#### DEPARTMENT OF HEALTH AND HUMAN SERVICES POC accepted #42342 12/9/2024 CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/26/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		555726	B. WING			C <b>21/2024</b>
	PROVIDER OR SUPPLIER  TA COUNTRY VILLA	HEALTHCARE & WELLNESS		STREET ADDRESS, CITY, STATE, ZIP CODE 3966 MARCASEL AVE LOS ANGELES, CA 90066		2112024
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRICE OF THE	LD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F 0	00		
		cts the findings of the ent of Public Health during a tion.				
	Complaint number:	CA00929302.				
		limited to specific complaint pes not represent the findings of the facility.				
F 755 SS=E	CA00929302 (F755) Pharmacy Srvcs/Pr	ocedures/Pharmacist/Records	F 7	55		
	drugs and biologica them under an agre §483.70(f). The fac personnel to admin	Services ovide routine and emergency als to its residents, or obtain eement described in cility may permit unlicensed ister drugs if State law ander the general supervision of				
	pharmaceutical ser that assure the acc dispensing, and ad	ures. A facility must provide vices (including procedures urate acquiring, receiving, ministering of all drugs and the needs of each resident.				
		Consultation. The facility ain the services of a licensed				
		ides consultation on all ision of pharmacy services in				

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

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be exceed from correcting providing it is 2/21/24 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.

AND DIAN OF CORRECTION . IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
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F 755	Continued From pa	ge 1 olishes a system of records of	F 7	55			
	receipt and disposit sufficient detail to e reconciliation; and	tion of all controlled drugs in nable an accurate					
	order and that an a is maintained and p	rmines that drug records are in ecount of all controlled drugs periodically reconciled. NT is not met as evidenced					
	review the Licensed failed to replace mi	tion, interview, and record d Vocational Nurse (LVN) 1 ssing Lidocaine patch I to skin for pain) for one of dents, Resident 1					
		issing Florastor (probiotic gut) for one of three sampled 3.					
	the Lidocaine patch Resident 2 at risk o	ctices caused LVN 1 to borrow n from Resident 2 which placed f not having enough Lidocaine when needed and caused a scheduled dose.					
	Findings:						
	indicated the facility year-old female on on 6/3/2024 with dia the liver (chronic liv (DM-a disorder cha sugar control and p Hypertension (HTN Obstructive Pulmor	nt 1's Admission Record or originally admitted this 70 9/12/2022 and most recently agnoses including Cirrhosis of er disease), Diabetes Mellitus racterized by difficulty in blood oor wound healing), Essential high blood pressure), Chronic nary Disease (COPD-a chronic difficulty in breathing) and					

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F 755	End stage Renal D Renal Disease-irre Hemodialysis (a tre wastes and extra fl machine when the  A review of Resider - a resident assess indicated Resident make decisions for Resident 1 required verbal cues and or contact guard assis activity) with toiletir transfers (moving by wheelchair.  A review of Resider 9/17/2024 indicated (Lidocaine) Apply to time a day every To pain, remove patch 12 hours only within per schedule.  A review of Resider 9/17/2024 indicated Thursday, and Satu A review of the faci signed on 11/6/202 12 Lidocaine patch A review of Resider indicated the facility female on 8/29/202 diarrhea, Osteoarth the joints, caused by	isease (ESRD- (End Stage versible kidney failure) on eatment to cleanse the blood of uids artificially through a kidney(s) have failed).  Int 1's Minimum Data Set (MDS ment tool) dated 8/22/2024 1's cognition (mental ability to daily living) was intact. If supervision (helper provided touching/steadying and/or stance as resident completes ag, personal hygiene, and between surfaces) from bed to the supervision order dated decided Lidocaine External Patch 5% to left forearm topically one uesday, Thursday, Saturday for the after 12 hours leave on for the a 24-hour period and remove that 1's physician order dated decided Hemodialysis every Tuesday, urday at 1:15 p.m.  Ility consolidated delivery sheet 4 indicated the facility received	F 7	55		

