PRINTED: 01/12/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  RANCHO MIRAGE HEALTH AND REHABILITATION CENTER  PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
RANCHO MIRAGE HEALTH AND REHABILITATION CENTER  (MA) ID SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (RACH OMIRAGE, CA. 92270)  PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (RACH OMIRAGE, CA. 92270)  FOR INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of complaint.  Complaint Number: CA00806059.  Representing the Department:  Health Facilities Evaluator Nurse(s): 41422  The inspection was limited to the specific complaint investigated and does not represent the findings of at full inspection of the facility.  Three deficiencies were identified for complaint number CA00806059.  \$\frac{985}{483.25}\$ Quality of Care Quality of Care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:  Based on interview, and record review, the facility failed to administer the correct dose of inicotine patch for one of three residents reviewed. (Resident 1) Resident 1 was			555247			
PREFIX TAG RECULATORY OR LSC IDENTIFYING INFORMATION)  FOOD INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of complaint.  Complaint Number: CA00806059.  Representing the Department:  Health Facilities Evaluator Nurse(s): 41422  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Three deficiencies were identified for complaint number CA00806059.  F 684 Quality of Care  Quality of Care  Quality of Care  Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:  Based on interview, and record review, the facility failed to administer the correct dose of nicotine patch for one of three residents reviewed. (Resident 1), Resident 1 was					39950 VISTA DEL SOL RANCHO MIRAGE, CA 92270	CODE
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Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:  Based on interview, and record review, the facility failed to administer the correct dose of nicotine patch for one of three residents reviewed. (Resident 1). Resident 1 was		Quality of Care	059.	F 6	884	
one patch.		Quality of care is a applies to all treatment facility residents. Be assessment of a rethat residents receasecordance with properties, the composition of the composi	Infundamental principle that ment and care provided to based on the comprehensive esident, the facility must ensure sive treatment and care in professional standards of prehensive person-centered residents' choices.  ENT is not met as evidenced we, and record review, the minister the correct dose of one of three residents and 1). Resident 1 was			

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 of 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.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/12/2023 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OND HOLDS
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
AND PLAN O	CONNECTION		A. BUILL		С
		555247	B. WING		01/09/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE
RANCHO	MIRAGE HEALTH A	ND REHABILITATION CENTER		39950 VISTA DEL SOL RANCHO MIRAGE, CA 92270	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE COMPLETION E APPROPRIATE DATE
E 694	Cantinuad From po		F	584	
F 684	Continued From pa	tice had the potential to result	, ,	504	
	in adverse effects f Resident 1.	from the nicotine patches for	E)		
	Findings:				
	On October 17, 20 unannounced visit complaint investiga	22, at 11:44 a.m., an to the facility was initiated for a ation.		F 684	
	indicated she was with diagnoses of Edisorder that cause throughout the bod disorder (PTSD - a and emotional streinjury or severe psinvolving disturban recall of the experiothers and to the odepressive disorder causes a persistent of interest). Reside dated June 17, 202 capacity to undersion On October 17, 202 was conducted with stated that she wes LVN accidently platone.	admitted on August 1, 2019, Behcet's disease, (a rare as blood vessel inflammation by), post-traumatic stress a condition of persistent mental as occurring as a result of cychological shock, typically ce of sleep and constant vivid ence, with dulled responses to butside world), and major er, (a mood disorder that at feeling of sadness and loss ent 1's history and physical 22, indicated she has the tand and make decisions.  22, at 12:32 p.m., an interview h Resident 1. Resident 1 ars a nicotine patch, and the ced two patches instead of		Nicotine patch was rediscovery from Residentified regarding med 1 was monitored for adverse reaction.  Other residents with were audited, no oth noted to be affected practice.  LVNs were in-service 1/17/23 regarding M Administration. DON randomly follow Med and Pharmacy Consul 90 days.	ent1. MD was ed error. Resident 72 hours for s/s of  nicotine patches er residents were by this deficient  d on 1/16/23 and edication I/Designee will d Pass 2X Weekly Itant monthly, for
	telephone interview Vocational Nurse ( October 17, 2022.	w was conducted with Licensed LVN 1). LVN 1 stated on she administered two 14 mg Resident 1 when she should		To be monitored by I Any trends in non-co	

