PRINTED: 10/30/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF SOUTH GATE SUMMARY STATEMENT OF DEPICIENCIES SOUTH GATE. SUMMARY STATEMENT OF DEPICEMENCIES SOUTH GATE. SOUTH GATE, CA 90280 PREFIX TAG SUMMARY STATEMENT OF DEPICEMENCIES OF THE APPROPRIATE CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CONSTRUCTION SHOULD BE CROSS-REFERENCED THE APPROPRIATE CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CONSTRUCTION SHOULD BE CROSS-	NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF SOUTH GATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR IS.C IDENTIFYING INFORMATION) FROM INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one Facility Reported Incident numbered CA00924376. The inspection was limited to the specific Facility Reported Incident investigation of one Facility Reported Incident investigation of one Facility Reported Incident facility. Two deficiencies were written for the Facility Reported Incident number CA00924376 (Refer to Flags F658 F760). F658 Services Provided Meet Professional Standards SS=D CFR(s): 483.21(b)(3)(i) Weet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy to document the findings related to a change of condition (COC) every shift for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in serious harm such as another episode of aggression towards others, and a delay of necessary treatments. Findings: STREET ADDRESS, CITY, STATE, ZIP CODE 3455 STATE STREET SOUTH GATE SATE SATE STREET SATE OF CORRECTIVE ACTION On 10/22/24, the ODN in-serviced licensed nurses on change of condition Q shift monitoring and documentation. MEASURES TO PREVENT RECURRENCE On 10/22/24, the D		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	COM	E SURVEY PLETED
STREET ADDRESS CITY, STATE, ZIP CODE SASS STATE STREET SOUTH GATE SOUTH GATE SOUTH GATE, CA 90280	STREET ADDRESS. CITY, STATE. ZIP CODE 3455 STATE STREET ADDRESS. CITY, STATE. ZIP CODE 3455 STATE STREET SOUTH GATE 3455 STATE STREET SOUTH GATE, CA 90280 3455 STATE STREET SOUTH GATE, CA 902			056458	B. WING			
FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for the Facility Reported Incident number CA00924376. (Refer to Fags F538 F760). F658 Services Provided Meet Professional Standards SS=D CRR): 483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must. (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by. Based on interview and record review, the facility for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in serious harm such as another episode of aggression towards others, and a delay of necessary treatments. 1 During a review of Resident 1 and Resident 1 and resident a review of Resident 1 and Recility residenced aggression towards others, and a delay of necessary treatments. 1 During a review of Resident 1 and Recility and county are a review of Resident 1 and Recility and a county of the search of the	FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) From Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of one Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for the Facility Reported Incident number CA00924376 (Refer to Facility Reported Incident New York Reported Incident New Y					8455 STATE STREET		
The following reflects the findings of the California Department of Public Health during the investigation of one Facility Reported Incident numbered CA00924376. The inspection was limited to the specific Facility Reported Incident investigation of one Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for the Facility Reported Incident number CA00924376 (Refer to Fass F658 F760). F 658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must. (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy to document the findings related to a change of condition (COC) every shift for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in serious harm such as another episode of aggression towards others, and a delay of necessary treatments. 1 During a review of Resident 1 a Admission The results of these audits shall be present-	The following reflects the findings of the California Department of Public Health during the investigation of one Facility Reported Incident numbered CA00924376. The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for the Facility Reported Incident number CA00924376 (Refer to Flags F658 F760). F658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) F658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) F658 Services Provided or arranged by the facility, as outlined by the comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy to document the findings related to a change of condition (COC) every shift for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in serious harm such as another episode of aggression towards others, and a delay of necessary treatments. Findings: 1. During a review of Resident 1 's Admission 1. During a review of Resident 1 's Admission From the deficiency (isp.) The center admit to all that that the deficient practicing the deficiency or conclusions that form the basis for the alleged deficiency(ies). The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency(ies). The Center reserves the right to challenge in legal and/or regulatory or administrative in form the basis for the alleged deficiency(ies). The Center reserves the right to challenge in legal and/or regulatory or administrative in form the basis for the alleged deficiency(ies). The Center reserves the right to challenge in legal and/or regulatory or administrative in conclusions that form the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION
