

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555733	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2024
NAME OF PROVIDER OR SUPPLIER THE PAVILION AT SUNNY HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 2222 N. HARBOR BLVD. FULLERTON, CA 92835		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the Abbreviated Survey for Complaint Number: CA00909996. Inspection was limited to the complaint investigated and did not represent the findings of a full inspection of the facility. * FOR COMPLAINT NUMBER: CA00909996, DEFICIENCIES WERE IDENTIFIED AND CITED AT F684. GLOSSARY AND DEFINITIONS: DON - Director of Nursing	F 000	<p>"This facility objects to the allegations of non-compliance in this Statement of Deficiency and disagrees with both the findings of non-compliance and the level of deficiency cited. Submission of this Response and Plan of Correction is <u>not</u> a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also <u>not</u> to be construed as an admission of interest against the facility, the administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or any agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>		
F 684 SS=D	Glaucoma - a group of eye conditions that damage the optic nerve LVN - Licensed Vocational Nurse MAR - Medication Administration Record MD - Medical Doctor MDS - Minimum Data Set, an assessment tool P&P- Policy and Procedure SNF - Skilled Nursing Facility Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to	F 684	<p>Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of the potential appeal of this matter solely because of the requirements under State and Federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility. This Plan of Correction shall constitute this facility's credible allegation of compliance."</p>		

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

Mihel Peterson

TITLE

Administrator

(X6) DATE

8/8/24

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.

48853, Accepted, 8/21/24

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F 684	<p>Continued From page 1</p> <p>facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable well-being for one of three sampled residents (Resident 1).</p> <p>* The facility failed to follow up with the hospice for the latanoprost eye drop (to treat glaucoma) order for Resident 1. This failure had the potential to negatively impact the resident's well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Hospice Services revised March 2023 showed the nursing home staff may obtain the orders for care from the designated hospice physicians and communicate the necessary changes initiated by the hospice provider to the resident's attending physician/practitioner in a timely manner. The nursing home shall communicate changes in orders provided by the resident's attending physician/practitioner in the facility if he/she is not the resident's designated physician on the hospice team.</p> <p>Review of the facility's Hospice and Nursing Facility Services Agreement signed 4/4/24, showed when the facility personnel are directed by the hospice to administer the prescribed</p>	F 684	<p>F684</p> <p>A. We are unable to retroactively provide the eye drops to resident #1. The order for Lantanoprost was obtained on 7/9/24.</p> <p>B. All residents on Hospice had medication orders reviewed on 8/7/24 by the Licensed Nurse to identify any other affected. None were identified as affected.</p> <p>C. The IDT met with Hospice on 7/30/24 which included new medication orders, requiring follow up telephone call (if Hospice is faxing orders) to confirm with facility Licensed Nurses. The Licensed Nurses were in-serviced by Hospice Liason regarding collaboration and coordination of services to provide necessary care for Hospice residents on 8/12/24, 8/15/24 and 8/16/24.</p> <p>D. Medical Records will conduct random monthly audits of Hospice coordination of care services. The DON will monitor for compliance via the medical record audits. Findings will be brought to the quarterly QA Committee for review and analysis for six months then reviewed for continued need.</p>	8/30/24	

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F 684	<p>Continued From page 2</p> <p>therapies to the residents who are under hospice's care, including those therapies determined appropriate by the hospice and delineated in the plan of care, the facility personnel shall administer the therapies in accordance with applicable law and the facility policies and procedures.</p> <p>Review of Resident 1's medical record was initiated on 7/30/24. Resident 1 was admitted to the facility on 4/23/24.</p> <p>Review of Resident 1's physician's order for July 2024 showed an order dated 6/3/24, to admit the resident for hospice care.</p> <p>Review of Resident 1's MDS Change of Condition Assessment dated 6/14/24, showed Resident 1 was able to make self-understood and understand others.</p> <p>Review of Resident 1's plan of care showed a care plan problem for actual impaired vision related to diabetes mellitus was initiated on 6/22/24, with the interventions to administer the medications as ordered and monitor for side effects and effectiveness.</p> <p>Review of Resident 1's hospice physician's order dated 6/29/24, showed an order for latanoprost solution (used for glaucoma) 0.005 % one drop to both eyes at bedtime.</p> <p>Review of Resident 1's hospice pharmacy delivery receipt showed the eye drop latanoprost solution 0.005 % was received by LVN 2 on 6/30/24.</p> <p>Review of Resident 1's SNF physician's orders</p>	F 684			

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F 684	<p>Continued From page 3</p> <p>and MAR from 6/29/24 to 7/8/24, failed to show an order for latanoprost solution (used for glaucoma) 0.005 % one drop to both eyes at bedtime.</p> <p>Review of Resident 1's progress notes from 6/29/24 to 7/8/24, failed to show documentation regarding the new order for the resident's eye drop.</p> <p>Further review of Resident 1's Order Summary Report for July 2024 showed an order dated 7/9/24, to administer latanoprost solution 0.005 % one drop in both eyes at bedtime.</p> <p>On 7/30/24 at 1215 hours, an interview with Resident 1 was conducted. Resident 1 stated he received his eye drops at night. Resident 1 further stated he had eye discomfort, and it was bothersome for weeks before he received his eye drops.</p> <p>On 7/30/24 at 1435 hours, an interview and concurrent medical record review with the MDS nurse was conducted. The MDS nurse verified the resident had a care plan initiated on 6/22/24, for impaired vision. The MDS nurse verified the order for latanoprost was received on 7/9/24.</p> <p>On 7/30/24 at 1523 hours, a telephone interview was conducted with the hospice Case Manager. The hospice Case Manager verified the order for the latanoprost solution 0.005 % was sent to the facility through facsimile. The Case Manager stated the eye drop medication latanoprost solution was received by the facility nurse signed on 6/30/24.</p> <p>On 7/30/24 at 1633 hours, an interview and</p>	F 684			

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F 684	Continued From page 4 concurrent medicalrecord review with the DON was conducted. The DON stated the hospice agency usually wrote the order or would facsimile the order to the facility and would call the facility nurse for a new order. The DON stated the nurse who received the medication delivered by the hospice pharmacy should havefollowed up with the order for the new medication for the resident. The DON verified the order for latanoprost solution 0.005% was started on 7/9/24, instead of 6/30/24, when the staff received the order from the hospice agency and the eye drop from the pharmacy. On 7/31/24 at 1329 hours, a telephone interview was conducted with LVN 2. LVN 2 verified she received the eye drop latanoprost solution for Resident 1 on 6/30/24,and stated it slipped through her mind and was not able to verify and carry out the order for the latanoprost solution 0.005% eye drop.	F 684			