

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2020
FORM APPROVED
OMB NO. 0938-0391

*Accepted
3/26/20
2/11/20*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2020
NAME OF PROVIDER OR SUPPLIER RIO HONDO SUBACUTE & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 273 E BEVERLY BOULEVARD MONTEBELLO, CA 90640		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint number: CA00666186 Representing the Department: HFEN# 36288 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 issued for the complaint intake CA00666186.	F 000	Preparation and/or execution of this POC does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of federal and state law. This Plan of Correction constitutes the facility's credible allegation of compliance.	2/19/20	
F 755 SS=E	Pharmacy Svcs/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	F 755 Pharmacy Svcs/Procedures/Pharmacist/Records 483.45 (a)(b)(1)-(3) Facility maintains that it provides 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.			

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

[Signature]

TITLE

ADMINISTRATOR

(X6) DATE

2/19/2020

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	<p>Continued From page 1</p> <p>must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§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 observation, interview, and record review, the facility failed to administer routine medications within one hour of the prescribed time for two of three sampled residents (Residents 2 and 3) as indicated with the facility's policy and procedures.</p> <p>This deficient practice had the potential to cause a negative effect on the residents' physiological and psychological well-being.</p> <p>Findings:</p> <p>a. During a medication pass observation, on 12/23/19 at 10:32 a.m., Licensed Vocational Nurse 1 (LVN 1) administered all of Resident 3's morning medications scheduled to be given at 9 a.m.</p> <p>A review of Resident 3's Medication Review Report for 12/2019 indicated the following:</p>	F 755	<p>LVN 1 was given a one on one in service regarding Policy on Medication Administration by the Director of Nurses on 12/22/2019.</p> <p>Licensed nurses was given a by the DON regarding Medication Administration Policy on 2/2/2020 and 2/6/2020.</p> <p>No other similar findings were identified with the deficient practice during ADON and RN supervisors audit rounds on 12/23/19.</p> <p>RN supervisors will monitor medication administration records every shift daily. Findings will be given to the DON for corrective actions. Administrator will monitor during random rounds and monthly resident council meeting. Any issues will be discussed during monthly QA&A meetings for further recommendations.</p>	2/14/20	

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F 755	<p>Continued From page 2</p> <ol style="list-style-type: none"> 1. Ascorbic acid tablet 250 milligrams by mouth one time a day for supplement 2. Benazepril hydrochloride tablet 20 milligrams by mouth one time a day for high blood pressure 3. Cilostazol tablet 100 milligrams tablet by mouth two times a day for symptoms of intermittent claudication 4. Fish oil capsule 1000 milligrams by mouth two times a day for hypertriglyceridemia (high level of fat in the blood) 5. Furosemide tablet 20 milligrams by mouth one time a day for diuresis (to induce excessive production of urine to lower the fluid volume in the body) 6. Heparin sodium solution 5000 units per milliliter Inject 5000 units subcutaneously every 12 hours for clotting prevention (to prevent blood coagulation) 7. Geri-Tussin DM syrup 10-100 milligrams per 5 milliliters Give 10 milliliters by mouth every 6 hours as needed for cough for 14 days 8. Acetaminophen tablet 325 milligrams 2 tablets by mouth every 4 hours as needed for mild pain 9. Januvia tablet 25 milligrams by mouth one time a day for diabetes mellitus 10. Metoprolol tartrate tablet 25 milligrams by mouth two times a day for high blood pressure <p>A review of Resident 3's Admission Record indicated the facility initially admitted the resident on 4/9/19 with diagnoses that included type 2 diabetes mellitus (chronic condition wherein the body does not produce enough insulin or resists insulin, causing uncontrolled blood sugar), heart failure, and peripheral vascular disease (blood circulation disorder that causes the blood vessels outside of your heart and brain to narrow, block, or spasm).</p>	F 755			

