(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

Kerewad & verypre cr orfisfis 17mfolg

(X2) MULTIPLE CONSTRUCTION

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

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		555759	B. Wil	<b>VG</b>	<u></u>	01/1	1/2013
	ROVIDER OR SUPPLIER EY CARE			1:	EET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD COSEMEAD, CA 91770		****
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F 000 F 167 SS=B	Department of Publi Recertification Surveyor Representing the Description Surveyor ID #27680 Surveyor ID #14330 Surveyor ID #31331 Total Resident Popul Total Resident Same Highest Scope and 483.10(g)(1) RIGHT READILY ACCESS A resident has the resident from the most recent surrection in effect of the facility must make examination and musclessible to reside their availability.  This REQUIREMENT by:  Based on observation failed to ensure the available for examination readily accessible to practice had the point of the position of the posi	ets the findings of the ic Health during a ey. epartment of Public Health: ulation: 103 ple Size: 21 Severity: E TO SURVEY RESULTS		167	constitute admission or agree by the provider of the truth alleged or conclusions set for the statement of deficiencies plan of correction is prepare and/or executed because it is required by the provisions of Health and Safety Code Sec 1250 and 42 C.F.R. 405.190	ot cement or facts orth in s. This ed s of ction of ction or cector of cear.	2/12/13
		ERISUPPLIER REPRESENTATIVE'S SIGN	IATURE		TITLE		(X8) DATE
**************************************	Kwien Chi	ite			administrator	<u>)</u>	<u> 2/12/13</u>

Any deficiency sixtement ending with ab 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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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		555759	W. 77114G		01/1	1/2013
	ROVIDER OR SUPPLIER			FREET ADDRESS, CITY, STATE, ZIP 1267 SAN GABRIEL BLYD ROSEMEAD, CA 91770	CODE	
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F 167	Continued From pasurvey for 103 residents posted in the survey however, with 22, 2011. The most was not accessible examination. On the survey January 10, survey of the facility not posted.  During a group residents that after they would like to move unaware of the continuing (DON) and (DSD) were inform survey was not posted in either they should be put the breeze-way. The facility policy to 2008, indicated the continuity of the survey should be put to posted in either the facility policy to 2008, indicated the continuity of the survey should be put to posted in either the facility policy to 2008, indicated the continuity of the survey should be put to posted in either the facility policy to 2008, indicated the continuity of the survey should be put to posted in either the facility policy to 2008, indicated the continuity of the survey should be put to posted in either the continuity policy to 2008, indicated the continuity of the survey should be put to posted in either the continuity policy to 2008, indicated the continuity of the survey should be put to posted in either the continuity policy to 2008, indicated the continuity of the survey should be put to posted in either the continuity of the survey should be put to posted in either the continuity of the survey should be put to posted in either the continuity of the survey should be put to posted in either the continuity of the survey should be put to the continuity of the co		F 16	Reminders of the post	ing of the discussed in thly for any p with	
F 246 SS=E	\$	ONABLE ACCOMMODATION	F 24	6		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	LDÌN	·····	(X3) DATE S COMPLI	
		555759	B. WII	4G		01/1	1/2013
	PROVIDER OR SUPPLIER		***************************************	12	EET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD OSEMEAD, CA 91770		
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F 246	A resident has the services in the fact accommodations preferences, exce the individual or of endangered.  This REQUIREMS by: Based on observices the facility residents had accommodate for residents who attered to be a sampled residents who attered to be a potential to result functioning for the accommodate for needs.  Findings:  During a general of a tree surveyor about the pay in the pay in white.  During an observer a.m., the director in the surveyor about the pay in white.	right to reside and receive ility with reasonable of individual needs and pt when the health or safety of ther residents would be  ENT is not met as evidenced ation, interview, and record failed to ensure that the ess to a telephone in order to embers without having to ask releven alert and oriented ended the group interview and lent (10) stated that they are family members when they are the facility pay phone had bout three months. This had the in a decline in independent use of the telephone to the residents communication of the pay phone in the broken. According to the broken, According to the other had been broken for a lation on January 9, 2013 at 7:25 of staff development (DSD) and acceed the pay phone located in	F	246	Immediate Correction: The pay phone in the breeze was repaired 1/10/13 by AT repair service.  Others at Risk: An in-service was given to a on 2/1/13 by Administrator report pay phone disruption immediately and remind res of availability of business plusage as an alternative.  Preventing Reoccurrence: Rounds will be made daily be Department Managers to enpay phone is in good function and report immediately any for repair.  Social Service Designee will responsible to contact phone company repair immediately continue follow up until pay is repaired.  Monthly Resident Council meetings will review proper functioning of pay phone and business phones are available pay phone not in use.	all staff to sidents hone by sure oning need ll be e y and phone	4/2/13

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(X3) DATE SURVEY

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	Continued From pathe breeze-way. The According to the DS days ago and some and fix it.  On January 9, 2013 interview, seven of residents complained breeze-way had beemonths. The reside already knew about further stated that the calling their family into.  On January 9, 2013 interview with Reside pay phone had been 10 stated that she hearents and "it breat not call and talk to the During an interview designee (SSD) on she stated that the weeks ago. The SS trying to call the paginx the phone.  The facility's undate "Policy: Repair of Pindicated to assure	ge 3 be pay phone had no dial tone. SD, the pay phone broke two sone was supposed to come at 10 a.m., during a group eleven alert and oriented at that the pay phone in the en broken for about three ints stated that the facility staff it the problem. The residents his prevented them from members any time they wanted at 2:40 p.m., during an lent 10, she stated that the in broken for a while. Resident had been wanting to call her liks her heart" that she could hem.  with the social service  January 10, 2013 at 8 a.m., pay phone broke less than two iD stated that she had been and phone company to come and and ed policy and procedure titled ersonal/Facility Property," that the resident's rights to	F 246		nd	
	preserved, all perso equipment are in go the facility's capabil repair services are	ty property in good repair are and resident items and facility bod working condition, within lities. The policy indicated that contacted as soon as possible and any items needing repair	***************************************			Transport Control and the Cont

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STATEMENT OF DEFICIENCIES

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(X3) DATE SURVEY

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	would be noted pro nursing stations or directly. 483.25(h) FREE OI HAZARDS/SUPER The facility must er environment remail as is possible; and	mptly in a log book at the maintenance contacted		323	Immediate Correction:  1. Resident rooms 7, 20, 21 26, 28, 29 and 31 had television antennas secur 1/9/13 by Maintenance.  2. The fan in Room 31 was secured 1/9/13 by Mainte 3. The television in Room 3 secured 1/9/13 by Mainte Others at Risk: Maintenance Supervisor incomes	enance was enance	2/12/13
	by: Based on observareview, the facility for environment that is residents who were environment. Roor 31, had unsecured television antennas an unsecured elect 5 had an unsecured identify hazards in 21, 25, 26, 28, 29, to result in accident the residents.	tions, interviews and policy ailed to provide a resident free from hazards for housed in a locked unit m 7, 20, 21, 25, 26, 28, 29, and simple half-wave dipole metal ("rabbit ears"). Room 31 had rical 16 inch blade fan. Room d television. The facility failed the nine rooms (Rooms 7, 20, 31, 5). This had the potential ts that can lead to injuries of			Maintenance Supervisor inspall resident rooms on 1/10/13 ensure that televisions, antenand fans were secured for the safety of the residents. Correwere made as needed on that An in-service was given to a on 2/1/13 by Administrator treport any unsecured resident equipment immediately so corrections can be made.  Preventing Reoccurrence: Rounds will be made daily b	to the ections day.	
	staff developer (DS a.m., the following 1. Eight rooms (Ro	oservation, with the director of ED), on January 9, 2013 at 8:05 were identified: om 7, 20, 21, 25, 26, 28, 29, ions that were equipped with			Department Managers to ensite televisions, antennas, fans an other resident equipment is s for safety. Reports made to Maintenance for prompt correction.	aure ad any	

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TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. 6U		PLE CONSTRUCTION  G	(X3) DATE S COMPLE	
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	unsecured simple is antennas ("rabbit e accidentally injure imetal antenna).  2. An unsecured electrosident and possil 3. An unsecured te event of an earthqueset could fall on a resident).  During an interview 2013 at 8:15 a.m., television antennas residents.  The facility's undate "Safe Environment will be 483.25(i) DRUG RUNNECESSARY Industry when used in duplicate therapy); without adequate residents for its unadverse consequeshould be reduced combinations of the Based on a compressident, the facility who have not used given these drugs therapy is necessary in the sagiven these drugs therapy is necessary industry in the sagiven these drugs therapy is necessary industry.	half-wave dipole metal lars"). (A resident could himself on the unsecured himself on the unsecured hectrical 16 inch plastic blade the event of an earthquake, strical fan could fall on a poly injure a resident). It the uske, the unsecured television resident and possibly injure a with the DSD on January 9, she stated that the fan and swere a hazard to the ed policy and procedure titled were a hazard to the ed policy and procedure titled in indicated the lock unit is safe and hazard free. EGIMEN IS FREE FROM DRUGS  The gregimen must be free from excessive dose (including or for excessive duration; or nonitoring; or without adequate se; or in the presence of noes which indicate the dose or discontinued; or any		323	Monthly Resident Councimeetings will review need securing residents' person property for safety.  Safety Committee will may rounds to ensure resident equipment is secured. Resident equipment is secured. Resident correction.  Monitoring Process: Monitoring by Department Managers via daily round monthly in Resident Court Safety Committee rounds.	d for hal ake eport to te	

