STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056360	A. BUILDING _____ B. WING _____	C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GLEN CARE CENTER	1033 E. ARROW HIGHWAY GLENDORA, CA 91740

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of four (4) complaints. Complaint Numbers: CA00854141, CA00854879, CA00855989, CA00856527. Representing the Department: Health Facilities Evaluator Nurse: 34273 The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: CA00855989 (Refer to Ftag 755).	F 000	The following Plan of Correction is submitted by the facility in accordance with the pertinent terms and provisions of 42 CFR Section 488 and/or related state regulations, and is intended to serve as a credible allegation of our intent to correct the practices identified as deficient. The Plan of correction should not be construed or interpreted as an admission that the deficiencies alleged did, in fact, exist; rather, the facility is submitting this document in order to comply with its obligations as a provider participating in Medicare/ Medicaid program(s).	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755	F755 – Pharmacy Srvcs / Procedures / Pharmacist / Records *How corrective action will be accomplished for those residents found to have been affected by the identified practice.* *Immediate Corrective action(s) for resident(s) found to have been affected by the deficient practice:* - Resident 1 was discharged from facility on September 01, 2023.	09/08/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: RN/DON | (X6) DATE: 9/08/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	Continued From page 1 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to administer medication to one of seven sampled residents (Resident 1) according to its policy and procedure by failing to ensure: 1. Morphine (controlled medication [regulated by the government] for pain) was administered to Resident 1 on 8/6/2023 at 2 pm and at 10 pm, and on 8/7/2023 at 6 am and at 2 pm. 2. The pharmacy delivered Resident 1's Morphine before the supply ran out. 3. The pharmacy replaced the Emergency Drug Supply (E-kit) as soon as the last Morphine dose was removed from the E-kit. These failures resulted in Resident 1 did not get the Morphine as prescribed by the physician and had the potential for Resident 1 to have unrelieved pain. These failure also resulted in inaccurate Medication Administration Record (MAR) for Resident 1 and had the potential for unsafe medication administration.	F 755	***How the facility will identify other residents having the potential to be affected by the same identified practice and what corrective action will be taken.*** - All residents with pain medication orders have the potential to be affected by this finding. - On 9/08/2023, DON and Designee conducted an audit of all residents with pain medication orders to ensure that supply of pain medication was available and sufficient. - No other resident was affected by this deficient finding. ***What measures will be put into place or what systemic changes will the facility make to ensure that the identified practice does not recur.*** - Facility nursing staff were in-serviced by the Director of Nursing and designee on September 7 & 8, 2023 regarding: o Policy and Procedure for Ordering Pain Medication and e-Kit Replacement. o Policy and Procedure for proper medication pass.	

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F 755	Continued From page 2 Findings: During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted Resident 1 on 5/25/2023 with diagnoses which included lung and bone cancer. During a review of Resident 1's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 5/29/2023, the H&P indicated Resident 1 verbalized his needs and had the capacity to understand and make decisions. During an interview on 8/17/2023 at 2 pm with Resident 1, Resident 1 stated he did not get Morphine from 8/4/2023 at 6 am until 8/7/2023 at 11 pm. During a concurrent interview and record review on 8/17/2023 at 2:41 pm with LVN 3, Resident 1's MAR, dated from 8/1/2023 to 8/31/2023 indicated Resident 1 had a physician's order, dated 6/30/2023, to receive Morphine 60 milligrams (mg, a unit of measure) every eight (8) hours. The MAR indicated the licensed nurse did not initial and/or document administration or non-administration of Resident 1's Morphine 60 mg on 8/6/2023 at 2 pm. The MAR indicated Resident 1 did not get Morphine 60 mg on 8/6/2023 at 10 pm and on 8/7/2023 at 6 am and at 2 pm. LVN 3 stated LVN 2 did not document if she gave or held Resident 1's Morphine 60 mg on 8/6/2023 at 2 pm. LVN 3 stated LVN 5 did not give Resident 1 his Morphine 60 mg on 8/6/2023 at 10 pm and on 8/7/2023 at 6 am. LVN 3 stated LVN 4 did not give Resident 1 his Morphine 60 mg on 8/7/2023 at 2 pm.	F 755	- Pharmacy will send DON / Designee and Medical Records Director, a copy (via email) of the form "Continuance of Schedule II Medication Therapy" that requires physician signature, to ensure that form is signed by physician and sent back to the pharmacy for timely refill of medication supply. - Licensed nurses will notify pharmacy of every instance that a medication is taken out of the Emergency Kit via phone call. - Pharmacy representative will call facility every morning 7x/week, to inquire about Emergency Kit refill requirements. Emergency Kits will be sent out as needed during any of the 3 run times of pharmacy driver: 12 noon, 7 pm, and 12 midnight. - Medical Records Director / Designee will conduct Medication Administration Record (MAR) chart audit on a daily basis (5 times a week) x 3 months, of all residents with pain medication orders, to ensure timely and proper documentation.	

