.	acility) scheduled for [DATE] to	
	20. Meal Tray Accuracy log will be completed by dietary staff and licensed nurses to ensure that meals provided to the nursing units are checked against the diet orders to ensure appropriate food items are served. Administrator/designee will review these logs weekly for three months to ensure that compliance is consistently met and review for any trends.			
	21. Documentation log for alternates and food request will be completed by dietary staff to ensure that for substitutes/meals have food provided that is consistent with each resident's physician orders and that physician's ordered diets are reconciled with the meals and food served to the residents. Administrator/designee will review these logs weekly for three months to ensure that compliance is consistently met and that any requests made that is not consistent with diet order have been referred to F for appropriate follow up.			
	22. Audit will be done weekly for three months by DM/designee of physician diet orders, tray tickets for current residents, and for 10 random resident care plans to validate that they are accurate and consistent related to diet textures. Immediate correction will be made as needed and reported to ADM.			
	23. Audit findings will be reported to the QAPI Committee. During the monthly QAPI meetings, the QAPI Committee will review any issues or concerns identified to determine the effectiveness of facility efforts at to provide feedback and program modification if needed for three months or until compliant.			
	24. An action plan with the above stated action items, education, and audits will be submitted to the Qua Assurance (QA) Committee for continue monitoring to ensure that the facility remains in compliance with requirements for resident environment to remain as free of accident hazards as is possible and that each resident receives adequate supervision and assistive devices to prevent accidents.			
	(continued on next page)			

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 12/14/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	FCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 Level of Harm - Immediate jeopardy to resident health or safety	On [DATE] at 2:23 p.m., while onsite and after verifying the facility 's full implementation of the IJ removal plan, the State Survey Agency accepted the IJ Removal Plan and removed the Immediate Jeopardy in the presence of the ADM and the DON. Findings:		
Residents Affected - Few	A review of Resident 1 's Admission Record indicated Resident 1 was admitted on [DATE] and readmitted on [DATE], with diagnoses that included dysphagia (difficulty swallowing), chronic obstructive pulmonary disease (COPD - a lung disease that causes obstructed airflow from the lungs, making it hard to breathe), and type 2 diabetes mellitus (the body 's inability to regulate sugar levels in the blood).		
	A review of Resident 1 's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated [DATE] indicated Resident 1 had moderately impaired cognition (ability to think and make decisions). The MDS also indicated Resident 1 was on a mechanically altered diet (a type of diet where the texture is modified to help people who have difficulty with chewing and swallowing).		
	A review of Resident 1's Physician's Order Summary Report indicated a physician's order dated [DATE] for a regular, no salt added, soft and bite-size texture, regular consistency diet.		
	A review of Resident 1 's Tray Car soft and bite-sized texture, and thir	d for [DATE] - Lunch, indicated Reside h liquids.	nt 1 was on a no added salt diet,
	A review of Resident 1's Change in Condition Evaluation dated [DATE] indicated Resident 1 was eating his lunch and then choked. Resident 1's Change in Condition Evaluation further indicated the resident became cyanotic (a bluish coloration of the skin caused by lack of oxygen), Heimlich maneuver (an emergency rescue procedure for application to someone choking on a foreign object) and suctioning (the use of suction to remove debris or body fluids from an airway) was initiated, 911(the number that you call to contact the emergency services) was called, and Resident 1 was taken to the GACH. A review of the facility 's Employee Corrective Action Notice for DA 1, dated [DATE], indicated that DA 1 reviewed Resident 1's diet tray card and noted that the resident was on a soft and bite-sized diet. The Employee Corrective Action Notice went on to state that despite reading Resident 1's tray card for their dietary restrictions, DA 1 still provided a chef's salad for the resident. The Employee Corrective Action Notice further indicated that the chef's salad contained raw vegetables and croutons, both of which are not allowed on Resident 1's Employee Corrective Action Notice for CNA 1 dated [DATE], indicated CNA 1 obtained a salad for Resident 1 per the resident's request but failed to follow the facility process of having a licensed nurse check the food before serving it to the resident. The Employee Corrective Action Notice further indicated that the salad served to Resident 1 did not follow the resident's physician ordered diet restrictions that included the need for soft, bite-sized food.		
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Printed: 11/20/2024 Form Approved OMB No. 0938-0391