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F 755	<p>Continued From page 3</p> <p>A review of Resident 3's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 10/3/19, indicated the resident had a moderate impairment in cognition (mental action or process of acquiring knowledge and understanding).</p> <p>b. During a medication pass observation, on 12/23/19 at 11:20 a.m., LVN 1 administered the following medications scheduled to be administered at 9 a.m. to Resident 2.</p> <p>A review of Resident 2's Medication Review Report for 12/2019 indicated the following physician's orders:</p> <ol style="list-style-type: none"> 1. Timolol Maleate Solution 0.25% Instill one drop in both eyes two times a day for glaucoma 2. Nephroaid 1 tablet by mouth one time a daily for supplement 3. Norco tablet 7.5-325 milligrams 1 tablet by mouth every 8 hours as needed for severe pain 4. Acetazolamide tablet 250 milligrams 1 tablet by mouth one time a day for edema 5. Aspirin tablet chewable 81 milligrams by mouth one time a day for CVA (stroke) prophylaxis 6. Cranberry tablet 425 milligrams by mouth one time a day for supplement 7. Ferrous Sulfate tablet 325 milligrams by mouth two times a day for supplement for 3 months 8. Folic acid tablet 1 milligram by mouth one time a day for supplement 9. Lasix 20 milligrams by mouth one time a day for edema 10. Neurontin capsule 600 milligrams by mouth two times a day for nerve pain 11. Glycolax Powder 17 grams by mouth one time a day for chronic constipation 	F 755			

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F 755	<p>Continued From page 4</p> <p>12. Januvia tablet 50 milligrams by mouth one time a day for diabetes mellitus</p> <p>13. Cozaar (losartan potassium) 25 milligrams by mouth one time a day for high blood pressure</p> <p>14. Metformin hydrochloride 1000 milligrams by mouth two times a day for diabetes mellitus</p> <p>15. Metoprolol succinate extended-release 24-hour 25 milligrams by mouth one time day for high blood pressure</p> <p>16. Qvar aerosol solution 80 microgram per actuation inhalation inhale 1 puff via mouth two times a day for asthma</p> <p>17. Simbrinza suspension 1-0.2% instill 1 drop in both eyes for glaucoma</p> <p>18. Vitamin C 500 milligrams by mouth two times a day for supplement</p> <p>19. Vitamin D 2000 international units by mouth one time a day for supplement</p> <p>A review of Resident 2's Admission Record indicated the facility admitted the resident on 5/21/18, with diagnoses that included type 2 diabetes mellitus (chronic condition wherein the body does not produce enough insulin or resists insulin, causing uncontrolled blood sugar), anemia (lack of healthy red blood cells that carry adequate oxygen to the body's tissues), glaucoma (increased pressure within the eyeball, causing gradual loss of eyesight), emphysema (damage of the lung air sacs, causing breathlessness), and asthma (spasms in the lung bronchi, causing difficulty breathing).</p> <p>A review of Resident 2's MDS, dated 10/17/19, indicated the resident had moderate impairment in cognition (mental action or process of acquiring knowledge and understanding).</p> <p>During an interview, on 12/23/19 at 12 p.m., LVN</p>	F 755			

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F 755	<p>Continued From page 5</p> <p>1 stated he still has not given the medications scheduled to be given at 9 a.m. to three other residents (Residents 6, 7, and 8).</p> <p>A review of Resident 6's Medication Administration Record (MAR) for 12/23/19, indicated six routine medications were scheduled to be administered routinely everyday timed at 9 a.m. The MAR indicated the medications were aspirin tablet (antiplatelet), docusate sodium capsules (stool softener), ferrous sulfate (iron supplement), plavix tablet (anticoagulant), voltaren gel (topical ointment for knee pain).</p> <p>A review of Resident 6's Admission Record indicated the facility admitted the resident on 2/23/19, with diagnoses that included atherosclerotic heart disease, osteoarthritis of the right knee, and hypertension.</p> <p>A review of Resident 7's MAR for 12/23/19, indicated six routine medications were scheduled to be administered routinely everyday timed at 9 a.m. The MAR indicated the medications were ascorbic acid (vitamin supplement), atenolol tablet (medication for blood pressure), diclofenac sodium gel (topical ointment for knee pain), eliquis tablet (anticoagulant), ferrous sulfate tablet (iron supplement), and losartan potassium (medication for blood pressure).</p> <p>A review of Resident 7's Admission Record indicated the facility admitted the resident on 8/26/19, with diagnoses that included type 2 diabetes mellitus, anemia, and hypertension.</p> <p>A review of Resident 8's MAR for 12/23/19, indicated five medications were scheduled to be administered routinely everyday timed at 9 a.m.</p>	F 755			