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ND PLAN C	f correction	IDENTIFICATION NUMBER:	A. 8UILDIN	<b>G</b>	COMPLETED
		555759	B. WING		01/11/2013
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F 329	record; and resident drugs receive gradustentational intervent contraindicated, in a drugs.  This REQUIREMENT by: Based on observative review, the facility for	its who use antipsychotic rail dose reductions, and ions, unless clinically an effort to discontinue these don, interview, and record alled to ensure that a gradual re attempted for 13 of 18, 8, 14, 15, 11, 12, 13, 16, 17, sychotherapeutic drugs in a esidents. This had the significant adverse a possible excessive doses, ing, and prolonged use of medications.  Idmission Record of Resident re resident was originally lity on March 17, 2009, and January 17, 2011, with used schizophrenia paramold on characterized by prominent cinations that wax and wane ychotic episodes), depression,	F 329	Immediate Correction:  a) resident 11 had a reduct psychiatrist of:  1. Depakote ER 1000m QAM and QHS to 10 QAM and 750mg QI beginning 1/17/13  2. Zoloft 50mg QAM to QAM beginning 1/29  3. Neurontin 600mg QI 600mg TID 1/17/13  4. Topamax 400mg BII 350mg BID 1/29/13  5. Thorazine 200mg BII 175mg BID 1/29/13  6. Seroquel 600mg QH: 550mg QHS 1/29/13  Others at Risk: All residents with antipsy drugs have been entered log by the Director of Ni (DON) on 2/2/13 with the date of the medication. A gradual dose reduction wattempted per regulations during the year utilizing system.	ng 000mg HS 0 25mg 9/12 D to D to D to S to  yehotic on a arsing e start A vill be

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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F 329	Continued From pa	The state of the s	£	329	An in-service was given Licensed Personnel on 1/ by the DON regarding gr	29/13	
	1.Depakote ER 500 morning (q am) and bedtime (qhs) for properties of properties of the control o	milligrams (mg) every is 1000 mg every night at aranoid schizophrenia d swing such as ordered on January 17, 2011. The morning for depression tive behavior with minimal ers, ordered on December 6, and grown times a day for moid type manifested by mood andly to hostile behavior, 17, 2011. The twice a day for schizophrenia fested by mood swings such mavior, ordered on January 17, and graded behavior, y 24, 2011. The every night at bedtime for moid type manifested by sons such as mumbling and repriately, ordered on the plans for the use of the antidepressant medications and did not indicate when to dent for a gradual dose.			by the DON regarding gr dose reduction (GDR) regulations for antipsychology. Disseminated was residents with antipsychology the first year of use have GDR attempted in the separate quarters at least month a part in the year, clinically contraindicated the first year, the GDR was attempted annually, unless clinically contraindicated.  Preventing Reoccurrence The DON will review physician telephone order daily to monitor orders or antipsychotic drugs for norders, reductions or incrin medications. The order be added to the GDR log and reviewed daily for at to reduce the antipsychot.  The RN Supervisor will document daily, in the nucommunication book, the or changed orders of the	otic s: All otic e will wo a unless l. after vill be ss l. rs f ew reases ers will book tempts ics.	
	October 29, 2012, i	nre planning tool, dated ndicated the resident was able of interview for mental status,	***************************************	***************************************	antipsychotic drugs. The will review the communi book daily and record ch	cation	

(X2) MULTIPLE CONSTRUCTION

A. BUILDING B. WING

STATEMENT OF DEFICIENCIES

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	on and a second	555759	B. Wi	NG		01/1	1/2013
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F 329	understood, and wa activities of daily livithe resident receive antidepressant during addition, the medica (MAR) revealed that above ordered meditirough. January 9, A review of the Psychisclosed the follow January 2012 through. A resident 11 had mood swings manifically while on Departs. Resident 11 had isolative and withdrawing 2015 to mg.  3. Resident 11 had isolative and withdrawing 4. Resident 11 had hostille to friendly be Neurontin 600 mg.  4. Resident 11 had mood swings manificative and withdrawing and talking while on Thorazine 6. Resident 11 had mumbling and talking while on Seroquel 6. A review of the Psychotes dated Januar 2012, March 31, 20	others and make herself independent with most one. The MDS further indicated did an antipsychotic and one the last seven days. In ation administration record the resident received the ications from January 1, 2013 2013.  Inchotropic Summary Sheet ing behavior data from gh December 2012:  about 26 to 48 episodes of ested by hypo/hyperactivity kote ER 500 mg and 1000 about of 25 to 45 episodes of each behavior daily while on about 24 to 46 episodes of ested by happy to sad on Topamax 400 mg. about 17 to 48 episodes of s, and guarded behavior daily 200 mg. about 35 to 45 episodes of ng to self inappropriately daily	F	329	The monthly recaps will done by the RN Superviwith review of the antipsychotics including dates, GDR dates, and notification to DON for up.  The Pharmacy Consultate provide monthly random reviews of antipsychotic to ensure GDRs have be attempted and document resident records. DON follow up on recommend promptly.  A Physician Psychothera Intervention Progress Nobe completed by the phymonthly with documentare garding GDR and behat therapy approaches atter reasons to continue curre antipsychotic medication clinical rationale why attempted dose reduction contraindicated.	sor start follow  In will drugs en ted on will dations  apeutic ote will rsician ation aviors, apted, ent and	

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F 329	November 30, 2012 indicated that a dos The notes further in resident's current medicated that is bene symptoms without resident-specific clip a gradual dose reducentraindicated. In a documented evident gradually reduce the During an interview (DON) on January serviewed the clinical find documented evident documented evident Neurontin, Topama since these medical physician in 2011.  During an observation 7:10 a.m., Resident dining room eating.  On January 11, 2011 interview, Resident sometimes participe prefers to stay in healert, pleasant, frier The facility's undate. "Policy: Psychother that drug holidays a are to be encouraged."	3, 2012, October 22, 2012, and December 22, 2012, e reduction is not advised. dicated to continue the redication regimen because fiting from it and may develop nedications. However, there is evidence of a nical rationale describing why retion would be clinically addition, there was no ree of a past failed attempt to be doses of these medications.  with the director of nursing 3, 2013, at 2:30 p.m., she is record and was unable to ridence that a gradual dose repted for the Depakote, Zoloft, x, Thorazine, and Seroquel tions were ordered by the	F 329	Medical Records will au monthly to ensure chang antipsychotic medication been monitored and documented properly.  CQI Committee will revidata monthly and follow needed.  Monitoring Process: Monitoring by DON via telephone orders, nursing communication book, Gl Log Book, Pharmacy Consultant reports, Medi Records audits daily and monthly. RN Supervisor monitor with recaps mon	es in have have lew up as DR cal

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		555759	B. WIN	Ġ		11/2013
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F 329	reviewed quarterly conference with the b. A review of the 12 indicated that the facility on February included schizophra a person interpret reharacterized by hadisordered thinking and organic brains.  A review of the recorders for January medication orders:  1. Haldol Decanoat intramuscular (IM) schizophrenia man such as provoking ordered on Septem 2. Desyrel 25 mg edepression manifest behavior such as mand constant crying ordered on Novem.  A review of the can antipsychotic and a dated September 2 to reevaluate the reduction.  The MDS dated Detthe resident was at interview for menta others and make here	at the interdisciplinary team resident or representative.  Admission Record of Resident e resident was admitted to the 10, 1981, with diagnoses that enia (mental disorder in which eality abnormally allucinations, delusions, and and behavior), depression, yndrome.  apitulation of the physician's 2013 indicated the following every 28th of the month for ifested by increased agitation others to fight with her, ber 19, 2011.  very night at bedtime for sted by isolative and antisocial ninimal interaction with others without appropriate reason,	F 3	psychiatrist of 1. Haldol De 20mg 1/1/ 2. Desyrel 2: 12.5mg Q  Others at Risk All residents of drugs have be log by the Dir (DON) on 2/2 date of the me gradual dose of attempted per during the year system.  An in-service Licensed Pers by the DON r dose reduction regulations for drugs. Disser residents with drugs the first have GDR att separate quart month a part if	rad a reduction by f: ceanoate 25mg to 7/13. Smg QHS to HS 1/17/13. Ce with antipsychotic ten entered on a rector of Nursing 1/13 with the start edication. A reduction will be regulations ar utilizing this was given to the sonnel on 1/29/13 regarding gradual in (GDR) or antipsychotic minated was: All antipsychotic expear of use will rempted in two ters-at least a in the year, unless traindicated. after the GDR will be really, unless	2/12/13

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	555759	B. WING	<b>3</b>	01/	1/2013
NAME OF PROVIDER OR SUPPLIER MONTEREY CARE		7 7 7 17 17 17 17 17 17 17 17 17 17 17 1	STREET ADDRESS, CITY, STATE, ZIP 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770	CODE	
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an antipsychotic a last seven days. It administration recresident received 2013 through Jar scheduled to rece 2013.  A review of the Ps disclosed the folio January 2012 through January 2012 had depression manife behavior such as and 14 to 43 epist appropriate reason A review of the Ps notes dated February January 2012, August October 22, 2012, August October 22, 2012 December 22, 20 reduction is not as indicated to contir medication regime benefiting from it without medication According to a Notes of the Ps notes dated from its without medication regime benefiting from its without medication According to a Notes of the Ps notes dated to contir medication regime benefiting from its without medication according to a Notes of the Ps notes dated from its without medication regime benefiting from its without medication according to a Notes of the Ps notes dated February January Jan	Indicated the resident received and antidepressant during the naddition, the medication ord (MAR) revealed that the Desyrel daily from January 1, awary 10, 2013, and is ive the Haldol on January 28, sychotropic Summary Sheet wing behavior data from ough December 2012:  If about 3 to 38 episodes of a such as provoking others to while on Haldol Decanoate 25 about 22 to 44 episodes of ested by isolative and antisocial minimal interaction with others odes of constant crying without an daily while on Desyrel 25 mg.  In sychiatric Follow-up/Therapy wary 27, 2012, March 31, 2012, ay 31, 2012, June 30, 2012, July 30, 2012, September 28, 2012, November 30, 2012, and 12, indicated that a dose dvised. The notes further note the resident's current and may develop symptoms ins.	F 33	Preventing Reoccu The DON will rev physician telephor daily to monitor or antipsychotic drug orders, reductions in medications. The be added to the Gl and reviewed daily to reduce the antip  The RN Supervised document daily, in communication be or changed orders antipsychotic drug will review the cor book daily and rec of drugs in the GD for continual monit  The monthly recap done by the RN So with review of the antipsychotics incl dates, DGR dates, notification to DO up.	ne orders rders of res for new or increases he orders will DR log book y for attempts osychotics.  or will the nursing ook, the new of the res. The DON mmunication cord changes DR log book itoring.	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY COMPLETED