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 12/14/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	served food that was not part of his that required soft, bite-sized food, be The DON stated Resident 1 had re chef's salad to CNA 1, who then so salad that included raw vegetable. During an interview with Certified Nowas in the dining room during lunch walking around the dining room chewith his hands around his neck, individual abdominal thrusts on Resident 1 with 10 came into the dining room and to machine (medical device that is print the suction machine, she asked the the dining room, Resident 1 was on During an interview with DM on [DA Resident 1's choking incident on [though she saw that Resident 1's chef's salad consisted of raw letture and croutons. The DM stated that I a soft, bite-sized diet as it contained that the raw lettuce and croutons whad any questions, she should hav serving Resident 1 food items not a that DA 1 had many years of experiment of a soft, bite-sized diet. During an interview with CNA 1 on Resident 1 informed him that he die stated he took Resident 1's tray contained that the contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he took Resident 1's tray contained him that he diestated he too	uring an interview with the DON on [DATE] at 2:25 p.m., the DON stated on [DATE], Resident 1 was erved food that was not part of his prescribed diet. The DON stated Resident 1 was on a prescribed diat required soft, bite-sized food, but was served a chef 's salad that had raw vegetables and dry crounded DON stated Resident 1 had requested for CNA 1 to get him a salad. DON stated that DA 1 provide nef 's salad to CNA 1, who then served it to Resident 1. DON stated that as a result of being served a salad that included raw vegetables and dry croutons, Resident 1 ended up choking. uring an interview with Certified Nursing Assistant 2 (CNA 2) on [DATE] at 2:58 p.m., CNA 2 stated shas in the dining room during lunch time on [DATE]. CNA 2 stated that around 12:30 p.m., when she was alking around the dining room checking on the residents, she saw Resident 1 coughing, gasping for a dith his hands around his neck, indicating he was choking. CNA 2 stated she proceeded to perform be compared to the dining room and took over with the abdominal thrusts and asked CNA 2 to get a suction achine (medical device that is primarily used for removing obstructions). CNA 2 stated on her way to be suction machine, she asked the receptionist to call 911. CNA 2 stated that by the time she went bact to dining room, Resident 1 was on the floor with staff performing CPR on him. uring an interview with DM on [DATE] at 3:40 p.m., the DM stated that when she interviewed DA 1 aftesident 1's choking incident on [DATE] and DA 1 admitted that she gave CNA 1 a chef's salad even be deed to save that Resident 1's tray card indicated that he was on a soft, bite-sized diet. The DM statef 's salad consisted of raw lettuce, raw tomatoes, shredded cheese, pieces of ham, slices of boiled and croutons. The DM stated that DA 1 should have known a chef's salad was not allowed for a residence of the raw lettuce and croutons were not safe for a resident 1 is salad was not allowed for a residencent of the raw lettuce and croutons were not safe for a resident	

Resident 1 's diet.

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Resident 1 because he trusted that DA 1 looked at the tray card to make sure the food given was part of