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F 755	Continued From page 6 The MAR indicated the medications were calcium-vitamin D tablet (vitamin supplement), Carvedilol tablet (blood pressure medication), docusate sodium capsule (stool softener), lisinopril tablet (blood pressure medication), and simbrinza suspension (eyedrops for glaucoma). During an interview on 1/30/2020 at 1:40 p.m., the Director of Nursing (DON) stated the licensed nurse could have asked for help in administering the medications to the residents or could have delegated some tasks to the other staff, if the medication administration would extend past the medication administration window. A review of the facility's policy and procedures, titled "Medication: Administration: General," dated 11/1/19, indicated medication doses must be administered within one hour of the prescribed time unless otherwise indicated by the prescriber. The policy indicated the medication administration must be documented on the MAR. The medication schedule indicated the following: 1. If prescribed twice a day - must be given at 9 a.m. and 5 p.m. 2. If prescribed every day (once a day) - to be given at 9 a.m. 3. If prescribed four times a day - to be given at 9 a.m., 1 p.m., 5 p.m., and 9 p.m. 4. If prescribed three times a day - to be given at 9 a.m., 1 p.m., and 5 p.m. 5. If prescribed every twelve hours - to be given at 9 a.m. and 9 p.m.	F 755			
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760			

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F 760	<p>Continued From page 7</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one of three sampled residents (Resident 1) received routine heart medications as ordered by the physician.</p> <p>This deficient practice had the potential to negatively affect the resident's physiological well-being.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility initially admitted the resident on 1/18/19 with diagnoses that included end-stage kidney disease with dependence on hemodialysis (process of filtering the blood of the body wastes, salt, and extra water through a machine), heart failure, atrial fibrillation (irregular, rapid heart rate that causes poor blood flow), and type 2 diabetes mellitus (chronic condition wherein the body does not produce enough insulin or resists insulin, causing uncontrolled blood sugar).</p> <p>A review of Resident 1's Physical Examination, undated, indicated the resident was oriented to name, place, time, and situation and had problems of high blood pressure and obesity.</p> <p>A review of Resident 1's Medication Review Report for 12/2019 indicated the following physician's orders:</p>	F 760	<p>F 760 Residents are Free of Significant Med Errors CFR 483.45(f)(2)</p> <p>Facility maintains that residents are free of any significant errors.</p> <p>RN supervisor reviewed the list of medications of Resident 1 with the Attending Physician on 1/31/2020. New orders were made.</p> <p>RN supervisors reviewed patients on dialysis on 1/30/2020 and 1/31/2020.</p>		