AD FLAM Q	L POWERS HOW	IDENTIFICATION NUMBER.	A. BU	ILDING		COMPL	EIED
		555759	B Wing			01/11/2013	
	ROVIDER OR SUPPLIER EY CARE			126	ET ADDRESS, CITY, STATE, ZIP CODE 37 SAN GABRIEL BLVD DSEMEAD, CA 91770		
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F 329	dose reduction for hof the physician/pre "No change in medineeds current dose However, there was a resident-specific owhy a gradual dose contraindicated. In a documented evident gradually reduce the During an observation 7:10 a.m., Resident the breeze-way with was alert, ambulated During an interview (DON) on January reviewed the clinication documented expreduction was attended by the During an interview a.m., Resident 12 some ordered by the During an interview a.m., Resident that a lagitation or crying but c. A review of the A 13 indicated that the facility on December that included schize condition that cause reality (psychosis) a disorder (a condition)	dended to attempt a gradual faldol and Desyrel. A review scriber response indicated cation at this time, resident of medication." In no documented evidence of clinical rationale describing reduction would be clinically addition, there was no use of a past falled attempt to a doses of these medications.  On on January 9, 2013, at 12 was observed sitting in 14 other residents. The resident ry, and pleasant.  with the director of nursing 10, 2013 at 9:30 a.m., she if record and was unable to ridence that a gradual dose opted for the Haldol syrel since these medications a physician in 2011.  on January 11, 2013, at 7:30 tated that she is doing "okay." lert and pleasant with no	ř.	329	The Pharmacy Consultar provide monthly random reviews of antipsychotic to ensure GDRs have been attempted and document resident records. DON violated promptly.  A Physician Psycho them Intervention Progress Notice to be completed by the phymonthly with documenta regarding GDR and behas therapy approaches attempted and therapy approaches attempted to continue current antipsychotic medication clinical rationale why attempted dose reduction contraindicated.  Medical Records will automonthly to ensure change antipsychotic medication been monitored and documented properly.  CQI Committee will reviolate monthly and follow needed.  Monitoring Process: Monitoring by DON via telephone orders, nursing telephone orders and nursing telephone orders.	drugs en ed on vill lations apeutic ote will sician ation aviors, apted, ent and is dit es in have	

(X2) MULTIPLE CONSTRUCTION

FORM CMS-2587(62-99) Previous Versions Obsolete

Event ID: BIO811

Facility ID: CASSOCOUTS in Cation bold continued to 13 of 40

Log Book, Pharmacy Consultant reports, Medical Records audits daily and monthly. RN Supervisor will monitor with recaps monthly.

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	3.000.000.000.000.000.000.000.000.000.0	*	REET ADDRESS, CITY, STATE, ZIP CODE 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770	
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F 329	mood and depress disorder, anxiety dipersonality disorder unstable moods, but a review of the recorders for January medication orders:  1. Lithium Carbona for bipolar disorder such as happy to such as happy to such as happy to such as yelling, scribehavior, ordered discontinuous astaff, ordered on Duresident was able to for mental status, a make herself under with most activities further indicated the antipsychotic, antiaduring the last several administration recordered administration recordered administration recordered.	ion), obsessive compulsive isorder, and borderline or (mental illness marked by ehavior, and relationships).  apitulation of the physician's 2013 indicated the following of the state of the following of the physician's 2013 indicated the following of the state of the following of the state of the following of the state of the st	F 329	Immediate Correction: c) resident 13 had a redupsychiatrist of: 1. Lithium Carbonate TID to 300mg BID 2. Seroquel 100mg BI 100mg QAM 1/17/13. 3. Halder Decanoate to 75mg 1/29/13.  Others at Risk: All residents with antipedrugs have been entered log by the Director of N (DON) on 2/2/13 with the date of the medication. gradual dose reduction attempted per regulation during the year utilizing system.  An in-service was given Licensed Personnel on by the DON regarding the dose reduction (GDR) regulations for antipsycharcal data of the medication of the poon regulations for antipsycharcal data of the poon regulation regulations for antipsycharcal data of the poon regulation r	300mg 1/17/13. D to  100mg  sychotic d on a Nursing the start A will be ns g this  n to the 1/29/13 gradual

(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

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	ROVIDER OR SUPPLIER		1 1	REET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD COSEMEAD, CA 91770	-
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F 329	daily from January 2013, and last recei 2013.  A review of the Psydisclosed the follow January 2012 through 1. Resident 13 had mood swings manification manifester verbally abusive being.  3. Resident 13 had agitation manifester verbally abusive being.  3. Resident 13 had agitation manifester verbally abusive being.  A review of the Psynotes dated June 3 30, 2012, September 3 30, 2012, September 22, reduction is not advindicated to continuate medication regimer benefiting from it are without medications documented evider clinical rationale dereduction would be addition, there was past failed attempt of these medication.  During an interview (DON) on January	chotropic Summary Sheet ing behavior data from gh December 2012:  about 29 to 47 episodes of ested by happy to sad on Lithium 300 mg.  about 34 to 47 episodes of do by yelling, screaming, and havior while on Seroquel 100 about 19 to 46 episodes of do by being verbally abusive to aidol Decanoate 100 mg.  chiatric Follow-up/Therapy 0, 2012, Jufy 20, 2012, August er 28, 2012, October 22, 2012, 2012, indicated that a dose rised. The notes further e the resident's current in because the resident is aid may develop symptoms at However, there was no ince of a resident-specific scribing why a gradual dose clinically contraindicated. In no documented evidence of a to gradually reduce the doses	F 329	Preventing Reoccurrence The DON will review physician telephone orde daily to monitor orders or antipsychotic drugs for no orders, reductions or iner in medications. The orde be added to the GDR log and reviewed daily for at to reduce the antipsychot  The RN Supervisor will document daily, in the nu- communication book, the or changed orders of the antipsychotic drugs. The will review the communi book daily and record cha- of drugs in the GDR log for continual monitoring.  The monthly recaps will done by the RN Supervis with review of the antipsychotics including dates, DGR dates, and notification to DON for f up.  The Pharmacy Consultan provide monthly random reviews of antipsychotic to ensure GDRs have bee attempted and documents	rs f ew eases ers will book tempts ics.  rsing e new  DON cation anges book  be or start follow  t will  drugs n

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY COMPLETED

io pranic	r CORRECTION	DENTIFICATION NUMBER,	A. BUII	_DING	*** **********************************	COMPLE	i eu
	000000000000000000000000000000000000000	555759	8. WNG			01/11/2013	
	ROVIDER OR SUPPLIER EY CARE			126	ET ADDRESS, CITY, STATE, ZIP CODE 7 SAN GABRIEL BLVD SEMEAD, CA 91770		
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F 329	reduction was attem Seroquei, and Halds medications were of 2007 and 2010. During an observation 7:15 a.m., Resident the East unit hallware cooperative, and pleabusive behavior of the Areview of the recardition charactericand hallucinations the recurrent psychotic Areview of the recarders for January Amedication orders:  1. Neurontin 300 meschizophrenia parais swings such as calron March 3, 2009. 2. Seroquel 200 mg 2, 2009, and 300 mg 2, 2009, and 3	vas unable to find ce that a gradual dose inted for the Lithium, of Decanoate since these redered by the physician in on on January 11, 2013, at 13 was observed walking in y. The resident was alert, easant and had no verbally eserved.  dmission Record of Resident e resident was admitted to the 2009, with diagnoses that enia paranoid type (mental zed by prominent delusions hat wax and wane across episodes) and depression.  apitulation of the physician's 2013 indicated the following  g three times a day for hold type manifested by mood in to noisy behavior, ordered  twice a day ordered on May uel 100 mg every noontime 2010, for schizophrenia fested by auditory as mumbling, laughing, and erently and responding to  ery night for depression five and withdrawn behavior,		9	A Physician Psycho there Intervention Progress No be completed by the physimonthly with documental regarding GDR and behas therapy approaches attent reasons to continue curre antipsychotic medication clinical rationale why attempted dose reduction contraindicated.  Medical Records will automorthly to ensure change antipsychotic medication been monitored and documented properly.  CQI Committee will revious data monthly and follow needed.  Monitoring Process:  Monitoring by DON via telephone orders, nursing communication book, GI Log Book, Pharmacy Consultant reports, Medical Records audits daily and monthly. RN Supervisor monitor with recaps monitor with recaps monitor with recaps monitors.	ote will sician ation aviors, apted, ent and a is dit es in have ew up as	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		555759	B. Wih	√G	***************************************	01/1	1/2013
	ROVIDER OR SUPPLIER			12	EET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD OSEMEAD, CA 91770		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	XILD BE	(X5) COMPLETION DATE
F 329	A review of the car antipsychotic and a dated September 1 to reevaluate the rereduction.  The MDS dated Dethe resident was all interview for mental others and make hindependent with nothers and make hindependent received the daily from January 2013.  A review of the Psydisclosed the follow January 2012 through the pendent 17 had auditory hallucination laughing, and talking responding to unservice services and talking responding to unservices and talking respondin	e plans for the use of the antidepressant medications 1, 2012, did not indicate when esident for a gradual dose ecember 10, 2012, indicated ble to complete the brief all status, able to understand erself understood, and was nost activities of daily living, indicated the resident received and antidepressant during the addition, the medication ord (MAR) revealed that the he above ordered medications 1, 2013 through January 10, chotropic Summary Sheet ving behavior data from ugh December 2012:  I about 29 to 45 episodes of fested by calm to noisy a on Neurontin 300 mg.  I about 36 to 51 episodes of ons manifested by mumbling, and to self incoherently and sen stimuli daily while on		329	Immediate Correction:  d) resident 17 had a reduce psychiatrist of:  1. Neurontin 300mg TI 200mg BID and 100 noon 1/17/13.  2. Seroquel 200mg BID 100mg noon to 150m TID1/17/13.  3. Celexa 10mg QHS to QHS on 1/29/13.  Others at Risk: All residents with antips drugs have been entered log by the Director of No (DON) on 2/2/13 with the date of the medication. In gradual dose reduction wattempted per regulation during the year utilizing system.  An in-service was given Licensed Personnel on 1 by the DON regarding graduations for antipsych drugs.	D to mg at and ang to 5mg vehotic on a ursing the start A vill be s this to the /29/13 radual	2/12/13