	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 7447 Sepulveda Blvd Van Nuys, CA 91405	(X3) DATE SURVEY COMPLETED 12/14/2022 P CODE
an to correct this deficiency, please conf	7447 Sepulveda Blvd Van Nuys, CA 91405	P CODE
SUMMARY STATEMENT OF DEFIC		
	tact the nursing home or the state survey	agency.
(Each deficiency must be preceded by	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)	
During an interview with the DON of safety protocols in place to ensure diet. The DON stated DA 1 should it Resident 1's dietary restrictions. To checked the food before serving it to bypassed the facility's safety protocols. A review of the GACH's Discharge to the GACH for respiratory distress body). The form further indicated the pneumonia (severe inflammation of GACH and coded three times befor patients who are extremely ill or verifurther indicated that Resident 1 sufurther escalation of care and ultimated. A review of the facility's policy and indicated that the resident's nutritic program specific to their needs will a review of the facility's policy and indicated that the resident's nutritic program specific to their needs will a review of the facility's policy and s primary purpose is to inform the discaregivers with mealtime information.	on [DATE] at 4:21 p.m., the DON stated residents are served only food that is phave checked the tray card carefully at the DON then stated that CNA 1 should to Resident 1. The DON stated that unit pools. DON stated that Resident 1 choles Summary Report dated [DATE] indicates (trouble breathing) after being found not resident 1 had pulmonary (relating if the lungs). Resident 1 decompensate the being transferred to Intensive Care by badly injured are looked after constant of the procedure titled, Nutrition Services for onal status and their nutritional needs to be planned and implanted. If procedure titled, Diet Tray Card, revisitietary staff how to assemble the resident. The policy and procedure further income.	I that the facility has numerous art of their physician prescribed and only provide food that is within I have ensured a licensed nurse fortunately DA 1 and CNA 1 ared as a result of DA1 and CNA 1 ared that Resident 1 was brought in hypoxic (low levels of oxygen in the to the lungs) findings suspicious for I (ICU- a part of a hospital where ntly). The discharged summary on to state that Resident 1 did want are All Residents, revised on [DATE] will be assessed. A nutritional
	diet. The DON stated DA 1 should Resident 1's dietary restrictions. To checked the food before serving it it bypassed the facility's safety protobypassing safety protocols. A review of the GACH's Discharge to the GACH for respiratory distression body). The form further indicated the pneumonia (severe inflammation of GACH and coded three times befor patients who are extremely ill or vefurther indicated that Resident 1 suffurther escalation of care and ultimated that the resident's nutritic program specific to their needs will A review of the facility's policy and sprimary purpose is to inform the caregivers with mealtime information.	safety protocols in place to ensure residents are served only food that is p diet. The DON stated DA 1 should have checked the tray card carefully ar Resident 1's dietary restrictions. The DON then stated that CNA 1 should checked the food before serving it to Resident 1. The DON stated that unf bypassed the facility's safety protocols. DON stated that Resident 1 chok bypassing safety protocols. A review of the GACH's Discharge Summary Report dated [DATE] indicated the GACH for respiratory distress (trouble breathing) after being found body). The form further indicated that Resident 1 had pulmonary (relating pneumonia (severe inflammation of the lungs). Resident 1 decompensate GACH and coded three times before being transferred to Intensive Care L patients who are extremely ill or very badly injured are looked after consta further indicated that Resident 1 suffered cardiac arrest. The report went of further escalation of care and ultimately expired. A review of the facility's policy and procedure titled, Nutritional needs of program specific to their needs will be planned and implanted. A review of the facility's policy and procedure titled, Diet Tray Card, revis so primary purpose is to inform the dietary staff how to assemble the reside caregivers with mealtime information. The policy and procedure further incithat food items served are consistent with tray card information.

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 12/14/2022
NAME OF PROVIDED OR SUPPLIE		STREET ADDRESS CITY STATE 71	ID CODE
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	IP CODE
Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0801 Level of Harm - Minimal harm or potential for actual harm	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 42040		
Residents Affected - Few	Based on interview and record review, the facility failed to follow their policies and procedures to ensure an annual competency check (a method to measure the employee 's performance based on objective data) was done for one of six facility staff members [Dietary Aide 1 (DA 1)]. This deficient practice had the potential to place residents at risk for not receiving adequate dietary aide		
	services.		
	Findings:		
	A review of DA 1's personnel file indicated DA 1 was hired as a dietary aide by the facility on 1/7/2009. During an interview on 12/10/2022 at 11:55 a.m., the Dietary Manager (DM 1) stated that it is the task role of the dietary manager to do the annual assessment of the roles of her staff. DM 1 stated that she responsible to ensure that dietary aides are competent to do their jobs. DM 1 stated that she did not that DA 1 did not have a competency check done after 2019 and that she should have reviewed DA records to ensure this was done.		
	During an interview on 12/12/2022 at 11:55 a.m., the Administrator (ADM) verified that DA 1 's latest competency check done was dated 8/30/2019. The ADM stated she could not find any competency checks that were done for years 2020, 2021, and 2022. The ADM stated that DA 1 should have had competency checks annually to ensure they had the skills and abilities to do their jobs. ADM stated the dietary manager is responsible for performing competency checks. The ADM stated it is the policy of the facility to ensure competency checks are done annually for all staff in the facility including dietary aides.		
	A review of the job description titled, Dietary Aide, updated 7/2011, indicated the primary purpose of this position is to provide assistance in all dietary functions as directed and in accordance with established dietary policies and procedures.		
	A review of the facility 's policies and procedures titled, Knowledge and Skills Competency Evaluation, dated revised 5/2015, indicated that the purpose of the policy is to provide a method to measure the employee 's performance based on objective data. The knowledge and skill competencies are evaluated upon hire, annually thereafter and as needed.		

