STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING _____ B. WING _____	C 12/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Complaint Numbers: 613831 and 613921 Representing the Department: 39938, HFEN The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. No deficiencies were issued for complaint number 613831. One deficiency was written as a result of complaint number 613921.	F 000	• Preparation and/or execution of this Plan of Correction, inclusive of pages __ through __, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Linwood Meadows Care Center credible for allegation of compliance.	
F 757 SS=D	Drug Regimen Is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be	F 757	**F757 DRUG REGIMEN IS FREE FROM UNNECCASSARY DRUGS** The DON /Designee immediately contacted the primary care physician to verify and update resident # 1's medication order for Lorazepam on 12/03/2018. The DON/Designee contacted physician reviewed and updated for resident #1, discontinued medication (Lorazepam) on 12/03/2018. The IDT will audit all anti- anxiety medication orders for currently residing in house residents by 01/26/2019.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 1/11/19

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.

379d POC accepted 1/11/19

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F 757	Continued From page 1 reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to: 1. Ensure one of three sampled residents (Resident 1) was free from unnecessary drugs. This failure had the potential to result in impairment or decline in the resident's functional and psychosocial status. 2. Monitor for possible side effects associated with Lorazepam (anti-anxiety drug used for the management of anxiety disorders) for one sampled resident (Resident 1). This failure had the potential to place the resident at risk for undetected side effects. Findings: 1. During a concurrent interview with the Director of Nursing (DON), on 11/29/18, at 4:30 PM, and review of the clinical record for Resident 1, the Physician Order History dated 12/1/18, indicated Resident 1 had physician's orders for: A. Lorazepam concentrate 2 mg (Milligram-unit of measure) /ml (Milliliters-unit of measure) administer 0.5 ml sublingually (under the tongue) every 8 hours for Anxiety as evidenced by restlessness and striking out towards staff. The start date for this order was 10/19/18. The total dose in a 24 hour period would be 3 mg. B. Lorazepam 2 mg/ml solution administer 0.5 mg by mouth as needed every 6 hours for terminal	F 757	No other residents noted and or reported to be affected from the practice at this time. The DON/Designee will re-educate lic. nurse on maximum dose for anti-anxiety medication (Lorazepam) and proper calculation by 01/26/2019. The DON/Designee will also re-education Lic. Nurses on timely implementation of side effect monitors for anti – anxiety medications by 01/26/2019/ The DON/Designee will monitor compliance by auditing anti- anxiety medication orders for accuracy and side effect monitors Monday thru Friday x 1 month, then weekly for 1 month and then monthly thereafter and report any patterns or trends to our QA Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance. Compliance date : 01/26/2019	

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F 757	Continued From page 2 restlessness. The DON confirmed the physician's orders. This would add potentially another 2 mg to the already 3 mg the resident was receiving routinely. During an interview with the DON, on 12/4/18, at 10 AM, she stated, "I thought the dose of Lorazepam was 0.5 mg every 8 hours which would have been one and a half milligrams in a 24 hour period." During an interview with the Pharmacist, on 12/4/18, at 10:30 AM, Pharmacist stated the recommended dose of Lorazepam was 2 mg in a 24 hour period. Pharmacist stated, "Last month I left a note to the IDT (Interdisciplinary Team) recommending to reduce the Lorazepam dose to 2 mg per day." During a review of the clinical record for Resident 1, the form titled Consultant Pharmacist's Recommendation to Interdisciplinary Team" dated 11/5/2018, indicated ". . . The max recommended dose for Lorazepam is 2 mg per day. . . 1. DC (discontinue) Lorazepam 1 mg tid (three times a day) 2. Start Lorazepam 1 mg BID (twice a day)." The IDT'S Evaluation And Response was, "IDT agrees to start Depakote (Anti convulsant, sometimes used to treat manic episodes related to Bipolar Disorder, acts as a mood stabilizer) then D/C to BID, re-evaluate effectiveness of medication x 3 weeks." According to Lexicomp (online drug source) It is indicated for geriatric patients Lorazepam therapy should be initiated with 1 - 2 mg daily, divided in 2 or 3 doses.	F 757		

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F 757	Continued From page 3 2. During an interview with the DON, on 12/4/18, at 10 AM, and review of the clinical record for Resident 1, the DON was unable to find documentation of monitoring for possible adverse reaction or side effects for the Lorazepam use. DON stated, "It (referring to the monitoring of the potential side effects) is usually on the Medication Administration Record (MAR), but this one is not." The facility policy and procedure titled "Clinical Policy and Procedure Manual" dated 01/2014, indicated ". . . Policy: The policy of this facility will be to monitor all psychotherapeutic medications for effectiveness and side effects . . . Monitoring: is the ongoing collection and analysis of information (such as observations . . .) and comparison to baseline data in order to: . . . Detect any complications or adverse consequences of the condition or of the treatment . . . B. Nursing Responsibilities: 1. Monitor psychotherapeutic drug use daily noting any adverse effects, such as somnolence or functional decline."	F 757		