

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/14/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>POWAY HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>15632 POMERADO ROAD POWAY, CA 92064</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.</p> <p>Facility Reported Incident Numbers: CA00881168, CA00882433, CA00883037, CA00883231</p> <p>Category: Infection Control, Quality of Care</p> <p>Representing the Department: Health Facilities Evaluator Nurse(s): 46247</p> <p>The inspection was limited to the specific Facility Reported Incidents investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiency was issued for the Facility Report Incident Numbers: CA00881168, CA00883037, CA00883231</p> <p>One deficiency was issued for the Facility Reported Incident Number: CA00882433 (Refer to Ftag 658).</p>	F 000	<p><b>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by Poway Healthcare Center to the allegation or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions set forth in Federal and State law. None of the actions taken by the facility pursuant to the Plan of Correction should be considered an admission that a deficiency existed or that additional measures should have been in place at the time of the Survey.</b></p> <p><b>This Plan of Correction serves as our credible Allegation of Compliance with Federal and State Regulations.</b></p> <p><b>F 658</b></p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</i></p>		
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to hold a blood pressure (BP) medication</p>	F 658	<p>Resident 1 was discharged at the time the results were received.</p> <p>Sweep of the building conducted with review of medications with blood pressure parameters to ensure that medications have been administered as ordered. No negative findings observed.</p>		

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

TITLE

(X6) DATE

*Israel Sanchez*

**BSN RN DON**

**2/29/2024**

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.

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F 658	<p>Continued From page 1</p> <p>as prescribed by the physician for one resident (Resident 1) with a low BP.</p> <p>As a result, Resident 1's BP had the potential to further decrease below normal and increase the risk of harmful side effects.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on 11/2/23 with heart failure (a condition where the heart dose not pump enough oxygen rich blood to the body), per the resident's admission record.</p> <p>A review of Resident 1's physician orders, active January 2024, indicated Resident 1 was prescribed one 25 milligram (mg) tablet of metoprolol (a medication used to decrease blood pressure and heart rate) two times a day for hypertension (high blood pressure). The physician's order indicated instructions to hold the metoprolol if Resident 1's systolic blood pressure (SBP, the number of the BP reading that indicates the pressure on the blood vessels when it contracts) number was below 110 or heart rate below 60.</p> <p>On 2/14/24 at 3:10 P.M., an interview and concurrent record review was conducted with the infection preventionist/Licensed Nurse (IP/LN). Resident 1's medication administration record (MAR) was reviewed with IP/LN. The IP/LN stated the physician's administration instructions on the MAR indicated Resident 1's metoprolol should held if the SBP reading was below 110. The MAR indicated the IP/LN had documented Resident 1's BP was 102/86 on 1/24/24 at 9:00 A.M., and that she had administered one 25 mg tablet of metoprolol to Resident 1. The IP/LN stated she</p>	F 658	<p><b><i>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></b></p> <p>All residents have the potential to be affected by this deficient practice. Licensed nurses in-service regarding the facility policy for Administering Medications with a focus on documentation of vital signs, specifically blood pressure, per physician's orders and that medications with parameters are administered per physician's orders.</p> <p><b><i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</i></b></p> <p>In addition to the above in service, DSD or designee to conduct random medication observations 1x/week x 1 month, then quarterly ongoing to ensure that blood pressure medications are administered per MD orders.</p> <p>Medical Records to run the EMAR for the previous day 2x/week x 4 weeks, then weekly ongoing. EMAR to be given to the DSD for review 2x/week x 4 weeks, then weekly ongoing to ensure that vital signs are documented per physician's orders and that medications with parameters are administered per physician's orders.</p>		

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F 658	<p>Continued From page 2</p> <p>should not have given Resident 1 the metoprolol on 1/24/24 because his BP was below 110. The IP/LN stated it was important to check physician orders before administering medication because if it is given when it should not be it could cause harm to the resident.</p> <p>A record review was conducted of Resident 1's January 2024 MAR. The MAR indicated Resident 1 was administered one tablet of metoprolol 25mg when his SBP was below 110 on the following dates:</p> <p>1/5/24 at 9:00 A.M., BP 109/59 admin by LN 31/8/24 at 5:00 P.M., BP 94/64 admin by LN 41/14/24 at 9:00 A.M., BP 97/53 admin by LN 31/24/24 at 9:00 A.M., BP 102/86 admin by IP/LN</p> <p>On 2/24/24 at 3:20 P.M., an interview and concurrent record review of Resident 1's January MAR was conducted with the director of nursing (DON). The DON stated the LN's should have known to check Resident 1's BP against the physician's order instructions for metoprolol. The DON stated Resident 1 should not have received metoprolol if his SBP was under 110.</p> <p>A review of the facility policy titled, Medication and Treatment Orders, revised July 2016, did not address withholding resident medications under physician's ordered parameters.</p>	F 658	<p><b><i>How the facility plans to monitor its performance to make sure that solutions are sustained.</i></b></p> <p>DON or designee to review random medication observations weekly x 1 month then quarterly ongoing to ensure that blood pressure medications are administered per MD orders.</p> <p>DON or designee to review the findings of the DSD or designee review of the EMAR 2x/week x 1 month, then monthly ongoing to ensure that vital signs are documented per physician's orders and that medications with parameters are administered per physician's orders.</p> <p>Any negative findings to be reported to the QA committee to ensure facility compliance.</p> <p><b><i>Individual responsible:</i></b> Director of Nursing</p> <p><b><i>Date when corrective action will be completed:</i></b> <b><i>3/14/2024</i></b></p>		