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F 760	<p>Continued From page 8</p> <ol style="list-style-type: none"> 1. Eliquis tablet 5 milligrams by mouth one time a day for atrial fibrillation 2. Losartan potassium tablet 25 milligrams by mouth one time a day for high blood pressure 3. Metoprolol tartrate tablet 25 milligrams by mouth two times a day for high blood pressure <p>A review of Resident 1's Medication Administration Record (MAR) for 12/2019 indicated that Eliquis tablet 5 milligrams, Losartan potassium tablet 25 milligrams, and Metoprolol tartrate tablet 25 milligrams scheduled to be administered at 9 a.m. were not administered on 12/3, 12/7, 12/10, 12/12, 12/13, 12/14, 12/17, 12/19, and 12/21 (total of 9 days). The MAR indicated Resident 1 was out from the facility.</p> <p>During a telephone interview, on 1/28/2020, at 10:40 a.m., the assistant director of nursing (ADON) stated the admitting licensed nurse or any licensed nurse assigned to the resident would communicate with the dialysis center to determine if there is a need for scheduled medications to be held during dialysis days. The ADON stated if there was no existing parameters to hold the medications, the routine medications must be given as ordered by the physician and if missed because the resident is away from the facility, the physician must be notified. The ADON stated this communication must be documented in the electronic MAR.</p> <p>During a telephone interview, on 1/29/2020 at 2:30 p.m., Dialysis Registered Nurse 1 (DRN 1) stated that routine medications, including blood pressure medications, of dialysis residents residing in a Skilled Nursing Facility (SNF) were "always administered by the staff in the skilled nursing facility." DRN 1 stated only Epogen</p>	F 760	<p>No other similar findings were identified with the deficient practice.</p> <p>DON gave in service to the Licensed Nurses regarding Medication Administration of Patients on Dialysis On 2/2/20 and 2/6/2020.</p> <p>RN supervisors and ADON will monitor during daily admissions review of new dialysis patients. Dialysis schedule and time will be reviewed to ensure no medications will be missed during dialysis days.</p> <p>Medical records will monitor during admissions audit review.</p> <p>Findings will be given to the DON for correction.</p> <p>Any issues will be discussed during monthly QA&A meetings for further recommendations.</p>		

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F 760	Continued From page 9 (medication administered directly to the vein for anemia) and some as needed blood pressure medications would be given at the Dialysis Center 1 (DC 1), depending on the parameters set by the nephrologist. DRN 1 stated depending on the resident's blood pressure trends, the nephrologist could write a one-time order to hold or continue giving blood pressure medications and this would be communicated by the dialysis nurse to the facility. During a concurrent interview and review of Resident 1's medical records, on 1/30/2020 at 1:45 p.m., the director of nursing (DON) stated there was no documented evidence that the physician was notified of the missed doses of Eliquis, losartan, and Metoprolol. The DON stated there were no parameters to hold the medications when the resident was away from the facility during dialysis days. The DON stated missed medication doses of Eliquis might contribute to heart rate irregularities. The DON stated missed doses of blood pressure medications might cause high or fluctuating blood pressures that might worsen the Resident 1's kidney function. The DON stated there was no specific policy on holding the medications, specifically for residents who are out of the facility due to dialysis. A review of the facility's policies and procedures, titled "Medication: Administration: General," dated 11/1/19, indicated the medication doses must be administered within one hour of the prescribed time unless otherwise indicated by the physician.	F 760			
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink	F 806			