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		555759	B. WING		01/1	1/2013
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F 329	2012, November 3: 2012, indicated that advised. The notes the resident's curre because the reside develop symptoms. However, there was a resident-specific why a gradual dose contraindicated. In documented evides gradually reduce the During an observer 7:10 a.m., Resident dining room eating. At 7:25 a.m., on the observed walking is stated she has no waiting for the dent teeth. The resident cooperative.  During an interview (DON) on January reviewed the clinicating documented e reduction was attereduction was attereduction was attereducted that the dinitied to the faction was readmitted to the faction was readmitted to the faction was readmitted.	D, 2012, and December 22, it a dose reduction is not a further indicated to continue and medication regimen and is benefiting from it and may without medications. It is no documented evidence of clinical rationale describing a reduction would be clinically addition, there was no note of a past failed attempt to be doses of these medications. It is no January 11, 2013, at it 17 was observed in the her breakfast meal. It is same date, the resident was in the hallway. The resident complaints and was just that to come and pull out her is was alert, pleasant, and with the director of nursing 11, 2013, at 8:20 a.m., she all record and was unable to vidence that a gradual dose moted for the Neurontin, exa since these medications in physician in 2009 and 2010.  Admission Record of Resident he resident was originally ility on September 22, 2009, d on January 14, 2011, with	F 320	Preventing Reoccurren The DON will review physician telephone or daily to monitor orders antipsychotic drugs for orders, reductions or in in medications. The or be added to the GDR leand reviewed daily for to reduce the antipsych.  The RN Supervisor will document daily, in the communication book, to or changed orders of the antipsychotic drugs. The will review the communication book daily and record of drugs in the GDR lo for continual monitorin.  The monthly recaps will done by the RN Supervisith review of the antipsychotics including dates, DGR dates, and notification to DON for up.  The Pharmacy Consult provide monthly rando	ders of new acreases ders will og book attempts actics.  Il nursing the new the DON mication changes g book ag.  Il be visor ag start r follow ant will m	
٠		uded schizoaffective disorder that causes both a loss of		reviews of antipsychot to ensure GDRs have b	een	

Facility ID: CASE 0000076 resident records. DON will follow up on recommendations promptly.

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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,	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 1267 SAN GABRIEL BLVD ROSEMEAD, CA. 91770		***************************************
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F 329	A review of the reca orders for January 2 medication orders:  1. Haldol 10 mg ever bedtime for schizoa by delusions such a aliens in Finland the ordered on January 2. Depakote ER 500 for schizoaffective diswings such as frier ordered on Februari 3. Ability 15 mg ever bedtime for schizoa by hallucinations su self inappropriately, 2011.  A review of the care antipsychotic medicing did not indicate where for a gradual dose of the resident was abinterview for mental others and make he independent with m The MDS further indicated tha antipsychotic duraddition, the medicated (MAR) revealed tha	psychosis) and mood on, and cognitive impairment. pitulation of the physician's 013 indicated the following ry morning and every night at fective disorder manifested is believing that there are it is communicating with her, 14, 2011. If you want to hostile behavior, 11, 2011. If you morning and every night at fective disorder manifested by mood adly to hostile behavior, 11, 2011. If you morning and every night at fective disorder manifested by morning and every night at fective disorder manifested by morning and every night at fective disorder manifested by morning and every night at fective disorder manifested by morning and every night at fective disorder manifested by morning and every night at fective disorder manifested by morning and talking to ordered on February 11.	F	329	A Physician Psycho thera Intervention Progress No be completed by the physician GDR and behat therapy approaches attem reasons to continue curre antipsychotic medication clinical rationale why attempted dose reduction contraindicated.  Medical Records will aud monthly to ensure change antipsychotic medication been monitored and documented properly.  CQI Committee will revidata monthly and follow needed.  Monitoring Process: Monitoring by DON via telephone orders, nursing communication book, GI Log Book, Pharmacy Consultant reports, Medical Records audits daily and monthly. RN Supervisor monitor with recaps mon	ew up as	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		555759	B. WING		01/11/2013	
	ROVIDER OR SUPPLIER	<b>A</b>	1	REET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD ROSEMEAD, CA 91770		
(X4) ID PREFIX TAG	(EACH DEFICIENC	RTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	HILD BE	(X5) COMPLETION DATE
F 329	A review of the Psy disclosed the follow January 2012 through 1. Resident 18 had delusions manifest aliens in Finland the while on Haldol 10 2. Resident 18 had mood swings manifest aliens with the on It aliens in Finland the while on It aliens in Finland the while on It aliens in Finland the hald swings manifest in the hald that it is a self in the properties of Psychia May 19, 2012, June August 26, 2012, Sunday 19, 2012, June August 26, 2012, Sunday 19, 2012, Indicated the cooperative, calm, treatment. The notation of the medications, of compliance and detitrate the medications, of compliance of a residue the medications. However, evidence of a residue symptoms. However, evidence of a residue symptoms. However, attempt to gradual medications.  During an observation, Resident and self-aliens and observations.	chotropic Summary Sheet ving behavior data from 1gh December 2012:  about 2 to 42 episodes of ed by believing that there are at is communicating with her mg.  about 36 to 45 episodes of fested by friendly to hostile Depakote 500 mg. about 28 to 44 episodes of ifested by mumbling and propriately while on Ability 15 etric Progress Notes dated as 30, 2012, July 28, 2012, September 30, 2012, October er 19, 2012, and December 23, at the resident was alert, and is responding to the es further indicated to continue deserve the resident for interioration in function, and ons according to the er, there was no documented lent-specific clinical rationale radual dose reduction would indicated. In addition, there are evidence of a past failed by reduce the doses of these tion on January 11, 2013, at at 18 was observed in the	F 329	Immediate Correction: e) resident 18 had a reduct psychiatrist of:  1. Haldol 10mg QAM a night to 10mgQAM 7.5mg at night 1/17/2. Depakote ER 500mg was discontinued and Depakote Sprinkle w 375mg at HS was or 1/17/13.  3. Abilify 15mg QAM QHS to 12mg QAM 15mg QHS 1/29/13.  Others at Risk: All residents with antips drugs have been entered log by the Director of No (DON) on 2/2/13 with the date of the medication, gradual dose reduction wattempted per regulation during the year utilizing system.  An in-service was given Licensed Personnel on 1 by the DON regarding graduations for antipsych regulations for antipsych regulations for antipsych regulations for antipsych.	and and 13. QHS d was- dered. and and yehotic on a ursing ne start A vill be s this	2/12/3
	dining room eating	her breakfast meal.		regulations for antipsych drugs.	iouc	

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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F 329	At 7:20 a.m., on the observed walking to was alert, pleasant, According to the reshe likes living in the During an interview (DON) on January reviewed the clinical find documented extended to be encouraged allows and all mediated to be encouraged allows and all mediated reviewed quarterly conference with the f. Resident 1 was on 1/19/04, with diaschizoaffective characterized by repsychiatric comport disorder in which personal mediated and short term mediated as a short term mediated to be a short term mediated.	ge 20  Is same date, Resident 18 was owards her room. The resident friendly, and cooperative. Sident, she is doing "good" and e facility.  With the director of nursing 11, 2013, at 8:20 a.m., she all record and was unable to ridence that a gradual dose inpted for the Haldol, ify since these medications a physician in 2011.  In ded policy and procedure titled apeutic Medications" indicated and gradual dose reductions ed as the resident's condition cation regimens are to be at the interdisciplinary team of resident or representative, riginally admitted to the facility regionses that included onic (mental disorder curring abnormal mood and tent), bipolar disorder (mood exple experience disruptive essive disorder, peptic ulcer a of the gastrointestinal tract of and extremely painful) and high blood sugar).	F 329	The DON will review physician telephone order daily to monitor orders or antipsychotic drugs for norders, reductions or incrin medications. The order be added to the GDR log and reviewed daily for at to reduce the antipsychot.  The RN Supervisor will document daily, in the nucommunication book, the or changed orders of the antipsychotic drugs. The will review the communication book daily and record chof drugs in the GDR log for continual monitoring.  The monthly recaps will done by the RN Supervis with review of the antipsychotics including dates, DGR dates, and notification to DON for fup.  The Pharmacy Consultant provide monthly random reviews of antipsychotic to ensure GDRs have been	rs f ew reases ers will book tempts cics.  rsing new  DON cation anges book  be for start follow  t will drugs
	given an antidepres in the past seven d	esant and antipsychotic drugs ays. The medication rd (MAR) revealed that Effexor		attempted and documented resident records. DON w	ed on vill

