STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555870	A. BUILDING _____ B. WING _____	C 07/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA VISTA HEALTH CENTER	7922 PALM STREET LEMON GROVE, CA 91945

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint. Complaint: CA00413673 Category: Nursing Services Representing the Department: Wendy Graca, Health Facilities Evaluator Nurse 29498 The inspection was limited to the complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00413673.	F 000	This Document will act as the provider's statement of compliance and intent to correct the identified deficiencies. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of the conclusion set forth in this statement of deficiencies. This plan of correction is prepared and submitted solely because it is required by the state and/or federal regulations.	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative	F 157	**F157** AUG 14 2015 *How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;* Attending Physician informed regarding resident episodes of refusing medication Estrace and discontinued on 9/23/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8/14/15

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.

Plan of Correction received and approved Wendy Graca HFE 8/17/15 (compliance date)

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F 157	Continued From page 1 or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 sampled residents (1), refusal of a medication, was reported to the resident's physician (MD). Also, when Resident 1's physician was not notified of Resident 1's refusal of a medication, the effects of the medication refusal were not assessed. Findings: Resident 1 was readmitted to the facility on with diagnoses which included urinary tract infection, per the facility Admission Record. On 9/23/15 at 9:15 A.M., a review of the Admission Record was conducted. The Admission Record indicated that Resident 1 was responsible for "Self." On 9/23/14 at 9:15 A.M. a joint observation of Resident 1 and interview was conducted with licensed nurse (LN) 1. Resident 1 was observed to propel wheelchair towards LN 1. The resident interacted with LN 1 about medications. Resident 1 talked about a bowel	F 157	*How facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;* All Licensed Nurses were interviewed ,medication refusal report reviewed and found no other resident affected by the deficient practice. *What measures will be put into place or what systemic changes the facility will make sure to ensure that the deficient practice does not recur;* On October 3 ,2014 initial Licensed Nurses in-service done and follow up in-service completed on 8/13/2015 regarding accurate documentation of resident's refusal of medication in the progress notes which should also include notification of Physician and family member. Licensed Nurses to	

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F 157	Continued From page 2 pattern issue, and rubbed l lower abdomen. Resident 1 asked LN 1 about medications, and LN 1 communicated to Resident 1 that all medications had been "given" to or that time. Resident 1 acknowledged agreement and wheeled in the hallway. LN 1 stated that Resident 1 was familiar with medications and was accepting of medication on shift. LN 1 stated that Resident 1 "can communicate" with staff and was able to make functional "choices and decisions" related to l routines and treatments. On 9/23/14 at 9:03 A.M., an interview was conducted with the social services designee (SSD). The SSD stated that the facility was the responsible party for Resident 1 and that the facility had a Bioethics committee who met related to the residents needs as indicated. On 9/23/14 at 11:20 A.M. a further interview was conducted with LN 1 related to Resident 1's medication regimen. LN 1 stated that Resident 1 "knows" medications and she l a "system" related to accepting and directing the nurses about preferences. On 9/23/14 at 11:50 A.M., a review of Resident 1's Minimum Data Set (MDS) assessment related to Cognitive Patterns, dated was conducted. The MDS indicated that Resident 1 scored a 14 of a possible 15 on the Brief Interview for Mental Status (BIMS). The assessment score of 14, indicated that Resident 1 had functional short term memory, recall and knowledge of month and year. On 9/23/14 a review of the the Medication	F 157	utilize communication log on both Nurses Station for resident medication refusal .Supervisor/IDT will be informed during daily Stand up meeting. *How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective assurance system; and* Medical Records to audit medication refusal report daily in PCC to make sure Attending Physician informed of any medication refusal. A log will be kept in the MR Department of the daily report .Medical Records to incorporate audit results to monthly QA meeting to ensure compliance. *Include dates when corrective action will be completed. The*	

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F 157	Continued From page 3 Admiistration Record (MAR) for Resident 1 was conducted with the DON and the medical records designee (MRD). The MAR indicated, Estrace Cream 0.1 MG/ML (milligrams/milliliter) Insert 1 applicatorful (private body part) at bedtime every Mon, Wed, Fri for Hormone -Order Date- The MAR indicated that Resident 1 refused Estrace on 3/7/14, 7/28/14, 8/13/14, 8/15/14, 8/20/14, 9/10/14, 9/12/14, 9/15/14. The DON (director of nurses) acknowledged that the MAR indicated that Resident 1 had refused the Estrace medication. On 9/23/14 at 1:15 P.M., a concurrent record review and interview, was conducted with Resident 1 and the DON, related to the residents medication administration regimen. Resident 1 stated that she would not accept the "cream" when staff had attempted to administer it. Resident 1 further stated that the cream was indicated for urinary tract "infections." An interview was conducted with LN 2 on 9/24/14 at 8:30 A.M., related to Resident 1. LN 2 stated that the when LN 2 worked with Resident 1, Resident 1 would not let the LN administer the medication Estrace. LN 2 stated that the resident refused other medications periodically, but then when reapproached, she would generally accept refused medications. Not so, with the Estrace. When the Estrace application was offered, Resident 1 continued to refuse the medication. An interview was conducted with LN 3 on 9/24/14, at 9:30 A.M. LN 3 stated that Resident 1 did not "like" Estrace. LN 3 stated that Resident 1 "kicks me," to demonstrate that she does not want the medication. LN 3 stated that Estrace was the	F 157	*corrective action completion dates must be acceptable to State Agency.* Correction action completed on: Date: August 13 ,2015	

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F 157	Continued From page 4 only medication that Resident 3 had a pattern of behavior and refusal of, when the medication administration was attempted. On 9/24/15 at 1:25 P.M. an interview was conducted with the Administrator (Admin). The Admin stated that the MD should have been notified that Resident 1 was refusing a medication.	F 157		