have administered one 14 mg nicotine patch. LVN

		(X1) PROVIDER/SUPPLIER/CLIA			DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING		С		
		555247	B. WING			01/	09/2023	
	ROVIDER OR SUPPLIER	ND REHABILITATION CENTER		39950	ET ADDRESS, CITY, STATE, ZIP CODE D VISTA DEL SOL CHO MIRAGE, CA 92270			
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 684	Continued From pa		F	684				
	1 stated she thoug should have check administering topic	ht they were 7 MG., and she ed the dosage prior to cally.						
	Summary" dated C Nicotine Patch 2- transdermally one	Resident 1 's "Order October 6, 2022, indicated " 4 Hour Apply 14 MG time a day for smoking			brought to the monthly QA	Pi		
	H 1000	eeks and remove per schedule			Committee for further discussion/resolution.			
	Communication For at 7:37 a.m., indica	Resident 1 ' s "SBAR orm" dated October 17, 2022, ated "Noted 2 nicotine MG on arm left deltoid"						
	indicated "10. T	dications" revised April 2019, the individual administering the the label THREE (3) times to ident, right medication, right						
F 755 SS=D	dosage, right time administration before Pharmacy Srvcs/F	, and right method (route) of ore giving the medication" Procedures/Pharmacist/Records	F	755			Ť	
	drugs and biologic	rovide routine and emergency cals to its residents, or obtain						
	§483.70(g). The f	reement described in acility may permit unlicensed nister drugs if State law under the general supervision of						
	§483.45(a) Proceed	dures. A facility must provide ervices (including procedures curate acquiring, receiving,					1	

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	l ' '	FIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A BUILDII	NG	С
		555247	B. WING_		01/09/2023
	PROVIDER OR SUPPLIER	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, 39950 VISTA DEL SOL RANCHO MIRAGE, CA 922	
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE COMPLETION DATE
F 755	biologicals) to mee \$483.45(b) Service	age 3 ministering of all drugs and t the needs of each resident. Consultation. The facility tain the services of a licensed	F 79	55	
	aspects of the prov the facility. \$483 45(b)(2) Esta	ides consultation on all rision of pharmacy services in blishes a system of records of tion of all controlled drugs in		the bathroom of R	eam was located in Resident 1. Resident de. Refill bottle was
	sufficient detail to e reconciliation; and §483.45(b)(3) Dete order and that an a is maintained and p	enable an accurate ermines that drug records are in account of all controlled drugs beriodically reconciled. NT is not met as evidenced		provided to Reside	ent 1. es were identified as
	by: Based on observa review, the facility t medicated shampo provided for one of	tion, interview, and record failed to ensure a topical to (Ketokonozole 1%) was two residents reviewed escribed by the physician.		1/17/23 regarding Administration randomly follow N	DON/Designee will Med Pass 2X Weekly
	This failure had the suffer severe itchir	e potential for Resident 1 to g of the scalp.		and Pharmacy Cor 90 days.	nsultant monthly, for
	Findings:				4
	unannounced visit investigate quality A review of Reside indicated she was with diagnoses of B	22, at 11:44 a.m., an to the facility was conducted to care issues.  nt 1 's medical record admitted on August 1, 2019, Behcet's disease, (a rare as blood vessel inflammation			by DON/Designeecompliance will be onthly QAPI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION  NG	COME	E SURVEY PLETED
	555247	B. WING		01/0	09/2023
NAME OF PROVIDER OR SUPPLIES  RANCHO MIRAGE HEALTH	AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 39950 VISTA DEL SOL RANCHO MIRAGE, CA 92270		
(FACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION SI  CROSS-REFERENCED TO THE AP  DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
disorder (PTSD - and emotional str injury or severe p involving disturba recall of the experimental to the depressive disord causes a persiste of interest). Resided June 17, 20 capacity to undersorder.  On October 17, 20 was conducted w stated that on October stated sta	orage 4 ordy), post-traumatic stress a condition of persistent mental ess occurring as a result of sychological shock, typically nce of sleep and constant vivid rience, with dulled responses to outside world), and major der, (a mood disorder that ent feeling of sadness and loss dent 1's History and Physical 022, indicated she had the stand and make decisions.  022, at 12:32 p.m., an interview ith Resident 1. Resident 1 tober 10, 2022, an order for nampoo 1% every Tuesday, aturday was prescribed. She ot receive the shampoo from the	F7	Committee for further discussion/resolution.		
observation and i Licensed Vocatio stated that Reside Ketoconazole Shobserved opening Resident 1 's Ketor in the cart. The was not delivered with the pharmace A review of Resident October 10 "Ketoconazole Shopically in the affine state of the state of	022, at 2:05 p.m., a concurrent nterview was conducted with the nal Nurse, (LVN). The LVN ent 1 has a physician order for ampoo 1 %. The LVN was a the medication cart and toconazole Shampoo 1 % was ne LVN stated the medication I yet, and she would follow up by.  Jent 1 's "Physician Orders" 1, 2022, at 9:05 a.m., indicated the medicated the medication of yet, and she would follow up by.  Jent 1 's "Physician Orders" 1, 2022, at 9:05 a.m., indicated the medicated the medicat	4 2 2 E			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY	
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		555247	B. WING		1	/09/ <b>2023</b>	
	PROVIDER OR SUPPLIER	ND REHABILITATION CENTER	3995	EET ADDRESS, CITY, STATE, ZIP CODE 50 VISTA DEL SOL NCHO MIRAGE, CA 92270	_		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE	
F 806	titled "Medication A 2019, indicated " in accordance with required time frame	lity's policy and procedure dministration" revised April Medications are administered prescriber order including any e"	F 755				
	§483.60(d)(4) Food	nd drink ives and the facility provides- d that accommodates resident ces, and preferences;					
	nutritive value to refood that is initially different meal choi This REQUIREME by: Based on observareview, the facility residents' (Resider followed, when Re	ealing options of similar esidents who choose not to eat served or who request a ce; NT is not met as evidenced tion, interview, and record failed to ensure one of two nt 1) dietary preferences were sident 1 was served meatloaf pes with gravy. Resident 1					
		Resident 1 to not eat her potential for decreased					
	Findings:					19	
	On October 17, 20 unannounced visit investigate a qualit	22, at 11:44 a.m., an to the facility was conducted to by care issue.	3			i ij	
	A review of Reside	ent 1 's medical record					