Reported Incident number CA00924376 (Refer to Flags F658 F760). F 658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy to document the findings related to a change of condition (COC) every shift for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in serious harm such as another episode of aggression towards others, and a delay of necessary treatments. 1 During a review of Resident 1's Admission The results of these audits shall be present-	Reported Incident number CA00924376 (Refer to Ftags F658 F760). F 658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow its policy to document the findings related to a change of condition (COC) every shift for two of three sampled residents (Resident 1 and Resident 2). This deficient practice had the potential to result in serious harm such as another episode of aggression towards others, and a delay of necessary treatments. Findings: 1. During a review of Resident 1's Admission The results of these audits shall be presented by the MRD/designee to the DON or	F 000	The following reflection and continuous tigation of one numbered CA0092. The inspection was Reported Incident in represent the finding continuous continu	cts the findings of the ent of Public Health during the Facility Reported Incident 4376. Ilmited to the specific Facility nvestigated and does not	F O	submitted as required by law ting this Plan of Correction, Care Center of South Gate d that the deficiency listed on t nor does the Center admit to ments, findings, facts or conform the basis for the alleged. The Center reserves the righ in legal and/or regulatory or a proceedings the deficiency(is facts, and conclusions that for	. By submit- Greenfield loes not admit his form exists, any state- clusions that d deficiency(ies) at to challenge administrative es), statements,	
ed by the wind/designee to the DON of	l e la companya de la companya del companya de la companya del companya de la com		Reported Incident r Ftags F658 F760). Services Provided I CFR(s): 483.21(b)(§483.21(b)(3) Com The services provid as outlined by the of must- (i) Meet professional This REQUIREMENT by: Based on interview failed to follow its p related to a change for two of three san and Resident 2). This deficient pract in serious harm such aggression towards necessary treatment	Meet Professional Standards (a)(i) prehensive Care Plans (a) ded or arranged by the facility, comprehensive care plan, (a) standards of quality. NT is not met as evidenced (a) and record review, the facility olicy to document the findings (a) of condition (COC) every shift in pled residents (Resident 1) (a) the had the potential to result the has another episode of so others, and a delay of ints.	F 6	On 10/22/24, the DON in-ser nurses on change of condition monitoring and documentation. IDENTIFICATION OF OTHE AND CORRECTIVE ACTION. Any resident who has a COO affected. No other residents fied as being affected by the tice and no further corrective needed. MEASURES TO PREVENT IN On 10/22/24, the DON in-ser nurses on change of condition monitoring and documentation. The medical records director shall conduct daily COC auch that the facility follows its por COC monitoring and documentation.	on Q shift on. IR RESIDENTS C is potentially s were identi- deficient prac- e action was RECURRENCE rviced licensed on Q shift on. r/designee dits to ensure licies regarding entation. shall be present-	

Licensed Nursing Home Administrator

11/07/24

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		056458	B. WING				22/2024
NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF SOUTH GATE				84	TREET ADDRESS, CITY, STATE, ZIP CODE 455 STATE STREET OUTH GATE, CA 90280		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 658	Record, the Admis 1 was originally ad and re-admitted or diagnoses included uncontrolled electr which could cause stares, and loss of progressive state of anxiety disorder (a involved excessive dread, and uneasing falling asleep or state (MDS - a federassessment tool) of indicated Resident think and processidecision making with Resident 1 had impand used a walker. During a review of Physical (H&P), daindicated Resident understand and material material and material material material and material materi	sion Record indicated Resident mitted to facility on 12/21/2016 in 7/6/2020. Resident 1 's id seizures (a sudden, ideal disturbance in the brain uncontrolled jerking, blank consciousness), dementia (a of decline in mental abilities), mental health condition that and persistent feelings of fear, ness), and insomnia (trouble aying asleep). Resident 1 's Minimum Data really mandated resident lated 10/18/2024, the MDS 1 's cognitive (the ability to information) skills for daily as intact. The MDS indicated pairment to both extremities and/or wheelchair for mobility. Resident 1 's History and the 9/30/2024, the H&P 1 had the capacity to ake decisions. Resident 1 's care plan titled, then 2) hit resident (Resident 1) face related altercation in At risk for pain or 10/8/2024, the care plan lid monitor every shift for any	F 6	58	designee daily at the morning stand meeting. Any deficient practices shall be corresponding service education or systemic chang be implemented to prevent