

PRINTED: 01/21/2022  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055992</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST COVINA HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 S. SUNKIST AVE.</b> <b>WEST COVINA, CA 91790</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	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of one complaint during an abbreviated standard survey.  Complaint Number: CA00761977  Representing the Department: Health Facilities Evaluator Nurse #43185  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was written for complaint number CA00761977.	F 000			
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be	F 757			

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

TITLE

(X6) DATE

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 757	<p>Continued From page 1 reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure resident's medications were administered as ordered by the physician for one of seven sampled residents (Resident 1).</p> <p>The administration of unnecessary medications to Resident 1 had the potential to result in adverse effect and worsen the resident's condition.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident was admitted to the facility on 11/8/2021 with diagnoses including hypertension (abnormally high blood pressure), hypotension (abnormally low blood pressure), atrial fibrillation (an irregular, often rapid heart rate), End Stage Renal Disease (ESRD- a medical condition in which a person's kidneys stop functioning on a permanent basis), dependence on hemodialysis (treatment that filters and purifies the blood using a machine) and type 2 diabetes ( long term condition that affects the way the body processes blood sugar).</p> <p>A review of Resident 1's History and Physical (H&amp;P) dated 11/9/2021 indicated the resident had a history of suspected syncopal episode</p>	F 757			

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NAME OF PROVIDER OR SUPPLIER  WEST COVINA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 850 S. SUNKIST AVE. WEST COVINA, CA 91790		
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F 757	<p>Continued From page 2</p> <p>(temporary loss of consciousness caused by a fall in blood pressure) with multiple rib fractures (complete or partial break in a bone). The H&amp;P indicated the resident had capacity to make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool) dated 11/12/2021 indicated the resident had intact cognition ( ability to understand).</p> <p>A review of Resident 1's Order Summary for November 2021 indicated the following physician's order:</p> <p>a. Carvedilol (medication to treat high blood pressure) 3.125 milligram (mg- unit of measurement) one tablet by mouth, two times a day related to hypertension and hold if systolic blood pressure (SBP, a measure of the pressure in the arteries when the heart beats) was less than 110 mmHg (millimeters of Mercury, a measure of blood pressure) or a pulse rate less than 60 beats per minute (bpm).</p> <p>b. Midodrine (medication to treat low blood pressure) Hydrochloride 15 mg tablet by mouth every 8 hours every Tuesday, Thursday, Saturday, and Sunday for hypotension and hold if SBP was greater than 135 mmHg.</p> <p>A review of Resident 1's Medication Administration Record (MAR) for November 2021, indicated the resident received Carvedilol 3.125 mg on 11/12/2021 at 5 PM with blood pressure of 101/60 mmHg, on 11/13/2021 at 5 PM with blood pressure of 97/60 mmHg and on</p>	F 757			

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F 757	<p>Continued From page 3</p> <p>11/15/2021 at 5 PM with blood pressure of 104/60 mmHg. The physician's order indicated to hold Carvedilol if the SBP was less than 110 mmHg.</p> <p>A review of Resident 1's MAR for November 2021 indicated the resident received Midodrine Hydrochloride 15 mg on 11/18/2021 at 10 PM with blood pressure of 147/71 mmHg. The physician's order indicated to hold Midodrine if SBP was greater than 135 mmHg.</p> <p>During an interview with the Director of Nursing (DON) on 12/7/2021 at 12:48 PM, she stated the check marks in Resident 1's MAR indicated the medications were administered. The DON stated hold parameters for Carvedilol and Midodrine should be followed and the medications given to Resident 1 should have been held based on the physician's order. The DON stated not following physician's order on medication can result in adverse reactions such as drop in blood pressure, dizziness, confusion, feeling tired and nausea.</p> <p>A review of the facility's Policy and Procedure titled "Administering Medications", dated 4/2019, indicated medications were administered in accordance with the prescriber's order. The policy indicated vital signs were checked/verified for each resident prior to administering medications.</p>	F 757			



F757

CFR(S):483.45(d) (1)-(6)

- A. Resident 1 was discharged to home on 11/24/2021 . On 12/7/2021 Director of Nursing conducted an investigation to identify the License Nurses who administered hypertension medications outside the parameters per MDs orders on 11/12/2021, 11/13/2021, 11/15/2021 and 11/18/2021. Identified licensed nurses were given a one-to-one in-service by DON in regards administration of hypertensive medications with parameters on 12/7/2021. All Licensed nurses were provided with an in-service on 12/8/2021 by Director of Nursing regarding hypertensive medications and its parameters.
- B. Medical Records conducted an audit on 12/8/2021 on residents on hypertensive medications to identify other residents that might have been affected by the same deficient practice, no other findings noted.
- C. Medical Records staff will conduct daily audits x 30 days then weekly thereafter of medication administration of hypertensive medications to ensure hypertensive medications is being administered per physician's order. Any adverse findings will be reported to QA&A Committee for review and recommendations. Any findings to be corrected immediately and non-compliant licensed nurses will receive 1:1 education and training as necessary.
- D. DON or Designee will review findings of the monitoring tool and findings will be reported to QAA committee and recommendations will be provided as necessary, correction to be implemented by DON.
- E. Completion date 02/28/2022