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 12/14/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0803 Level of Harm - Actual harm Residents Affected - Few	updated, be reviewed by dietician, **NOTE- TERMS IN BRACKETS I- Based on interview and record revi five residents reviewed (Resident 1 added, soft and bite-size texture, re pieces, soft, easy to chew, with low your airway or lungs), a chef 's sal slices of meat, cheese, croutons [b eggs), which contained croutons ar dietary restrictions. This deficient practice resulted in R throat) while eating the provided ch Resident 1 required abdominal thru by applying sudden upward pressu emergency life-saving procedure th Resident 1 was revived (regained I the GACH, the resident coded (abr a flexible plastic tube into the trach airway), and then expired (died) or Findings: A review of Resident 1 's Admission [DATE], with diagnoses that incl disease (COPD - a lung disease th and type 2 diabetes mellitus (the be A review of Resident 1 's Minimum dated [DATE] indicated Resident 1 The MDS also indicated Resident 1 The MDS also indicated Resident 1 A review of Resident 1 's Physician for a regular, no salt added, soft and	on Record indicated Resident 1 was ad uded dysphagia (difficulty swallowing), at causes obstructed airflow from the leady 's inability to regulate sugar levels a Data Set (MDS, a standardized asses had moderately impaired cognition (able was on a mechanically altered diet (a difficulty with chewing and swallowing). In 's Order Summary Report indicated a difficulty size texture, regular consistency of for [DATE] - Lunch, indicated Reside	constitution of the consti

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 12/14/2022
NAME OF PROVIDED OR SURBLIED		CTDEET ADDRESS CITY STATE TID CODE	
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Windsor Terrace Health Care		7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0803	A review of Resident 1 's Change i	in Condition Evaluation dated [DATE] ii	ndicated Resident 1 was eating his
	lunch and then choked. Resident 1	's Change in Condition Evaluation fur	ther indicated the resident became
Level of Harm - Actual harm		skin caused by lack of oxygen), Heimli someone choking on a foreign object)	
Residents Affected - Few	to remove debris or body fluids fror	n an airway) was initiated, 911(the nunned Resident 1 was taken to the GACH.	nber that you call to contact the
	A review of the facility 's Employee Corrective Action Notice for DA 1, dated [DATE], indicated that DA 1 reviewed Resident 1 's diet tray card and noted that the resident was on a soft and bite-sized diet. The Employee Corrective Action Notice went on to state that despite reading Resident 1 's tray card for their dietary restrictions, DA 1 still provided a chef's salad for the resident. The Employee Corrective Action Notice further indicated that the chef's salad contained raw vegetables and croutons, both of which are not allowed on Resident 1's soft and bite sized diet.		
	A review of the facility 's Employee Corrective Action Notice for CNA 1 dated [DATE], indicated CNA 1 obtained a salad for Resident 1 per the resident 's request but failed to follow the facility process of having a licensed nurse check the food before serving it to the resident. The Employee Corrective Action Notice further indicated that the salad served to Resident 1 did not follow the resident 's physician ordered diet restrictions that included the need for soft, bite-sized food.		
	During an interview with the DON on [DATE] at 2:25 p.m., the DON stated on [DATE], Resident 1 was served food that was not part of his prescribed diet. The DON stated Resident 1 was on a prescribed diet that required soft, bite-sized food, but was served a chef's salad that had raw vegetables and dry croutons. The DON stated Resident 1 had requested for CNA 1 to get him a salad. DON stated that DA 1 provided a chef's salad to CNA 1, who then served it to Resident 1. DON stated that as a result of being served a chef's salad that included raw vegetables and dry croutons, Resident 1 ended up choking.		
	was in the dining room during lunch walking around the dining room che with his hands around his neck, ind abdominal thrusts on Resident 1 wl 1) came into the dining room and to machine (medical device that is printhe suction machine, she asked the	lursing Assistant 2 (CNA 2) on [DATE] in time on [DATE]. CNA 2 stated that are ecking on the residents, she saw Residicating he was choking. CNA 2 stated lips to the cook over with the abdominal thrusts and marily used for removing obstructions), are receptionist to call 911. CNA 2 stated in the floor with staff performing CPR or	ound 12:30 p.m., when she was ent 1 coughing, gasping for air, she proceeded to perform cicensed Vocational Nurse 1 (LVN d asked CNA 2 to get a suction CNA 2 stated on her way to get that by the time she went back to