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER		1:	EET ADDRESS, CITY, STATE, ZIP CC 257 SAN GABRIEL BLVD COSEMEAD, CA 91770	DOE	· : 、	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE	
F 329	XR 75 mg, Risperd Haldol 5 mg were from 1/1/13 through A review of the phyrevealed the follows.  1. Effexor XR (antimouth daily was ordepression as mail and minimum interest. Risperdal (antipmouth twice a day schizoaffective chillucinations such inappropriately.  3. Haldol (antipsyonal day was ordered or chronic as manifer believes others and verbally abusive to 4. Haldol (antipsyonal day was ordered or chronic as manifer believes others and verbally abusive to 4. Haldol (antipsyonal day was ordered or chronic as manifer believes others and verbally abusive to 4. Haldol (antipsyonal day was ordered or chronic as manifer believes others and verbally abusive to 4. Haldol (antipsyonal day was ordered or chronic as manifer believes others and verbally abusive to 4. Resident 1 had isolative behavior were as:  1. Resident 1 had isolative behavior others while on Eff 2. Resident 1 had hallucinations as resident 1 had hallucinations as resident 2 had hallucinations as resident 3 had hallucinations as resident 3 had hallucinations as resident 4 had hallucinations 4 had hallucinations 4 had hallucinations 4 had hal	dal 2 mg, Haldol 10 mg and given to Resident 1 everyday in 1/10/13.  ysician's medication orders ving: depressant) tablet 75 mg by redered on 8/21/108, for infested by isolative behavior raction with others sychotic) 2 mg one tablet by was ordered on 4/16/10, for ronic as manifested by auditory in es mumbles and talks to self thotic) 10 mg by mouth twice a m 9/21/11, for schizoaffective sted by delusions such as a plotting against him and owards staff.  Inhotic) 5 mg by mouth every 12 on 9/21/11, for schizoaffective sted by delusions such as a plotting against him and owards staff.	F 329	A Physician Psycho Intervention Progres be completed by the monthly with docum regarding GDR and therapy approaches reasons to continue antipsychotic medic clinical rationale whattempted dose reducontraindicated.  Medical Records wi monthly to ensure clantipsychotic medic been monitored and documented properly CQI Committee will data monthly and for needed.  Monitoring Process: Monitoring by DON telephone orders, nu communication book Log Book, Pharmae Consultant reports, I Records audits daily monthly. RN Supermonitor with recaps	s Note will physician pentation behaviors, attempted, current ation and y ction is  Il audit hanges in ation have  y. I review Illow up as  via rsing k, GDR y Medical and visor will		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		555759	E. WING	444-y-y-y-y-y-y-y-y-y-y-y-y-y-y-y-y-y-y	01/11	/2013
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1257 SAN GABRIEL BLVD ROSEMEAD, CA 91770			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X6) COMPLETION CATE
F 329	delusion as manificially adaily.  A review of the ps 2/24/12, 3/25/12, 10/31/12, revealed cooperative and modes at the ps and president 1 was resident 1 was resident 1 was record had no door retionale that grace clinically contrained resident's plan of antidepressant drug (12/30/12) diresident's behavious (12/3	about 5-45 episodes of ested by believes others are mand 13-47 episodes of a staff while on Haidol 15 mg by chiatrist progress notes dated 6/30/12, 7/28/12, 9/30/12, dithe resident was alert, esponded to treatment.  p.m., the medical record of eviewed with the Director of the DON disclosed the resident's examented evidence that gradual. Effexor, Risperdal and Haldolince ordered. The resident's stain information of the clinical dual dose reduction would be dicated for Resident's 1. The care for the use of ug (12/30/12) and antipsychotic id not Indicate re-evaluation of or for gradual dose reduction.  I originally admitted on 6/2/08, at included schizoaffective, ier and diabetes mellitus. A sician's order sheet dated Klonopin (antianxiety) was en 1 mg by mouth three times a manifested by making ins. On 5/22/11, the physician (antipsychotic) 15 mg by mouth schizoaffective disorder as llucinations such as mumbles	F 329	Immediate Correction:  f) resident 1 had a change by psychiatrist of:  1. Effexor XR 75mg da 37.5mgQD 1/16/13.  2. Risperdal 2mg BID to QAM and 1.5mg QP 2/1/13.  3. Haldol 10mg BID remained the same by changed in #4 below.  4. Haldol 5mg at noon of was discontinued 2/1.  Others at Risk: All residents with antipsy drugs have been entered log by the Director of Nu (DON) on 2/2/13 with the date of the medication. A gradual dose reduction was attempted per regulations during the year utilizing to system.  An in-service was given to Licensed Personnel on 1/1 by the DON regarding gradose reduction (GDR) regulations for antipsychedrugs.	ily to o 2mg M  at daily /13. yehotic on a ursing e start A vill be s this to the /29/13 adual	2/12/3

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STATEMENT OF DEFICIENCIES AND PLAN OF GORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIP LIDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		555759	8. WIN	IG		01/1	1/2013
	ROVIDER OR SUPPLIER			12	ET ADDRESS, CITY, STATE, ZIP CODE 67 SAN GABRIEL BLVD DSEMEAD, CA 91770	****	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) Preventing Reoccurrer	HOULD BE PROPRIATE	(X5) COMPLETION CHATE
F 329	During an observal the resident was set television. The resident was a television and to retelevision and a television and a televis	tion on 1/10/13 at 10:45 a.m., seen in his room watching dent disclosed he participated everyday but prefers to watch and newspaper in his room. Imbulatory, cooperative, alert dication administration record 3 through 1/10/13, revealed aree times daily and Zyprexa 15 were given to Resident 3. The nary sheet dated 1/1/12 revealed the resident had des of making repetitive. Klonopin 1 mg. The resident pisodes of mumbling and propriately while on Zyprexa 15 eresident was responding to p	P		The DON will review physician telephone or daily to monitor orders antipsychotic drugs for orders, reductions or in in medications. The or be added to the GDR I and reviewed daily for to reduce the antipsych. The RN Supervisor will document daily, in the communication book, or changed orders of the antipsychotic drugs. The will review the communication book daily and record of drugs in the GDR Ict for continual monitorin. The monthly recaps with review of the antipsychotics including dates, DGR dates, and notification to DON for up.  The Pharmacy Consult provide monthly randome in the GDR is the consult of the antipsychotics including dates, DGR dates, and notification to DON for up.	ders of new ncreases nders will og book attempts notics.  Il nursing the new ne he DON anication changes og book ag.  Ill be visor ag start r follow ant will om ic drugs neen nted on	

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X3) DATE SURVEY

NO PLAY OF CORRECTION BENTIFICATION NO		DENTIFICATION NUMBER:	A. BUILDING	***************************************	[ COMPLETED,	
		555759	B. WING		01/11/2013	
	ROVIDER OR SUPPLIER	4	126	ET ADDRESS, DITY, STATE, ZIP CODE 7 SAN GABRIEL BLVD SEMEAD, CA 91770	٧	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
F 329	h. Resident 4 was 4/8/11, with diagnoss schizophrenia, depand anemia (a connot have enough h. On 9/19/11, the ph. (antidepressant) 5 depression as marand minimum intermedication adminis 1/1/13 through 1/14 was given to Reside through 12/31/12, about 36-48 episoc minimum interaction resident's plan of cantidepressant druindicate re-evaluating gradual dose reduction documented clinical medical record as would be clinically documented evide reduce the dosage on 9/19/11.  On 1/10/13 at 11 a in bed alert and co	readmitted to the facility on sees that included ression, cognitive impairment dition in which the body does ealthy red blood cells).  ysician ordered Prozac mg by mouth everyday for affested by isolative behavior action with others. The stration record (MAR) dated 0/13, revealed Prozac 5 mg ent 4 at 9 a.m., everyday. The nary sheet dated 1/1/12 revealed the resident had les of isolative behavior and on with others. A review of the are for the use of an g dated 12/6/12, did not on of resident's behavior for	F 329	A Physician Psycho them Intervention Progress No be completed by the physician GDR and behavior regarding GDR and behavior therapy approaches attented therapy approaches attented antipsychotic medication clinical rationale why attempted dose reduction contraindicated.  Medical Records will automorthly to ensure changing antipsychotic medication been monitored and documented properly.  CQI Committee will revidate monthly and follow needed.  Monitoring Process: Monitoring by DON via telephone orders, nursing communication book, GI Log Book, Pharmacy Consultant reports, Medi Records audits daily and monthly. RN Supervisor monitor with recaps monitor with recaps monitor with recaps monitor with recaps monitors.	tie will sician tion tion tion tiors, tipted, and is dit tes in have  ew up as  DR cal will	

STATEMENT OF DEFICIENCIES

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		555759	B. WING	AAAAA	01/11/2013
	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLYD COSEMEAD, CA 91770	
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F 329	i. Resident 14 was a diagnoses that inclu (suspiciousness) are disorder. On 1/11/1 was observed in the peers. The resident coherent.  A review of the phyrevealed the following the foll	readmitted on 2/22/10, with uded schizophrenia paranoid exiety, dementia and seizure 3 at 1:40 p.m., the resident exitivity room talking to her was cooperative, alert and sician medication orders	F 329	Immediate Correction: g) resident 3 had a change be psychiatrist of: 1. Klonopin 1mg TID to BID 1/17/13 2. Zyprexa 15mg at HS 10mg HS 1/17/13. **Zyprexa was return original dosage on 1/30/13 due to increase hallucinations.  Others at Risk: All residents with antipsy drugs have been entered log by the Director of Nu (DON) on 2/2/13 with the date of the medication. A gradual dose reduction we attempted per regulations during the year utilizing to system.  An in-service was given Licensed Personnel on 1/6 by the DON regarding gradose reduction (GDR) regulations for antipsycholorized.	to lmg  to  ned to  sed  ychotic on a ursing e start  A vill be start  to the /29/13 radual

