| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| PARKWAY HILLS NURSING & REHABILITATIO | 7760 PARKWAY DRIVE LA MESA, CA 91942 |

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| F 000 | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.<br><br>Complaint # CA00531066.<br><br>The investigation was limited to the specific complaint and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Health Facilities Evaluator Nurse 29270.<br><br>DON: Director of Nurses<br>LN: Licensed Nurse<br>MAR: Medication Administration Record | F 000 | RECEIVED<br>CA DEPT OF PUBLIC HEALTH<br><br>JUN 8 2017<br><br>LICENSING & CERTIFICATION<br>SAN DIEGO NORTH DISTRICT OFFICE<br><br>This document will serve as a credible allegation of our intent to correct the deficient practices identified. The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility to comply with the requirements of participation and to continue to provide high quality resident care | |
| F 329 SS=D | 483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS<br><br>483.45(d) Unnecessary Drugs-General.<br>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used--<br><br>(1) In excessive dose (including duplicate drug therapy); or<br><br>(2) For excessive duration; or<br><br>(3) Without adequate monitoring; or<br><br>(4) Without adequate indications for its use; or<br><br>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or<br><br>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. | F 329 | **F 329 Corrective action for residents found to have been affected by this deficiency:**<br>**All residents whether on psychotropic or not, have the occasion to be affected by deficient practice. Affected resident's psychotic behaviors will be monitored and documented every shift on resident's medication administration record (MAR).**<br><br>**Corrective action for other residents that may be affected by this deficiency:**<br><br>**An in service was conducted by the Director of Nursing beginning on 4/20/2017 for all nurses, regarding documentation of behavior monitoring and the importance of the documentation and rationale, for use of psychoactive medications, to ensure consistent assessment of resident behaviors were occurring.** | 6/7/17 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

ADMINISTRATOR 6/7/17

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.



POC accepted Date PW Mtg 6/10/17 6/12/17

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| F 329 | Continued From page 1<br><br>483.45(e) Psychotropic Drugs.<br>Based on a comprehensive assessment of a resident, the facility must ensure that--<br><br>(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;<br><br>(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;<br>This Requirement is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure target behavior episodes were monitored and documented for the use of a psychotropic medication, Seroquel (medicine used for delusions and psychosis) for one sampled resident (A).<br><br>Failure to document specific episodes of target behaviors for the use of a psychotropic medication had the potential to affect the ordering physician's ability to determine the effectiveness of the medication.<br><br>Findings:<br><br>Resident A was admitted to the facility on 3/13/17 with diagnoses to include, psychotic disorder with delusions, per the facility Admission Record.<br><br>Resident A's physician ordered Seroquel 100 mg (milligrams) one half tablet every afternoon, Seroquel 25 mg three tablets every evening, and Seroquel 100 mg 1.5 tablets at bedtime. Per the | F 329 | **Measures and systemic changes that was conducted and will be put into place to ensure that this deficiency does not recur:**<br>**Facility will ensure that residents with diagnosis of psychotic disorders and are on psychotropic medications will be monitored for the targeted behavior and documented every shift on the medication administration record. This will assist the prescribing physician and the facility in managing and determining the need and effectiveness of the prescribed psychotropic medications. The behavior monitoring documentation will be audited once a week for completion and accuracy by Director of Nursing or designee. The admitting licensed nurse will ensure that targeted behaviors for residents with diagnosis of psychosis are determined on admission and will ensure that behavior monitoring is in place as a part of the prescribed psychotropic medication order.**<br><br>**Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:**<br><br>**Upon the next IDT meeting after a resident's admission, the DON or designee will conduct an audit of the newly admitted resident's orders utilizing the admission checklist, to ensure that monitoring for targeted behaviors for all psychotropic medications are in place on MAR. The auditing of the behavioral documentation will occur once a week and reviewed for accuracy and compliance. Said audit log will be presented to the Quality Assurance meeting held monthly, and any noted inconsistencies will be subject to review to process improvement for 3 consecutive months or until substantial compliance has been achieved.** | |

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| F 329 | Continued From page 2<br>order, the resident was to be monitored for behaviors every shift.<br><br>On 4/18/17 at 8:50 A.M., Resident A sat in a chair in the lobby of the facility. Resident A was dressed, but he was not wearing any shoes or socks. Resident A was quiet.<br><br>Three uniformed police officers stood around Resident A in the lobby.<br><br>The Director of Nurses (DON) said Resident A "Had an outburst this morning." The DON also said sometimes we cannot control him, Resident A yells and gets agitated. This morning we could not redirect him or calm him.<br><br>The Administrator (ADM) stated on 4/18/17 at 8:55 A.M., Resident A had a verbal outburst about one time per week, but no physical altercations with staff or residents.<br><br>On 4/18/17 at 10:55 A.M., Resident B was interviewed in the facility. Resident B said on 4/16/17, she was unable to sleep so she was up in her wheelchair in the hallway. Resident B saw Resident A also up in the hallway and Resident A was trying to open the public bathroom door, which was locked. Resident A became upset, and LN 1 redirected Resident A to his room where there was a bathroom. Resident B said Resident A was cussing loudly.<br><br>Per the MAR dated for the night shift of 4/15/16, Resident A had 0 marked as the number of behavioral issues on that shift.<br><br>On 4/18/17 at 11:40 A.M., Licensed Nurse (LN) 1 was interviewed by phone. LN 1 said, he heard screaming in the hallway, and tried to separate | F 329 | | |