			NO. 0936-0391
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 12/14/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			on)
F 0803 Level of Harm - Actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During an interview with DM on [DATE] at 3:40 p.m., the DM stated that when she interviewed DA Resident 1 * Stockholig micident on [DATE] and DA 1 admitted that she gave CNA 1 a chef 's salat though she saw that Resident 1 * Stockholig card indicated that he was on a soft, blie-sized diet. The Core 's salad consisted of raw lettuce, raw tomatoes, shredded cheese, pieces of ham, slices of b and croutors. The DM stated that DA 1 should have known a chef 's salad was not allowed for a a soft, bite-sized diet because it included hard, crunchy ingredients like the raw lettuce and croutors were not safe for a resident on a soft, bite-sized diet. The if DA 1 had any questions, she should have asked the DM prior to giving the salad to CNA 1. The if DA 1 had any questions, she should have asked the DM prior to giving the salad to CNA 1. The if DA 1 had any questions, she should have asked the DM prior to giving the salad to CNA 1. The interview with CNA 1 on [DATE] at 4:10 p.m., CNA 1 stated that DA 1 had many years of experience as a Dietary Aide and should have known that the not part of a soft, bite-sized diet. During an interview with CNA 1 on [DATE] at 4:10 p.m., CNA 1 stated that during lunch time on [E Resident 1 informed him that he did not like his food and requested for a salad from the kitchen. C stated he took Resident 1 's tray card to the kitchen, presented it to DA 1, and informed DA 1 that 1 was requesting a salad. CNA 1 stated that DA 1 that a licensed nurse because there were no nurses in or around the dining room at the time, and it was already as within the resident 's dietary restrictions. CNA 1 stated he did not verify the salad with a licensed nurse because there were no nurses in or around the dining room at the time, and it was already the end of lunch. CNA 1 stated understands that he bypassed a safety check, but he was just trying to get Resident 1 the food this wanted so t		re CNA 1 a chef's salad even off, bite-sized diet. The DM stated a lieces of ham, slices of boiled egg id was not allowed for a resident on e raw lettuce and croutons. DM soft, bite-sized diet. The DM stated the salad to CNA 1. The DM stated him at risk for choking. The DM build have known that the salad was at during lunch time on [DATE], salad from the kitchen. CNA 1, and informed DA 1 that Resident and then handed him a chef's red it to Resident 1 without having in the resident's dietary a because there were no licensed dof lunch. CNA 1 stated he alad would be okay to serve to sure the food given was part of their physician prescribed and only provide food that is within do have ensured a licensed nurse fortunately DA 1 and CNA 1 stated that Resident 1 was brought in hypoxic (low levels of oxygen in the to the lungs) findings suspicious for did (decline in health) after arrival to Unit (ICU- a part of a hospital where antly). The discharged summary on to state that Resident 1 did want

			NO. 0930-0391
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 12/14/2022
NAME OF PROVIDER OR SUPPLIER Windsor Terrace Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7447 Sepulveda Blvd Van Nuys, CA 91405	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		ion)
F 0803 Level of Harm - Actual harm Residents Affected - Few	A review of the facility 's policy and procedure titled, Diet Tray Card, revised [DATE], indicated the diet card 's primary purpose is to inform the dietary staff how to assemble the resident 's meal tray and provide caregivers with mealtime information. The policy and procedure further indicate that the facility is to ensure that food items served are consistent with tray card information.		