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X3) DATE SURVEY

F 329 Continued From page 26 responded to treatment.  During an interview on 1/10 at 1:58 p.m., the DON disclosed there was no documented evidence in the resident's medical record that gradual dose reduction of Risperdal and Klonopin was attempted since ordered on 2/22/10.  j. Resident 15 was readmitted on 1/14/09, with diagnoses that included schizophrenia, bipolar disorder, cognitive impairment and hypothyroidism (a condition in which the thyroid gland does not make enough thyroid hormone). On 1/11/13 at 1:30 p.m., the resident was observed alert and quiet in the hallway.  A review of the physician's medication orders revealed the following:  1. Depakote DR (anticonvulsant use for mood stabilizer) 250 mg by mouth three times daily was ordered on 3/2/09, for bipolar disorder as manifested by moodswing such as friendly to hostile behavior.  2. Seroquel (antipsychotic) 25 mg by mouth every bedtime was ordered on 1/14/09, for schizophrenia paranoid type as manifested by halticinations such as table is unite to self and	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING	X0000000000000000000000000000000000000	COMPLETED
Table   Care			555759	8. WING		01/11/2013
FRETX TAG REGULATORY OR LSC IDENTIFYING INFORMATION]  F 329  Continued From page 26 responded to freatment.  During an interview on 1/10 at 1:58 p.m., the DON disclosed there was no documented evidence in the resident's medical record that gradual dose reduction of Risperdal and Klonopin was attempted since ordered on 2/22/10.  j. Resident 15 was readmitted on 1/14/09, with diagnoses that included schizophrenia, bipolar disorder, cognitive impairment and hypothyroidism (a condition in which the thyroid gland does not make enough thyroid hormone). On 1/11/13 at 1:30 p.m., the resident was observed alert and quiet in the hallway.  A review of the physician's medication orders revealed the following:  1. Depakote DR (anticonvulsant use for mood stabilizer) 250 mg by mouth three times daily was ordered on 3/2/09, for bipolar disorder as manifested by moodswing such as friendly to hostile behavior.  2. Seroquef (antipsychotic) 25 mg by mouth every bedtime was ordered on 1/14/09, for schizophrenia paranoid type as manifested by habitical paranoid type				126	7 SAN GABRIEL BLVD	
The DON will review physician telephone orders daily to monitor orders of antipsychotic drugs for new orders, reductions or increases in medications. The orders will be added to the GDR log book and reviewed daily for attempts to reduce the antipsychotics.  The RN Supervisor will document daily, in the nursing communication book, the new or changed orders of the antipsychotic drugs. The DON will review physician telephone orders daily to monitor orders of antipsychotic drugs for new orders, reductions or increases in medications. The orders will be added to the GDR log book and reviewed daily for attempts to reduce the antipsychotics.  The RN Supervisor will document daily, in the nursing communication book, the new or changed orders of the antipsychotic drugs. The DON will review the communication book daily and record changes of drugs in the GDR log book for continual monitoring.  The DON will review physician telephone orders daily to monitor orders of antipsychotic drugs for new orders, reductions or increases in medications. The orders will be added to the GDR log book and reviewed daily for attempts to reduce the antipsychotics.  The RN Supervisor will document daily, in the nursing communication book daily and record changes of drugs in the GDR log book for continual monitoring.  The monthly recaps will be done by the RN Supervisor with review of the antipsychotics including start	PREFIX	(EACH DEFICIENC	TY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	ULD BE COMPLETION
responding to unseen stimuli.  A review of the psychotropic summary sheets from 1/1/12 through 12/31/12, the resident's behavior were as follows:  1. Resident 15 had about 38-48 episodes of moodswings while on Depakote DR 250 mg three times dally.  dates, DGR dates, and notification to DON for follow up.  The Pharmacy Consultant will provide monthly random reviews of antipsychotic drugs to ensure GDRs have been attempted and documented on	F 329	During an interview DON disclosed the evidence in the regradual dose redu was attempted similar in Resident 15 was diagnoses that indisorder, cognitive hypothyroidism (a gland does not made on 1/11/13 at 1:30 observed alert and A review of the phrevealed the following the phrevealed the following the phrevent of the phrevealed on 3/2/09 manifested by monhostile behavior.  2. Seroquel (antiputed by monhostile behavior.  2. Seroquel (antiputed by monhostile behavior.  3. Resident 15 has moodswings while the part of the	w on 1/10 at 1:58 p.m., the ere was no documented sident's medical record that action of Risperdal and Klonopin are ordered on 2/22/10.  Treadmitted on 1/14/09, with aluded schizophrenia, bipolar impairment and condition in which the thyroid ake enough thyroid hormone).  D. p.m., the resident was a quiet in the hallway.  Tysician's medication orders wing:  The provided hormone is a provided by mouth three times daily was a provided by mouth three times daily was a provided by the sychotic of the provided by the provided	F 329	The DON will review physician telephone order daily to monitor orders or antipsychotic drugs for no orders, reductions or incrin medications. The order be added to the GDR log and reviewed daily for attoreduce the antipsychot.  The RN Supervisor will document daily, in the nucommunication book, the or changed orders of the antipsychotic drugs. The will review the communication book daily and record changed orders of the antipsychotic drugs in the GDR log of drugs in the GDR log of drugs in the RN Supervisor with review of the antipsychotics including dates, DGR dates, and notification to DON for fup.  The Pharmacy Consultant provide monthly random reviews of antipsychotic to ensure GDRs have been antipsychotic to ensure GDRs have been antipsychotic.	rs f ew eases ers will book tempts ics.  rsing e new  DON cation anges book  be or start follow  t will drugs en

(X2) MULTIPLE CONSTRUCTION

Facility to: CASSOCOUR records. Disputing prior sheet Page 27 of 40 follow up on recommendations promptly.

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	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER/CLIA (X3) DATE SUPPLIER/CLIA (X3) DATE SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X3) DATE SUPPLIER/CLIA (X4) MULTIPLE CONSTRUCTION (X5) DATE SUPPLIER/CLIA (X6)						
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, ,	ROVIDER OR SUPPLIER	3	1	12	EET ADDRESS, CITY, STATE, ZIP CODE 67 SAN GABRIEL BLVD DSEMEAD, CA 91770	······································	
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F 329	Continued From pa	age 27	F	329			,
	hallucinations while A review of the me	about 34-45 episodes of e on Seroquel 25 mg daily. dication administration record th 1/10/13, revealed that			A Physician Psycho th Intervention Progress I be completed by the pl monthly with documer regarding GDR and be	Note will hysician ntation	***
	Risperdal 25 mg ev 25 mg three times 15.	very bedtime and Depakote DR daily were given to Resident ident's plan of care for the use			therapy approaches att reasons to continue cur antipsychotic medicati	empted, rrent	ennemente de . Le
	of Depakote (7/21/ not indicate re-eval for gradual dose re did not have docum	12) and Seroquel (7/21/12) did luation of resident's behavior duction. The resident's record nented evidence that gradual			clinical rationale why attempted dose reducti contraindicated.	on is	
	attempted since or progress notes dat resident was alert	Depakote and Seroquel were dered. The psychiatrist ed 12/23/12, revealed the and cooperative and ment. However, the resident's		***************************************	Medical Records will a monthly to ensure char antipsychotic medicati been monitored and	nges in	
	record did not cont rationale that dose	ain information of clinical reduction of Depakote and			documented properly.		
	k. A review of the A 5 indicated that the admitted to the fac	clinically contraindicated. Admission Record of Resident resident was originally litty on September 14, 2011, t included bipolar (condition in			CQI Committee will redata monthly and follo needed.		
	which people go be of a very good or in cognitive impairme	ack and forth between periods ritable mood and depression), int, anxiety, and depression.		***************************************	Monitoring Process: Monitoring by DON vitelephone orders, nursi	ing	**************************************
	orders for January medication orders:			<b>***</b>	communication book, Log Book, Pharmacy Consultant reports, Me Records audits daily a	edical	
TTP://TTP:/	day for anxiety ma	ety medication) 0.5 mg twice a nifested by constant pacing ordered on October 14, 2011.		· ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	monthly. RN Supervisemonitor with recaps m	sor will	· · · · · · · · · · · · · · · · · · ·

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA UND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		555759	B. WING			01/11/2013	
	ROVIDER OR SUPPLIER			#;	REET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLYD ROSEMEAD, CA 91770	-	- · · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILLO BE	(XE) COMPLETION DATE
F 329	2. Remeron (anti-d at night for depress	epressant medication) 30 mg sion manifested by limited ers, ordered on September 14,	F	329	Immediate Correction:  h) resident 4 had a change by psychiatrist of:  1. Prozac 5mg daily to discontinued 1/17/13		412/13
	A review of the care plan for the use of the antidepressant medications dated September 24, 2012, did not indicate when to reevaluate the resident for a gradual dose reduction.				Others at Risk: Please refer to #a) for plan for others at risk	or .	
antianxiety medication 2012, indicated depe		e plan for the use of the tions dated September 24, bendence may occur and ed to be tapered with ual dose reduction).			Preventing Reoccurrence: Please refer to # a) for plan f preventing reoccurrence	òr	
	the resident was m the brief interview f was able to unders understood, and wa activities of daily liv	ecember 23, 2012, indicated oderately impaired based on or mental status, the resident tand others and make himself as independent with most ing. The MDS further indicated			Monitoring Process: Please refer to # a) for monit process.	oring	
	antidepressant dur addition, the medic (MAR) revealed the above ordered med through January 10 A review of the Psy disclosed the follow	ed an antianxiety and ing the last seven days. In ation administration record at the resident received the dications from January 1, 2013 p. 2013.  The chotropic Summary Sheet wing behavior data from arough December 2012:			Immediate Correction: i) resident 14 had a change psychiatrist of: 1. Risperdal 2mg BID a 2mg QHS to 2mg BII 1mg QHS 1/17/13 **increased Risperda to 2MG QHS 1/29/13	and D and	2/14/13
	1. Resident 5 had a	about 26 to 31 episodes of sted by minimum interaction		***************************************	to increased agitation aggression.  2. Klonopin .5mg BID .5mg daily 1/17/13.	and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MIL A. BUIL	JILTIPLE CONSTRUCTION  DING		(X3) DATE SURVEY COMPLETED	
		555759	B. WINI	G	01/1	1/2013	
,	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION - DATE	
F 329	2. Resident 5 had 2 manifested by pacitivhile on Ativan 0.5  A review of the Psynotes dated Januar 2012, March 25, 20 2012, June 30, 201 2012, September 3 November 19, 2012 indicated that mediaccording to symptorders or documen record that indicate justification of not a dose reduction), of During an interview (DON) on January reviewed the clinicated documented expediction was atter Remeron since the by the physician in During an observation and the physician in Couring an observation and the physician in Couring an observation was atterded to the physician in Couring an observation and the physician in Couring an observation was atterded to the physician in Couring an observation of the physician in Couring and Couring	episodes of anxiety of constantly and restlessness mg.  chiatric Follow-up/Therapy y 25, 2012, February 24, 212, April 22, 2012, May 19, 2, July 28, 2012, August 26, 0, 2012, October 30, 2012, cation should be reduced oms. However, there were no tation in the resident clinical of the specific clinical of the specific clinical of the medications.  with the director of nursing 10, 2013 at 10:10 a.m., she all record and was unable to widence that a gradual dose opted for the Ativan and se medications were ordered 2011.  ion on January 9, 2013 at 8 as observed in the dining room of the meal. The resident was alert, friendly.  dmission Record of Resident 8 esident was originally admitted on the diagnoses that included not, schizoaffective disordered	F 3	Others at Risk: Please refer to # a) for p preventing Reoccurrence  Preventing Reoccurrence Please refer to # a) for p preventing reoccurrence  Monitoring Process: Please refer to # a) for r process.  Immediate Correction: j) resident 15 had a ch psychiatrist of: 1. Depakote DR 25 to 250mg BID 1/ **increased back TID 1/21/13 due hostile and dange swings. 2. Seroquel 25mg Q 12.5mg QHS 2/1/ Others at Risk: Please refer to # a) for p others at risk.  Preventing Reoccurrence	e:  Slan of  Inonitoring  ange by  Omg TID  17/13  to 250mg  to very  rous mood  HS to  /13  clan for  ce: plan	2/12/13	
FORM CMS-2	567(02-99) Previous Versions	Obsolete Event ID: BIOB11		Facility ID: CASSOCOOOTS	continuation sheet	Page 30 of 40	