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| F 329 | Continued From page 3<br>Resident A and Resident B. LN 1 said he took Resident A to his room to separate the two residents. LN 1 said he did not document the behaviors of Resident A or his screaming incident.<br><br>The clinical record was reviewed on 4/18/17. There was a Change of Condition Note, dated 4/18/17 at 8:48 A.M. Resident heard screaming and cursing loudly, wandering in hallway, Resident A attempted to enter another resident's room (Room 2A) and the resident in 2A asked Resident A to leave. Resident A became verbally aggressive, screaming, yelling, and cursing, many staff members arrived when they heard Resident A screaming, yelling and aggressive threats were heard. The facility staff closed the doors to other other resident rooms to keep them safe, attempted to calm Resident A, active listening provided, calming words, offered snacks and attempted to distract, all nursing interventions ineffective, resident continued to pace up and down hallway screaming loudly, and cursing..."Called Police Department."<br><br>Per the facility Care Plan, dated 4/11/17, "Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes."<br><br>The Medication Administration Record (MAR) was reviewed with the DON at 3:30 P.M. The section titled, monitor behavior every shift, was marked with a "0" for 4/18/17. The DON said she was aware there was an incident earlier in the day, in the morning when Resident A could not be calmed by staff when he was yelling aggressively. The DON said she did not know why her staff did not document all the behaviors of Resident A on | F 329 | | |

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| F 329 | Continued From page 4<br>the MAR. The DON said every behavior should be documented every shift on the MAR. The DON also said the physician looked at the MAR to determine if the medication prescribed for behavior was effective.<br><br>Per the facility policy titled, Charting and Documentation, dated 4/08, ..."1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records." | F 329 | | |
| F 425 SS=D | 483.45(a)(b)(1) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH<br><br>(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--<br><br>(1) Provides consultation on all aspects of the provision of pharmacy services in the facility; This Requirement is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure there was a physician's order for Benadryl (an anti-itching medication) prior to administering the medication for 1 of 1 unsampled residents (C).<br><br>As a result Resident C had the potential for drug interactions or an allergic reaction to a medication not ordered by a physician and reviewed by a pharmacist.<br><br>Findings: | F 425 | **F 425 Corrective action for residents found to have been affected by this deficiency:**<br>**Resident's medical record was reviewed to ensure that the resident is not allergic to the medication. Resident was also monitored for possible adverse drug interaction.**<br><br>**Corrective action for other residents that may be affected by this deficiency:**<br>**No other residents were affected by this deficiency.**<br><br>**Measures and systemic changes that will be put into place to ensure that this deficiency does not recur:**<br>**Pharmacy audit provided to affected license nurse to ensure that accurate acquiring, receiving, dispensing, and administration of all drugs and biologicals are met. In service was provided to all licensed nurse staff to ensure that physician's orders are obtained prior to administering medications. This will ensure that pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals meet the needs of each resident.** | 6/7/17 |

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| F 425 | Continued From page 5<br>Resident C was admitted to the facility on 3/6/17, per the facility's Admission Record. Resident C did not have any documented diagnoses of allergies or itching per the Admission Record.<br><br>On 4/18/17 at 9:45 A.M., Licensed Nurse (LN) 1 was observed preparing medication for Resident C at his medication cart. After LN 1 administered the routine medications to Resident C. Resident C asked LN 1 for a Benadryl because she was itching. LN reached into the stock medication drawer, on his cart, placed a pink pill in a medication cup, and administered the Benadryl to Resident C.<br><br>When the Physician's Orders were reviewed for Resident C, there was no order for Benadryl for Resident C.<br><br>On 4/18/17 at 1:45 P.M., LN 1 and the Director of Nurses (DON) were jointly interviewed. LN 1 said he administered a Benadryl to Resident C with the morning medication pass. LN 1 said he planned to phone the doctor after he gave the medication, but had not done so 4 hours later.<br><br>LN 1 said he did not wait for an order because he had the medication available in his medication cart.<br><br>The DON said no medications were to be administered without an order from a physician.<br><br>Per the facility policy titled, Physician Medication Orders, dated 12/09,..."1. No drugs or biological's shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illnesses." | F 425 | **Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:**<br>**All physician's orders will be reviewed by DON or designee during the morning stand-up to ensure they have been added to the electronic record and currently on the MAR. Once a week a return demonstration will be given by a licensed nurse to the DON or designee illustrating how to appropriately take an input of telephone order once a week X 4 weeks twice a month X 1 month and once a month thereafter. Evidence of audits and education will be presented to the Quality Assurance meeting for review of compliance and accuracy. Quality Assurance meeting held monthly, and any noted inconsistencies will be subject to review to process improvement for 3 consecutive months or until substantial compliance has been achieved.** | |