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE	& MEDICAID SERVICES	0.40\ 1.41.11	TIDI C	CONCERNICTION	(X3) DATI	E SURVEY
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	сом	PLETED
AND PLAN OF	CORRECTION	SELLIN IS MEST SELECT	A, BUILD			(	c
		555247	B. WING			01/	09/2023
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
		ND REHABILITATION CENTER			950 VISTA DEL SOL ANCHO MIRAGE, CA 92270		
RANCHO				K/	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE
F 806	Continued From pa	age 6 admitted on August 1, 2019, Behcet's disease, (a rare	F	306			
	disorder that cause throughout the bod disorder (PTSD - a	es blood vessel inflammation y), post-traumatic stress condition of persistent mental					
	and emotional stre injury or severe ps involving disturban	ss occurring as a result of ychological shock, typically ce of sleep and constant vivid ence, with dulled responses to			F808		
	others and to the o	utside world), and major			Resident 1 was provided with	าล	
	depressive disorde	er, (a mood disorder that it feeling of sadness and loss story and Physical dated June			substitute tray with items of		ice.
	17, 2022, indicated	I she had the capacity to			Random checks of other Resi	dent	
	understand and ma	ake decisions.	-		choices revealed no issues.		
	On October 17, 20	22, at 12:32 p.m., a review of					j.
	Resident 1's "Die	tary Card" dated October 17, .Feed Instructions:			Dietary Staff was in-serviced		
	NOGRAVY"	.1 Cod mondonomo.			10/17/23 regarding food pre		
	carrows-re (Did-	Tt 1 's "Dioton/ Assessment"			DSS will conduct meal accura	cies on	а
	dated August 4, 20 dislikesgravy	ent 1 's "Dietary Assessment" 22, at 1:46 p.m., indicated "			weekly basis for 90 days.		
	On October 17, 20	22, at 12:32 p.m., Resident 1			To be monitored by DSS/Des	-	Any
	was observed sitti	ng on the side of the bed with he over-bed table. Her lunch			trends in non-compliance wi		3
	tray had a bowl of	chicken noodle soup, a bowl of			brought to the monthly QAP	l	1-18-23
	brussel sprouts, he	erbal green tea, mashed y, and meatloaf with gravy.			Committee for further discussion/resolution.		1.1023
	was conducted with stated she disliked gravy for three year	22, at 12:32 p.m., an interview th Resident 1. Resident 1 gravy, and had requested no ars, but continued to be served stated she won 't eat the gravy back.					