further depractice(s). MONITORING AND INCORPORAT INTO THE QA SYSTEM The MRD/designee shall conduct de COC audits for four weeks, then most for three months, then quarterly for equarters to monitor licensed staff are compliance with this identified deficient. Any deficient findings shall be reported the DON/designee for implementatic corrective action and/or in-service etion. The DON/designee shall present at quarterly QAPI meeting for three quarterly QAPI meeting for three quarterly quarterly quarterly equal as summary of the MRD/designee moing and the corresponding corrective action(s), if needed. These findings shall be reviewed by QAPI committee to identify potential trends and/or patterns. Based on this review, the committee give guidance on additional monitoriand/or corrective actions to ensure of compliance, if needed. Once compliance has been achieve quarters, monitoring of this deficient practice will no longer be necessary the systemic changes will be deeme effective.	ected in- le shall eficient ION aily enthly three e in ency. ted to on of duca- the arters, onitor- the eshall ing ongoing of for 3 and	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION ING			E SURVEY PLETED
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F 658	on 10/22/2024 at 1 Nurse (RN 1), Residated from 10/8/20 reviewed. RN 1 stated documentations retthe 11 PM to 7AM (PM to 11 PM (evenevening shift on 10 10/10/2024. RN 1 should document enursing note for Reimportant to document to doctor regarding arfrom the incident, a interventions to additional composition of the properties of 10/22/2024 at 1 Nursing (DON), Redated from 10/8/20 reviewed. The DON documentation regithe night shift on 10/10/9/2024, the evenight shift on 10/10/9/2024, the evenigh	at interview and record review 0:39 AM with Registered dent 1 's Nursing Notes, 24 to 10/11/2024, were ted there were no garding Resident 1 's COC for (night) shift on 10/8/2024, the 3 ing) shift on 10/9/2024, the /10/2024, or the night shift on stated the licensed nurses every shift for 72 hours on the esident 1. RN 1 stated it was nent so nurses could notify the dress any psychosocial needs. In the interview and record review 1:55 AM with the Director of esident 1 's Nursing Notes, 24 to 10/11/2024, were N stated there were no arding Resident 1 's COC for 0/8/2024, the evening shift on ning shift on 10/10/2024, or the ligned to Resident 1 should ift for 72 hours on the nursing ted staff monitored Resident 1 if the resident was feeling y every shift for three days. was important to document so if Resident 1 had any negative	F 6	58			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	COM	E SURVEY IPLETED
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F 658	2 was admitted to the Resident 2 's diagred (high blood pressur disorder characterize control and poor we heart failure (CHF-the heart to not purcardiomyopathy (a that made it harder During a review of 10/2/2024, the MDS cognitive skills for emildly impaired. The used a cane/ crutch During a review of 19/2/2024, the H&P capacity to understand the doctor order 2. During a review of 19/2/2024, the H&P capacity to understand the doctor order 2. During a concurrent on 10/22/2024 at 10 's Nursing Notes, or 10/11/2024, were rewere no documentate COC for the night shift on 10/10/2024 (morning) shift on 1 licensed nurses show 72 hours on the nurstated it was import could notify the doctor or were not on the nurstated it was import could notify the doctor or well as the shift on 10/10/2024 (morning) the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was import could notify the doctor or the nurstated it was important to the nurstated it was important t	he facility on 9/19/2024. hoses included hypertension he), Diabetes Mellitus (DM- a hed by difficulty in blood sugar heart disorder which caused heart disorder which caused he the blood efficiently), and diseases of the heart muscle for the heart to pump blood). Resident 2 's MDS, dated high indicated Resident 2 's haily decisions making was he MDS indicated Resident 5		558			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF SOUTH GATE				STREET ADDRESS, CITY, STATE, ZIP CODE 8455 STATE STREET SOUTH GATE, CA 90280	1072		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 658	needs. RN 1 stated possibly delayed not possibly delayed not	In sto address any psychosocial and documenting every shift ecessary care. It interview and record review 1:55 AM with the DON, ing Notes, dated from 1:2024, were reviewed. The vere no documentation 2's COC for the night shift hight shift on 10/10/2024, or in 10/11/2024. The DON stated assigned to Resident 2 should ift for 72 hours on the nursing ted staff monitored Resident 2 if Resident 2 was feeling y every shift for three days. was important to document so if Resident 2 had any negative incident. The DON stated the documenting every shift was the facility 's Policy and the facility 's Policy and the P&P indicated the licensed for the resident would continue becomentation every shift for 72 tion is stable. In of Significant Med Errors 20	F 65	0 CORRECTIVE ACTION On 10/22/24, Resident 2's physicial notified of the medication error. No orders were received. No adverse toms were observed.	new symp-		