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

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-		655759	B. WING _		01/11/2013	
	ROVIDER DA SUPPLIER REY CARE		STREET ADDRESS, CITY, STATE, ZIP CO 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770			
(XA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE COMPLETION	
F 329	(loss of contact with false beliefs about one is and seeing there).  A review of the recorders for January medication orders  1. Seroquel (anti-programmedication orders)  1. Seroquel (anti-programmedication orders)  A review of the calcantipsychotic medicate with for a gradual dose.  The MDS dated Oresident was cogninterview for mention understand others and was independed living. The MDS fureceived an antipsical seven days. In administration recorded from January 1, 20 A review of the Psidisclosed the folio October 2011 throwing the seven days.  Resident 8 had	depression), and psychosis th reality that usually includes what is taking place or who or hearing things that aren't expitulation of the physician's 2013, indicated the following resychotic medication) 200 mg or agitation manifested by ith others, ordered on October re plan for the use of the flication dated April 27, 2012, ien to reevaluate the resident	F 329	Monitoring Process: Please refer to # a) for morprocess.  Immediate Correction: k) resident 5 had a change psychiatrist of: 1. Ativan .5mg BID to QD 2/1/13. 2. Remeron 30mg QH 15mg QHS 2/1/13  Others at Risk: Please refer to # a) for platothers at risk.  Preventing Reoccurrence Please refer to # a) for platof preventing reoccurrence Monitoring Process: Please refer to # a) for monitoring process.	ge by o .5mg IS to $2/2/3$ un for	

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

ANU PLAN (	JF CORRECTION	IDEN (IFIGATION NUMBER;	A. BUILD#	<u></u>			
		555759	B. WING_		01/11/2013		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770				
(%4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	TOUTO BE COMPLETION		
F 329	notes dated Januar 2012, March 27, 20 2012, June 30, 20 12 2012, September 1 November 26, 20 11 indicated it was clir gradual dose reduction of not a During an interview (DON) on January reviewed the clinical find documented e reduction was atterthe medication wer 20 11.  During an interview 20 13 at 3:40 p.m., no concerns with the medicated that the admitted to the face and was readmitted diagnoses that includisorder that make between what is rehave normal emotion normally in social spsychotic disorder cause abnormal the control of the con	chiatric Follow-up/Therapy y 14, 2012, February 28, 112, April 24, 2012, May 22, 2, July 26, 2012, August 27, 7, 2012, October 30, 2012, 2, and December 27, 2012, sically contraindicated for a stion (GDR). However, there tion of resident specific clinical attempting the GDR.  with the director of nursing 9, 2013, at 4 p.m., she at record and was unable to widence that a gradual dose inpted for the Seroquel after e ordered by the physician in with Resident 8 on January 9, he stated he felt good and had	F 329	Immediate Correction:  1) resident 8 had a change psychiatrist of:  1. Seroquel 200mg Q change this medicath this time. MD feel would cause risk for exacerbation of syr **Risperdal reduce instead from 4mg ton 1/9/13.  **Decompensated 1/24/13 and sent to hospital.  Others at Risk: Please refer to # a) for planothers at risk.  Preventing Reoccurrence: Please refer to # a) for planof preventing reoccurrence.  Monitoring Process: Please refer to # a) for monitoring process.	OID-no at sthis or imptoms. ed 2/12/13 on acute an for		

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

ANU PLAN L	r Correction	identification number:	A BUILD	ING	COMPL	EIEU
		555759	B. WING	V	01/1	11/2013
	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP COD 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770	et.	· - :
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION I GROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 329	1. Lithium Carbonal 900 mg at night for calm to noisy behan 13, 2012.  2. Desyrel (antidepring for depression behavior, antisocial others, ordered on A review of the care antidepressant and dated October 11, 2 reevaluate the resident reduction.  The MDS dated Jar resident was cognit interview for mental understand others a and was independe living. The MDS fur received an antipsy medication during t addition, the medical (MAR) revealed that Carbonate and Des from January 1, 20  A review of the Psy disclosed the follow October 2011 throu  1. Resident 16 had	te (mood stabilizer medication) mood swing manifested by vior, ordered on September ressant medication) 100 mg at a manifested by isolative and minimum interaction with August 31, 2009.  The plan for the use of the mood stabilizer medications 2012, did not indicate when to lent for a gradual dose muary 7, 2013, indicated the lively intact based on the brief	F 32	Immediate Correction: m) Resident 16 had a chepsychiatrist of: 1. Lithium Carbonat QHS to 750mg Qi 2/1/13. 2. Desyrel 100mg Qi 75mg QHS 1/17/10  Others at Risk: Please refer to # a) for plothers at risk.  Preventing Reoccurrence Please refer to # a) for portion of preventing reoccurrence Please refer to # a) for monitoring Process: Please refer to # a) for monitoring process.	e 900mg HS to 113. an for	2/12/13

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLE CONSTRUCTION LOING	(X3) DATE S COMPL	
		555759	e. Win	łG	01/	11/2013
	ROVIDER OR SUPPLIER REY CARE SUMMARY ST	ATEMENT OF DEFICIENCIES	lD	STREET ADDRESS, CITY, STATE, ZIF 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770 PROVIDER'S PLAN OF	CODE	()(5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH CORRECTIVE AC	TION SHOULD BE THE APPROPRIATE	COMPLETION
F 371 SS=E	while on Lithium C  2. Resident 16 had depression manife antisocial, and mir while on Desyrel 1  A review of the Ps notes dated Janua 2012, March 31, 2 2012, June 30, 201 indicated it was no reduction (GDR). I documentation of justification of not During an interview 10, 2013, at 4:15 p. The resident was at the Carbonate and Dewere ordered by the and in the year 20 483.35(i) FOOD P STORE/PREPARITHE The facility must (1) Procure food fix considered satisfa authorities; and	arbonate 900 mg.  I about 8 to 38 episodes of sted by isolative behavior, imum interaction with others 00 mg.  ychiatric Follow-up/Therapy ry 27, 2012, February 27, 2012, February 27, 2012, April 30, 2012, May 31, 12, July 20, 2012, August 30, 28, 2012, October 22, 2012, 2, and December 12, 2012, 4 advised for a gradual dose dowever, there was no resident specific clinical attempting the GDR.  I with Resident 16, on January o.m., he stated he felt good. Taking a walk in the patio.  I with the director of nursing 10, 2013, at 4:55 p.m., she al record and was unable to evidence that a gradual dose mpted for the Lithium syrel after the medications he physician in the year 2012 79.	F	Immediate Correction a) The 84 small stick rewashed immedi 1/8/13 and inspect Dietary Supervisor they were well cle b) The 30 bowls and plates were rewas thoroughly on 1/8 Supervisor inspect cleanliness. c) The seven dish ra replaced with nev 1/9/13 by Dietary d) The soy sauce was on 1/8/13 by Diet Supervisor.  Others at Risk: An in-service was giv staff on 1/9/13 by Diet Supervisor to ensure: a) small bowls are t cleaned and devoi brownish material stickiness. b) bowls and cover p stacked while wet c) dish racks are mo there are no black materials covering d) Soy sauce will be after one year of c	ky bowls were lately on sted by or to ensure eaned. I 15 cover shed and dried 1/13. Dietary sted to ensure cks were wracks on Supervisor, is discarded ary cen to Dietary etary choroughly id of any dark I and clates are not initored that brownish is the racks discarded	2/12/13