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN O	CORRECTION	IDENTIFICATION NOMBERS	A, BUILDI	NG	С
		555247	B. WING		01/09/2023
	ROVIDER OR SUPPLIER  MIRAGE HEALTH A	ND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 39950 VISTA DEL SOL RANCHO MIRAGE, CA 92270	DE
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETE
F 806	Assistant, (CNA). Tassisted with passistated Resident 1'served with gravy.  On October 17, 202 was conducted with stated that when he checked the dietary Resident 1 had sta	ge 7 In the Certified Nursing The CNA stated that she Ing out meal trays. The CNA Is tray should not have been In the Dietary Aid, (DA). The DA Is prepared the lunch trays, he Is preferences. The DA stated if Ited no gravy, then gravy Iten served on her tray.	F8	06	
					3
					100

# Lesson Plan

Facility: RMHC	Date: 01/17/2023
In-service Title: Medication Administration	Time:0730, 1530
Given by: Virginia Faustino RN, DON	□ Mandatory □ Nursing □ CNA
	□ Other staff

	Handout, Lecture Question and		sion													
METHC			Discussion	_					ledication	ledication lent.	ledication lent.	ledication ent.	redication ent.	edication ent.	edication ent. le party	edication ent. le party h pharmacy
CONTENT	Discuss the "5 rights of medication administration"	ınt	ation						Tight four.  Oiscuss verifying the "5 rights" 3 times with medication	Discuss verifying the "5 rights" 3 times with medicabel prior to administering medication to resident.	ie "5 rights" 3 times with me istering medication to reside	ie "5 rights" 3 times with me istering medication to reside dication error.	regin route rerifying the "5 rights" 3 times with medication to administering medication to resident.  RP for medication error.  notify supervisor, MD, and responsible party	regin route rerifying the "5 rights" 3 times with me or to administering medication to reside RP for medication error.	erifying the "5 rights" 3 times with medication or to administering medication to resident.  Rep for medication error.  Inotify supervisor, MD, and responsible party complete COC/careplan correct any errors in order and/or with pharmacy	ie "5 rights" 3 times with me istering medication to reside idication error. ervisor, MD, and responsible COC/careplan y errors in order and/or with
	Discuss the "5 rights	-right resident	-right medication	-right dose	-right time	-right route	)	)	Discuss verifying the	Discuss verifying the label prior to adminis	Discuss verifying the label prior to adminis	Discuss verifying the "5 rights" 3 label prior to administering medica.  Review P&P for medication error.	Discuss verifying the label prior to adminis Review P&P for medical for median prior for for median prior for for for for for for for for for f	Discuss verifying the label prior to adminis Review P&P for mec-notify supe-complete C	Discuss verifying the label prior to admini Review P&P for mec-rontify supe-complete C-complete C-correct any	Discuss verifying the label prior to administ Review P&P for mec-romplete C-complete C-correct any
OBJECTIVES	Participants will be able to:	State the "5 rights of	medication	administering" and	aware to verify 3 times	prior to administrating		medication.	medication. Identify P&P for	medication. Identify P&P for documenting and	medication. Identify P&P for documenting and reporting medication	medication. Identify P&P for documenting and reporting medication errors.	medication. Identify P&P for documenting and reporting medication errors. Safely administer and	medication. Identify P&P for documenting and reporting medication errors. Safely administer and document medication	medication. Identify P&P for documenting and reporting medication errors. Safely administer and document medication administration to	medication. Identify P&P for documenting and reporting medication errors. Safely administer and document medication administration to residents.