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F 755	Continued From page 3 During a concurrent interview and record review on 8/17/2023 at 2:41 pm with LVN 3, Resident 1's Controlled Drug Record for Morphine 60 mg, dated from 8/1/2023 to 8/17/2023. The Controlled Drug Record indicated Morphine 60 mg was not signed out as given to Resident 1 on 8/6/2023 at 2 pm and at 10 pm, and on 8/7/2023 at 6 am and at 2 pm. LVN 3 stated the Controlled Drug Record indicated after the 8/5/2023 10 pm dose, the next dose of Morphine 60 mg recorded as given to Resident 1 was on 8/8/2023 at 6 am. During a concurrent observation, interview and record review on 8/17/2023 at 2:57 pm with LVN 3, LVN 3 looked through the box containing the E-kit slips in Station 1 Medication Room. LVN 3 found an E-kit slip for Resident 1's Morphine 60 mg, dated 8/6/2023 and timed 6 am. LVN 3 found an E-kit slip for Resident 1's Morphine 60 mg, dated 8/7/2023 and timed 9:30 pm. LVN 3 stated Resident 1 received his Morphine 60 mg from the E-kit on 8/6/2023 at 6 am, and on 8/7/2023 at 9:30 pm. LVN 3 did not find E-kit slips for Resident 1's Morphine 60 mg doses for 8/6/2023 at 2 pm and at 10 pm, and for 8/7/2023 at 6 am and at 2 pm. During an interview on 8/17/2023 at 3:50 pm with LVN 4, LVN 4 stated she did not give Resident 1 Morphine 60 mg on 8/7/2023 at 2 pm. LVN 4 stated on 8/7/2023 she did not find Morphine 60 mg for Resident 1 inside the medication cart and there was no Morphine left in the E-kit. LVN 4 stated she called the pharmacy on 8/7/2023 before 2 pm to ask when Resident 1's Morphine 60 mg will be delivered to the facility. LVN 4 stated the pharmacy staff told her they were waiting for Resident 1's physician to sign the	F 755	***How the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.*** - Director of Nursing and / or designee will perform random daily checks (3 to 5 times a week) x 3 months, of 3 residents with pain medication orders, to ensure that supply is available and sufficient. - Director of Nursing and / or designee will perform random daily checks (3 to 5 times a week) x 3 months, of Narcotic Emergency Kit, to ensure appropriate replacement per policy. - Director of Nursing and / or designee will perform random daily checks (3 to 5 times a week) x 3 months, of 3 residents with pain medication orders, to ensure that resident's Medication Administration Record (MAR) is signed timely and appropriate documentation is present. - Any issues will be reported to the QAPI committee for review and recommendations. ***Completion date of corrective actions:*** - **September 08, 2023**	

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F 755	Continued From page 4	F 755		

controlled drug order for Resident 1's Morphine 60 mg before they deliver the medication.

During a phone interview with LVN 2 on 8/17/2023 at 6:09 pm, LVN 2 stated she did not remember why she did not document the administration or non-administration of Resident 1's Morphine 60 mg on the MAR on 8/6/2023 at 2 pm. LVN 2 stated she was supposed to document on the MAR as soon as she gives a medication to the resident. LVN 2 stated she was supposed to document on the Controlled Drug Record as soon as she takes a controlled medication out of the controlled drug supply. LVN 2 stated if she did not sign the Controlled Drug Record for Resident 1's Morphine 60 mg and did not sign an E-kit slip for Resident 1's Morphine 60 mg on 8/6/2023 at 2pm, then she did not give Resident 1 Morphine 60 mg on 8/6/2023 at 2 pm.

During an interview on 8/17/2023 at 7:47 pm with the Director of Nursing (DON), the DON stated the licensed nurses notified her on 8/7/2023 they ran out of Resident 1's Morphine 60 mg and ran out of Morphine in the E-kit. The DON stated the licensed nurses should have ordered Resident 1's Morphine 60 mg earlier. The DON stated her expectation was for licensed nurses to reorder medications when they only have 7-days' supply left. The DON stated the licensed nurses ordered Resident 1's Morphine 60 mg on time but the pharmacy did not deliver the medication before the medication ran out. The DON stated according to pharmacy staff, they could not deliver Resident 1's Morphine 60 mg until the physician signed the controlled drug order form for the medication. The DON stated on 8/7/2023, she informed the pharmacy manager that the E-kit replacement was "not delivered right away."

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F 755	Continued From page 5 The DON stated the E-kit was delivered on 8/7/2023 after she spoke to the pharmacy manager. The DON stated licensed nurses must "document (medication) administration or action in the MAR." During a review of the facility's policy and procedure (P&P) titled, "Medication Administration," dated 11/2017, the P&P indicated, "It is the policy of this facility to accurately prepare, administer, and document medications given to residents." During a review of the facility's P&P titled, "Ordering and Receiving Controlled Medication," undated, the P&P indicated, "The Director of Nursing and the Consultant Pharmacist maintain the facility's compliance with federal and state laws and regulations in the handling of controlled medications ..." During a review of the facility's P&P titled, "Emergency Pharmacy Service and Emergency Kits," undated, the P&P indicated, "Emergency pharmacy service is available on a 24-hour basis. Emergency needs for medication are met by using the facility's approved emergency medication supply or by special order from the provider pharmacy ..."	F 755		