	This REQUIREMEI by: Based on interview	NT is not met as evidenced v and record review, the facility esident was free from		On 10/22/24, the DON gave an in-seducation for licensed staff regardir ministering medications in accordar parameters, if indicated.	ng ad-		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 760	amiodarone (a metreats irregular he (medicine to treat the parameters (s could measure) at one of three samp. These deficient procause complication pressure, dizzines and low pulse (lead consciousness). Findings: During a review of Record, the Admis 2 was admitted to Resident 2's diag (high blood pressudisorder character control and poor wheart failure (CHF the heart to not pucardiomyopathy (a that made it harded During a review of Set (MDS - a federollar service).	tion error by administering edication that prevents and artbeat) and metoprolol tartrate high blood pressure) outside pecific instructions that you is ordered by the physician for ole residents (Resident 2). Tactices had the potential to ons of hypotension (low blood is and fainting leading to falls)	F 7	IDENTIFICATION OF OTHE DENTS AND CORRECTIVE Any resident with medication ters are potentially affected. 11/07/24, the MRD conducte of in-house residents with me parameters. One resident widentified as being affected be ficient practice on 11/03/24 at The attending physician was with no new orders. The offenurse had a directed one on service training by the DON of to ensure that the deficient prodoes not recur. MEASURES TO PREVENT RENCE On 10/22/24, the DON conduin-service education for licen regarding medications with dimeters and the significance of the parameters. On 11/07/24, the DON condudirected one on one in-service tion for a licensed nurse who to be deficient in this regulations with parameters and the parameters who to be deficient and admission a medications with parameters.	ACTION parame- On d an audit edication as y the de- t 14:00. notified nding one in- on 11/07/24 ractice RECUR- ucted an sed nurses rug para- of following ucted a se educa- was found on. signee udit for		
	indicated Residen think and process decisions making Resident 2 used a During a review of Physical (H&P), d	t 2's cognitive (the ability to information) skills for daily was intact. The MDS indicated a cane/ crutch for mobility. f Resident 2's History and ated 9/2/2024, the H&P t 2 had the capacity to		hours of admission, with any medication order with param for this particular deficiency, for 4 weeks, monthly for 3 methen quarterly for 3 quarters. deficient practices shall be rethe DON/designee for immediately action.	new eters and, weekly onths and Any eported to		

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLETE CONTRUCTION A. BUILDING COMPLETE CONTRUCTION (X3) DATE S COMPLETE CONTRUCTION (X4) DATE S COMPLETE C						
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NAME OF	PROVIDER OR SUPPLIER	000400			TREET ADDRESS, CITY, STATE, ZIP CODE	10/2	22/2024
GREENFIELD CARE CENTER OF SOUTH GATE				84	455 STATE STREET OUTH GATE, CA 90280		
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F 760	Report as of 10/22/9/19/2024 the phys amiodarone and mess pulse was less that During a concurren on 10/22/2024 at 17 Nursing (DON), Re Administration Recowas reviewed. The was administered of pulse of 56 BPM, of pulse of 54 BPM, a with a pulse of 54 BPM. The DON stand on 10/21/2024 at 5:00 F10/15/2024 a	Resident 2 's Order Summary 2024, the report indicated on ician ordered to hold etoprolol tartrate if Resident 2 'an 60 beats per minute (BPM). It interview and record review 1:55 AM with the Director of sident 2 's Medication ord (MAR) for October 2024 MAR indicated amiodarone on 10/8/2024 at 9:00 AM with a n 10/8/2024 at 5:00 PM with a nd on 10/9/2024 at 5:00 PM BPM. The MAR also indicated was administered on AM with a pulse of 56 BPM, on PM with a pulse of 54 BPM, on PM with a pulse of 56 BPM, at 9:00 AM with a pulse of 56 BPM, at 9:00 AM with a pulse of 53 ated the check mark on the medication was administered. It is not and might lose miodarone and metoprolol istered with a pulse less than stated the right thing to do or.	F 7		The pharmacist consultant shall monthly for medications with parameters for 3 months, then quarter for 3 quarters to ensure monitoring effectiveness of the corrective medicationess of the corrective medications of the MRD/designee shall conduct admission audit for medications parameters within 24 hours of actions, with any new medication or with parameters and, for this parameters and then quarterly for 3 months and then quarterly for 4 weeks, refor 3 months and then quarterly for 4 weeks, refor 3 months and then quarterly for 4 weeks, refor 3 months and then quarterly for 4 weeks, refor 3 months and then quarterly for 4 weeks, refor 3 months and then quarterly for three ers, a summary of the MRD/designee for immediate rective action. The DON/designee shall present quarterly QAPI meeting for three ers, a summary of the MRD/designeers, a summary	a- erly ng and easure. ATION et an with der ticular nonthly for 3 dits e cor- at the quart- gnee g cor- by the tial eved for cient ary and	

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NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF SOUTH GATE				STREET ADDRESS, CITY, STATE, ZIP C 8455 STATE STREET SOUTH GATE, CA 90280		22/2027	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 760	attending physician that medication for	ge 7 . The P&P further indicated hypertension that required administration should be	F 7				