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F 806	<p>Continued From page 10</p> <p>Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to ensure that one of three sampled residents (Resident 1) was served meals in accordance with the resident preferences and physician's orders.</p> <p>This deficient practice had the potential to cause a decline in the resident's appetite and nutritional intake.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility initially admitted the resident on 1/18/19, with diagnoses that included end-stage kidney disease with dependence on hemodialysis (process of filtering the blood of the body wastes, salt, and extra water through a machine), heart failure, and type 2 diabetes mellitus (chronic condition wherein the body does not produce enough insulin or resists insulin, causing uncontrolled blood sugar).</p> <p>A review of Resident 1's care plan on nutritional risk, dated 1/25/19, indicated one of the interventions included honoring the resident's food preferences within the meal plan.</p>	F 806	<p>F 806</p> <p>Resident allergies, Preferences, Substitutes</p> <p>CFR 483.60 (d)(4)(5)</p> <p>Facility maintains that it serves meals in accordance with resident's preferences, intolerances, allergies and Physician's orders.</p> <p>Resident 1 diet order was clarified by the charge nurse on 1/22/2020. RD updated food preference of resident 1 on 1/22/2020. Discontinue NO dairy order. Resident has no allergy to milk and milk products.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2020
NAME OF PROVIDER OR SUPPLIER RIO HONDO SUBACUTE & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 273 E BEVERLY BOULEVARD MONTEBELLO, CA 90640		
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F 806	<p>Continued From page 11</p> <p>A review of the Medication Review Report, undated, indicated the following physician's orders:</p> <ol style="list-style-type: none"> 1. 10/15/19 - No cheese or milk and to give almond milk instead 2. 11/1/19 - Renal diet with regular texture, no ice, no dairy, and fluid restriction of 1000 milliliters per day. <p>A review of Resident 1's Care Plan Evaluation, dated 11/15/19, indicated the resident's weight fluctuated due to the extra hemodialysis sessions and/or fluid status. It indicated the resident's diet was renal diet with no milk, dairy, cheese, or ice. It indicated the resident preferred "less starchy food."</p> <p>A review of Resident 1's dietary meal card, dated 12/23/19, indicated the resident's dislikes included cheese and the restrictions included regular milk or milk products. The dietary meal card indicated to serve egg omelet and 2 corn tortillas as an alternative.</p> <p>A review of Resident 1's Diet Order & Communication Form, dated 12/23/19 and timed at 12:30 p.m., indicated 2 quesadillas were requested for the resident.</p> <p>During an interview, on 12/23/19 at 12:59 p.m., the Registered Dietitian (RD) stated Resident 1's food dislikes included cheese, milk, fish, ham, tuna, and shrimp. RD stated Resident 1's primary care provider (MD 1) ordered not to give the resident dairy or milk products due to possible sensitivity as manifested by Resident 1's rashes.</p> <p>During an interview, on 12/23/19 at 3:30 p.m., Resident 1 stated that she received quesadillas</p>	F 806	<p>In service was given by the DON regarding allergies, food preferences and substitutes to the licensed nurses on 2/2 and 2/6/2020.</p> <p>Dietary supervisor will monitor during daily admissions review of new patients.</p> <p>Diet communication will be given to the dietary staff for any change in order, new orders and substitution.</p> <p>Registered Dietician and Dietary supervisor will monitor during weekly diet communication review. Any issues will be given to the DON for corrections. Findings will be discussed during monthly QA&A meetings for further recommendations.</p>	2/6/2020	

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F 806	<p>Continued From page 12 for lunch today when she got back from dialysis and she gave it back to the kitchen because she knew it was not good for her.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 12/26/19, indicated the resident did not have an impairment in cognition (mental action or process of acquiring knowledge and understanding).</p> <p>On 1/30/2020 at 11:30 a.m., during a concurrent review of Resident 1's Diet Order & Communication Form dated 12/23/19 and timed at 12:30 p.m., the dietary supervisor (DS) stated Resident 1 was served quesadillas with regular mozzarella cheese because the Diet Order & Communication Form written by the licensed nurse did not indicate Resident 1's restrictions with cheese or milk products.</p> <p>During a concurrent review of Resident 1's medical records on 1/30/2020 at 11:58 a.m., the registered dietitian (RD) stated there was a physician's order for the resident not to have cheese. RD stated there was no care plan or notes indicating she had previously requested quesadillas and was educated regarding the resident's inappropriate choice of food at that time.</p> <p>A review of the facility's policies and procedures, titled "Person-Centered Choice," dated 6/15/18, indicated if the resident makes a request during meal service, Food and Nutrition Services prepares and serves the meal according to the resident's preferences and diet restrictions. The policy indicated the menu choices are reviewed for appropriateness for the resident's diet. The</p>	F 806			

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F 806	Continued From page 13 policy indicated if the menu selection was inappropriate, high-risk, and unsafe, the selected food must not be served and the rationale of the inappropriate choice must be communicated with the resident.			F 806			