PRINTED: 01/29/2013 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		555759	B. Wif	₩G	***************************************	01/1	1/2013
	ROVIDER OR SUPPLIER			1:	EET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD OSEMEAD, CA 91770		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO ORDSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 371	This REQUIREMED by: Based on observations and discretions and and a second	NT is not met as evidenced tion and interview, the facility of the dinnerware, maintain the nerware under sanitary eard a food item (soy sauce) mout an expiration date.  If on 1/8/13 at 7:15 a.m., the erved:  With dark brownish material on the bowls and were sticky  cover plates were stacked up as with black brownish material rack.  If on the product label, (The nimends discarding one year act).  Ity's undated policy for sher and dry goods storage, is should not be stored when um storage period for sauce	Fí	371	Preventing Reoccurrence: Dietary Supervisor will months small bowls, bowls and oplates and dish racks for cleanliness daily for 4 weeks randomly thereafter.  Any opened soy sauce will be monitored by the Dietary Supervisor weekly to ensure disposal within a year after opening.  Monthly Safety inspections are encompass review of bowls, covers, plates, dish racks for repair and cleanliness. Follows as needed for corrections promothly Dietitian Consultant reviews of Dietary cleanlines include condition and cleanlines include condition and cleanlines of bowls, covers, plates, dish Corrections to be followed upromptly.  CQI quarterly audits will ensure compliance being met with the covers, plates, dish racks in grepair and clean. Correction as deficiencies found.	cover  s and  e  proper  will  good  ow up  omptly.  it  ss to  iness  racks.  p  sure  powls, good	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION (X3) DATE SURVEY COMPLETED		
		556759	B. WING _	*	01/11	/2013
	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD COSEMEAD, CA 91770	.4	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFIGIENCY)	ULD BE	(X5) COMPLETION DATE
F 371 F 457 SS=E	During an interview dietary supervisor in dishwasher did not dry the bowls. The that the dish racks replaced. The dieta the staff was not as was not on the produced and the staff was not as was not on the produced and the staff was not as was not on the produced and the staff was not as was not on the produced and the staff was not on the produced and the staff was not on the produced and the staff was not on the produced was not on the	on 1/8/13 at 8 a.m., the stated that the afternoon follow the facility's policy to air dietary supervisor disclosed were old and would be any supervisor also said that ware that an expiration date duct label of the soy sauce.	F 371	Monitoring Process: Monitoring by Dietary Super daily and randomly via inspect Monthly by Safety Committed Dietitian Consultant audits, at CQI quarterly audits.  Immediate Correction: Facility will provide a smooth gradual decrease, by attrition the number of licensed beds it 103 beds to 96 beds as per currently mailed facility licer.  Others at Risk: No other rooms are at risk. I meet the standard requirement number of beds in a room.	ction, we and nd h, , in from nse.	4/2/13
	Findings:  On January 8, 2011 entrance conference certification survivorsing (DON) was rooms occupied by DON stated that a submitted for residence residents in educing the re-certifications, 2013, at 2	3, at 8:10 a.m., during the ce while conducting a rey of the facility, the director of a interviewed regarding facility more than four residents. The room waiver would be ent rooms which had five or each of the rooms.  ication survey of the facility on t 10:30 a.m., the evaluator waiver request submitted by		Preventing Reoccurrence: The facility will take measure ensure the residents in Room 20, 26, 44, and 45 continue to be adversely affected in healt safety by the extra number of in their rooms.  This will be monitored daily rounds by Department Manag Administrator, DON, and/or Charge Nurses.	s 1, 4, o not h and f beds	

#### PRINTED: 01/29/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING 555759 01/11/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 SAN GABRIEL BLVD **MONTEREY CARE** ROSEMEAD, CA 91770 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 457 Continued From page 36 F 457 The COI Committee and Safety the administrator for 6 of the 28 resident rooms. Committee will monitor and follow The room were: up monthly as needed. Room Beds per Room Square Feet 12 1110 1 Monitoring Process: 5 8 550 Monitoring will be accomplished 20 12 1110 by Department Managers, 26 8 571 Administrator, DON, Charge 5 379.5 44 45 Nurses and Safety Committee via rounds. Further review of the facility's survey file revealed that a decision was reached to deny a similar resident room size waiver request presented to Department of Health and Human Services, Centers for Medicare and Medicaid Services on May 25, 2012. The bedrooms must accommodate no more than four residents. Rooms # 1, 5, 26 and 44 were denied a waiver request. The residents in these rooms had psychiatric diagnoses with behavioral problems. The rooms size requirement did not appear to be in accordance with the special Immediate Correction: needs of the residents and may adversely affect Facility will provide a smooth. the health and safety of the residents. 483.70(d)(1)(ii) BEDROOMS MEASURE AT F 458 F 458 gradual decrease, by attrition, in LEAST 80 SQ FT/RESIDENT SS=F the number of licensed beds from 103 beds to 96 beds as per Bedrooms must measure at least 80 square feet

by:

per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.

This REQUIREMENT is not met as evidenced

Based on observation, interview and record review, the facility falled to ensure that 4 of 28

rooms.

Others at Risk:

currently mailed facility license.

No other rooms are at risk. They

meet the 80 square feet per

residents in multiple resident

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		555759	B. WING		01/11/2013		
MONTER	ROVIDER OR SUPPLIER REY CARE	ATEMENT OF DEFICIENCIES	ID	1:	REET ADDRESS, CITY, STATE, ZIP CO 267 SAN GABRIEL BLYD COSEMEAD, CA 91770 PROVIDER'S PLAN OF COI		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	COMPLETION DATE	
F 458	resident rooms (Rosquare footage of 8 residents in multiple Findings:  On January 8, 2013 entrance conference re-certification surviversing (DON) was rooms with less square foots and the minimum requiresidents in multiple On January 8, 2013 reviewed the room the administrator be Room Bed 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	coms 22, 23, 24, 25) met the 30 square feet (sq. ft.) per e resident rooms.  3 at 8:10 a.m., during the 2e, while conducting a rey of the facility, the director of a interviewed regarding facility ware footage than required. At a room waiver would be rent rooms which did not meet rement of 80 sq. ft. per e resident rooms.  3, at 10:30 a.m., the surveyor waiver request presented by elow:  s per Room Sq. Ft.  117.2  105.78  106.77  115.95  The facility's survey file revealed a reached to deny a similar waiver request presented to alth and Human Services, are and Medicaid Services on the footage for 2-bed rooms is	F	458	Preventing Reoccurrence The facility will take merensure the residents in Re 23, 24, 25 continue to no adversely affected in hear safety.  This will be monitored drounds by Department M. Administrator, DON, and Charge Nurses.  The CQI Committee and Committee will monitor up monthly as needed.  Monitoring Process: Monitoring will be accord by Department Managers Administrator, DON, Ch. Nurses and Safety Committee and Safety Co	asures to cooms 22, cot be clith and caily via fanagers, d/or  Safety and follow  mplished s, carge	

PRINTED: 01/29/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILD	ing		
		555759	B. WING		01/11/2013	
NAME OF PROVIDER OR SUPPLIER MONTEREY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE  1267 SAN GABRIEL BLVD  ROSEMEAD, CA 91770			
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE	ION
F 465	dressers. The residence psychiatric diagnossing and rooms appeare the other rooms in requirement does rewith the special need adversely affect the residents.  483.70(h)	ige 38 e observed with beds and side lents in these rooms have es with behavioral problems and much smaller than most of the facility. The rooms size not appear to be in accordance and of the residents and may be health and safety of the	F 45	1. The two window screen re-secured to the window Room 25 on 1/9/13 by Maintenance  2. The east wing toilet #3 had missing tiles replate the stall partition was a secured to the floor on by Maintenance.  3. The west wing toilet #3	ows in  4, stall #2 ced and re- 2/1/13 3 door  2/12/	<i>.</i>
	The facility must pr sanitary, and comforms residents, staff and This REQUIREMED by: Based on observation failed to provide a staff of the residents by  1. Two window some in length by 24 inches 11 were installed.  2. The east wing to tiles on the south we (approximately 24 width). The stall possible in the stall possible in the stall possible in the west wing to the south we have the south width). The stall possible in the stall possib	NT is not met as evidenced tion and interview, the facility safe and sanitary environment ensuring: eens (approximately 60 inches tes in width) for Room 25 and tilet #3, stall #2 was missing rall and on the floor notes in length by 12 inches in		An in-service was given to Maintenance on 2/1/13 by Administrator regarding	checked indows  II cted and all were ing to eeded, all eck for other	//3
	Findings: On January 9, 2011	3 at 8:25 a.m., during a		maintaining secured screet windows, replacing missin needed and ensuring bathr	ig tiles as	
FORM CMS-2	587(02-99) Previous Version	Obsolete Event ID: BXO811		partitions are secure to the facility in f	- <del>floor,</del> Nilly 1003 peet Page 39 o	yf 40

knobs timely.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED 01/11/2013	
	555759		B. WING _	-		
	ROVIDER OR SUPPLIER		1:	REET ADDRESS, CITY, STATE, ZIP CODE 267 SAN GABRIEL BLVD ROSEMEAD, CA 91770		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
F 465	1. Two window son not properly installe were stored between window.  2. The east wing to tiles on the south window.  2. The east wing to tiles on the south window.  3. The west wing to and when maintenantempted to exit the pen due to the local locked unintentioned buring an interview supervisor on Januaregarding the conditions could capuring this interview.	re with the maintenance veyor observed the following: seens for Room 25 and 31 were ed on the window, and instead en the resident's bed and the silet #3 stall #2 was missing vall and on the floor and the cose because the bottom of ter were not fastened to the silet #3 door knob was loose ance supervisor and surveyor the restroom the door would not ose door knob and the door	F 465	Preventing Reoccurrence: Maintenance will make roundaily to inspect window screensure tiles are repaired and partitions are secure in baths and door knobs are repaired replaced for safety.  Administrator, Department Managers, and/or Charge N will make daily rounds to en Maintenance has corrected a safety issues with window s floor tiles, bathroom partition door knobs in a timely mann Safety Committee will prove monthly safety rounds and wonotify maintenance for prone attention to any needs for we screens, floor tiles, bathroom partitions, and door knobs.  Monitoring Process: Monitored by Maintenance, Administrator, Department Managers, Charge Nurses in rounds. Safety Committee of monthly rounds.	rooms, for  urses urses usure all creens, ons, and ner. ide will upt indow n	