### Rancho Mirage Health and Rehabilitation Center

Date Mula Time From:	_2:30,To; と	0:00	
Name Of Lecturer: Virgini	a Faustino . R	-1	
Topic: Medication Adm are provided to son Brief Summary of Lecture:	unistration	to ensure h	rediantino
Brief Summary of Lecture:	5 rights of m	edication.	
administration foren	- 14Th	=	
2) pip foot down	•	mediaeto	err.
3) Safety administer	my & downer	redication	administration
トラ やい しんし Name of Person Attending			
Sign Name	Print Name	Title	Shift
J. Jalen	T. Taylor	·WU	AM
Nulin Suns	U-Bernal	LUN	AM
Maine	M. Cerm	bra	BM
Annemarie Baks	Annemarie E	2 VN	AM.
Vinh Dung	Valo Dang	TW	AM
Jael Moreno	Jael Moreno	LVN	Am
Mylon	Maria To	rved Lun	Am
(Activity ) Page	FORTUNATO POL	oc LUN	Pn
Brief Evaluation of Response t	Eva Mmz to Lecture:	Gu Con	PM
Signature of In-Service Director	Dr:	۲,۱	Am

F755 FLESH

### Rancho Mirage Health and Rehabilitation Center

Date     17 23 Time From	: 7:45ay To:		
Name Of Lecturer: Vinxu	a Fallateo		
Topic: Marcatin A are provided to Brief Summary of Lecture!	drumistren to ensus	ere media	utins_
	X 1	PC	
2) PEP 6, doorne	up indocted in	ed em »	1
3) Safely admini	otering a colocument	in medi	cutih
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Brief Evaluation of Response	to Lecture:		
Signature of In-Service Direct	or:		

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#### Rancho Mirage Health and Rehabilitation Center

Date 1 13 Time From:	3:45pm To: 4:16x	PM	
Name Of Lecturer:	a Fautro	er in decidition in the court	
Topic: Nedication Admi	irustratin bensure	wedications	are
Brief Summary of Lecture: 1)	er M.D. Orders 5 ng/Hs. Of Med	edim adr	linspole
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Name of Person Attending			
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le Co	- Arace itrujilu	LW	_^_
Warne	Maria Besul	LVN	PM_
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Meka	T. Taylor	UN	AM
50//	FULL MUNO	LVW	PM
Brief Evaluation of Response to	Lecture:		
Signature of In-Service Director	r:		

Andrea Verde LVN.	Alexander 1	2 N	PM/NOC
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Signature of In-Service Director			

### Rancho Mirage Health and Rehabilitation Center

Date Mass Time From:	Б:15a.и. To:		
Name Of Lecturer: Virginia	Faustro N		
Topic: Food Preferen		real tra	ufs
Brief Summary of Lecture:		-	
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serving to reside	nb	e <sup>2</sup>	f:
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	Onemay Zatornic	m)	NOC
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Brief Evaluation of Response to	Lecture:		
Signature of In-Service Director:			

### Rancho Mirage Health and Rehabilitation Center

Date Time From:3			
Name Of Lecturer: Virginia	Faustro.		
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Brief Summary of Lecture! LN	to check re	ul tray	2
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faur moreno	Jael Moreno	LVN	AM
Aut of Bl	FORTUNGO POL'OC	LUN	Pm
Brief Evaluation of Response to	TORTUNGO POL'OC Lecture:	acia LW	F115
Signature of In-Service Director	:		
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### Rancho Mirage Health and Rehabilitation Center

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Brief Evaluation of Response to	o Lecture:	LUN	
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In Ton	Maria Horres	LUN	Am
Mario Darrie	Mario Garcia	LVN	PM
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Brief Summary of Lecture			
Topic: Food pretern		crest l	
Name Of Lecturer:	a Falls how		
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Signature of In-Service Director:		<del>3-21</del>	1	1

# RANCHO MIRAGE HEALTHCARE & REHABILITATION INSERVICE MEETING MINUTES

DATE 10/17/1002 TIME 11:	30am TOPIC Food preference	LECTURI	ERMayra R. Wright COM
BRIEF SUMMARY OF	FLECTURE & TRAINE	<u> </u>	
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