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F 755	kidney disease (CK Anemia (a condition have enough health A review of Resider 9/5/2024 indicated ability to make deci intact. Resident 2 rr (helper does less that toileting, personal resident 10/15/2024 indicated 5% Apply to back to management and resident 10/15/2024 indicated the facility male pm 7/2/2024 religional pm	D-chronic kidney failure) and howhere the body does not my red blood cells).  Int 2' Minimum Data Set dated Resident 2's cognition (mental sions for daily living) was equired moderate assistance han half the effort) with mygiene, and transfers (moving from bed to wheelchair.  Int 2's physician order dated and Lidocaine External Patch opically one time a day for pain emove per schedule.  Int 3's Admission Record and admitted this 83 year old with diagnoses including left DM, CKD, Benign Prostatic enlarged prostate), Gout swelling), and unspecified mutrition.  Int 3's Minimum Data Set dated at Resident 3's cognition aske decisions for daily living) at 3 required supervision	F 7	55			

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F 755	dated 11/21/2024 in On 11/7/2024 The Public Health (CDF complaint alleging the medications were recarts.  During a concurrent 11/21/2024 at 9:14 Nurse (LVN) 1 during the bubble painside of Resident 3 registered Nurse S and handwritten nowith medication past LVN 1 stated, "I we name and the med re-order the Florast During a concurrent 11/21/2024 at 9:43 Nurse (LVN) 1 at the Resident 1's room, contained Lidocainaleft cart and returned 1 stated, "Resident patches, looks like 11/14/2024 but hav stated LVN 1 went."	nt 3's Medication ord (MAR) entry for Florastor indicated see progress note.  California Department of PH) received an anonymous the facility multiple resident's missing from the medication  It observation and interview on a.m. the Licensed Vocational ing medication pass LVN 1 ack for Florastor was not B's drawer. LVN 1 called the upervisor (RNS) to the cart te to the RNS then continued ass. Florastor was not given. rote down the Resident's ication so the RNS can	F 7	55			
	2's drawer.  During a concurren 11/21/2024 at 10:14	t observation and interview on 4 a.m. with LVN 2 at Resident 2's bag of Lidocaine					

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F 755	Continued From particled indicated patches inside of the should be reordered.  During an interview the RNS stated LV for Resident 3. The called and the medication particles of any medication medication should pharmacy. The RN up on receipt of the call pharmacy and medication arrives borrowing medication arrives borrowing medication permitted.  During an interview Resident 1 stated, did not have my lid access, but it was Resident 1 went on they poke my accessident 1 goes to the Lidocaine patce to numb it, so it do	age 5 quantity 10 and contained three he bag. LVN 2 stated, " These ed ".  v on 11/21/2024 at 10:17 a.m. N 1 asked to reorder Florastor e RNS stated pharmacy was dication should be delivered by S stated when the bubble pack is between 5-7 pills the be re-ordered from the IS stated the LVN should follow e medication if not delivered, endorse to next shift until the . Lastly, The RNS stated ion from another resident is not  v on 11/21/2024 at 10:26 a.m. " There were times when they locaine patch for my dialysis just a couple of times " . In to add it is very painful when ess with a needle when o dialysis that is why they put the and cream on before dialysis esn't hurt. Lastly, Resident 1 ey did not have my patches	F 75	DEFICIENCY)		
	"Medication Admin indicated: I. Medication will b Licensed Nurse ar or licensed indepe II. No medication v	vill be used for any patient ent for whom it was prescribed.				

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F 755	A. Medication and be received by a Licen administration. i. Orders will be revinteraction. ii. Medications and administered as prowith dose guideline B The Licensed Nuwithin one hour of a i. Medications may before or after the sadministration time C. Tests and taking administration of m conditioned, will be the results recorded i. When administration and reci.e. BP, pulse, finger monitoring etc. Di Medications must the Licensed Nurse i. The Licensed Nurse ii. If the medication administration administration administration administration administration administration administration of doscheduled administration formitted. F. If the Attending Figure 1.	biological orders will be sed Nurse prior to be secribed to ensure compliance so the secribed to the secribed	F 75	55		

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F 755	G. If the resident has the Licensed Nursidiscuss the possible medication i.e. cruthe medication is to is required.  IP. Administration A. Medications and administered only Licensed Nursing exceptions:  i. Students in the hadminister medicate the administer medicate the administration is incidental to the by the professional authorized to give supervision of their A. Whenever a methe hour it was held in the Medication of the MAR, noting medication was held in the Medication wa	e order for the original order. has difficulty swallowing pills, e will notify the physician to hility of a different form of the shed, liquid or suspension. If o be crushed, a physician order  By Unlicensed Personnel d treatments will be by Licensed Medical or Staff with the following  healing arts professions may tions and treatments only when or medications and treatments ir course of study as approved I board or organization legally such approval under r instructor. edication is held for any reason, d must be initialed and circled Administration Record (MAR) by censed Nurse. Jurse will document on the back of the time and reason the eld.	F 7	55		

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F 755	A. Routine schedu on each medication VI. Medication Rig A. Nursing Staff wi "rights" of medication.  B. The seven "right i. The right medication.  B. The right medicatii. The right reside iv. The right time.  v. The right time.  v. The right route.  vi. Resident has rigmedication does.  vii. Resident has the medication (unless V Route of Administ A. SQ or IM is to be Staff giving the medication (unless V Route of Administ A. SQ or IM is to be Staff giving the medication (unless V Route of Administ A. SQ or IM is to be Staff giving the medication Cellii. LUOQ - Left Up iv. RUOQ - Right Uv. RMT - Right Medication VIII. Refusing Medication Reduction Several Continues to refuse with medications several continues to refuse the medication of the medication several continues to refuse the medication of the medication several continues to refuse the medication of the medication several continues to refuse the medication of the medication o	alled Medication Times led medication will be posted in chart. hts Il keep in mind the seven ion when administering ts" of medication are: ition. it. int. ght to know what the ine right to refuse the is court ordered). istration and Location ie charted by Licensed Nursing iedication according to the id id per Outer Quadrant Jpper Outer Quadrant Jpper Outer Quadrant Jial Thigh ial Thigh ial Thigh	F 755			

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F 755	IX. Documentation The time and dos administered to the B. Recording will the dosage of the treatment. C. Initials may be signature of the p medication or treat A review of the fa "Medication Orde Pharmacy" revist A. Couriers/Drive nametags so they the facility. B. After the contesecured by the ph courier/driver]. C. The dispensing documentation of courier/driver. D. The medication accordance with a and according to 1) The delivery is temperatures. 2) The delivery is and is separated to the pharmacy. E. Upon arrival at	n e of the drug or treatment ne patient will be recorded in include the date, the time and medication or type of the used, provided that the erson administering the atment is also recorded on the	F 7	755			
	nurse, facility repo	resentative or to an Automated					

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F 755	receipt of all items G. The nurse rece written or electron (courier/driver] as	parties to confirm delivery and s. siving the delivery provides a	F 7	55		

#### F755 PHARMACY SRVCS:

How Corrective Action(s) Will be accomplished for those residents found to have been affected by the deficient practice:

On 11/21/24 the RN supervisor re ordered the Floraster for resident #3 from the pharmacy and was received by the facility on -11/22/24

On 11/21/24 the RN supervisor reordered the lidocaine patch for resident 1 from the pharmacy and was received by the facility on ----11/22/24-

On 11/21/24 the DON provided 1:1 education to LVN1 on facility policy and procedure on medication administration and ordering.

The DON conducted a skills competency evaluation with LVN1 on 11/22/24

• How the facility will identify other residents having the potential to be affected by the same practice and what corrective action will be taken:

On 11/21/24 The DON and RNs reviewed residents with current orders for lidocaine patch and Floraster. Medications were available for administration for the identified residents. No other deficient practice were observed.

 What measures will put into place or what systemic changes the facility will make to ensure that the deficient practice does not re-occur:

On 11/21/24 DON provided re-education to the licensed nurses on the following:

- 1. Medication Administration
- 2. Medication ordering and receiving

RN Supervisor /DSD will conduct random medication carts checks weekly X1 week then Monthly X 3 Months to ensure Floraster and Lidocaine Patches are available for residents that have current orders. Any findings will be immediately corrected and reported to the DON.

The Licensed Nurses will undergo medication administration skills competency as scheduled. Any findings will reported to the DON and Administrator for resolution.

 How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that the corrections is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assusrance system:

The DON will report any findings from the random audits and the pharmacy consultant monthly evaluations to the QA committee monthly X3 months or until substantial compliance is achieved.

Completion Date: -- 12 03 2024