STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056145	A. BUILDING _____ B. WING _____	C 07/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN GROVE CONVALESCENT HOSP	12882 SHACKELFORD LANE GARDEN GROVE, CA 92841

(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 survey for COMPLAINT No: CA00591995. Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor 36355, HFEN. THE DEPARTMENT WAS ABLE TO PARTIALLY SUBSTANTIATE THE COMPLAINT ALLEGATION(S) WITH NO REGULATORY VIOLATIONS. HOWEVER, DURING THE INVESTIGATION, THE DEPARTMENT DETERMINED THERE WAS A VIOLATION OF REGULATIONS UNRELATED TO THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F761. GLOSSARY OF ABBREVIATIONS AND BRIEF DEFINITIONS: LVN - Licensed Vocational Nurse mcg - microgram(s) mg - milligram(s) P&P - policy and procedure RN - Registered Nurse	F 000	"Preparation and/or execution of this plan of correction does not constitute admission and agreement by the provider of truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction prepared and/or executed because it is required by the provisions of health and safety code section 1250 and 42 CFR 405.7907 (_____) Initials	
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 761		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Aurea A. Sanigar — TITLE: Administrator — (X6) DATE: 7/31/18

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.

accepted 8/1/18 SC #34325

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F 761	Continued From page 1 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the medications were not left unattended at the bedside of one of two sampled residents (Resident 1). This posed the risk of unauthorized persons having access to the medications. Findings: Review of the facility's P&P title Preparation and General Guidelines - Medication Administration dated 10/2017, showed the medications are administered at the time they are prepared.	F 761	**F761** **Corrective action for residents found to have been affected by this deficiency:** Resident 1 was re-assessed by the IDT members on 7/23/18 for self-administration of medications immediately after this concern was identified and brought to the attention of the facility staff. LVN 1 was in serviced on 6/29/18 by the DON regarding medication administration to ensure that medications are not prepared unless the resident is ready to take the medication and that medications are not left at the bedside. **Corrective action for residents that maybe affected by this deficiency:** Room observations were conducted by the DSD on 7/2/18 during different times of the day to ensure that there were no medications left at the bedside. On 7/30/18, 3-11 shift room observations were conducted by the DON on 2 alert residents in each of 4 stations (total of 8 residents) to ensure that there were no medications left at the bedsides. On 7/31/18 during 7-3 shift room observations were conducted by the Administrator on all resident rooms to	8/03/18

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F 761	Continued From page 2 On 6/29/18 at 0930 hours, Resident 2 was observed sitting up in bed with her eyes closed. Resident 1's meal tray was observed on the resident's overbed table. On the tray were two medicine cups filled with various tablets and capsules. On 6/29/18 at 0946 hours, an interview was conducted with LVN 1. LVN 1 stated he had left Resident 1's vitamin medicines in the medicine cup because Resident 1 insisted on leaving the medications on her bedside table and would take them when she was ready. LVN 1 stated he was not supposed to leave the medicines at the bedside table per their P&P. Medical record review for Resident 1 was initiated on 6/29/18. Resident 1 was admitted to the facility on 1/26/18. Review of the MDS dated 2/7 and 5/10/18, identified Resident 1 was alert, oriented, and able to make needs known. Review of Resident 1's medication administration flowsheets for June 2018 showed on 6/29/18 at 0900 hours, the following oral medications were signed as administered: * Oxycodone (narcotic pain reliever) 40 mg one tablet; * Cholecalciferol (vitamin D3 supplement) tablet 1000 unit to give five tablets; * Hydrocortisone 30 mg tablet three times a day; * L tryptophan vegan (supplement) 500 mg one capsule; * Valerian root (supplement) 500 mg one capsule; * Colace (stool softener) 100 mg one tablet every 12 hours; * 5 HTP vegan (supplement) 100 mg one capsule;	F 761	ensure that there were no medications left at the bedsides. There were no concerns identified during the observation. **Measures that will be put into place to ensure that this deficiency does not recur:** The licensed nurses were given an in service on 7/5/18, 7/12/18 and 7/23/18 by the DON regarding the facility policy and procedure on medication administration . The RN supervisors during their shift will be responsible to monitor through room observations that there were no medications being left at the bedsides. **Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:** The pharmacy nurse consultant will conduct a monthly room observation to ensure consistent compliance with medication administration,that no medications are being left at the resident's bedside.	

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F 761	Continued From page 3 * Magnesium oxide (supplement) 400 mg one tablet; * Vegan acidophilus probiotic (supplement) one tablet; * Vegan calcium (supplement) 500 mg one tablet; * Vegan echinacea (supplement) 400 mg one capsule; * Vegan folic acid (supplement) 1000 mcg one tablet; * Vegan lithium oratale (supplement) 5 mg one capsule; * Vegan multi vitamins with minerals (supplement) 100 mg one tablet; * Vegan vitamin B-125 mg complex (supplement) one tablet; * Vitamin B12 (supplement) 1000 mcg to give four tablets; * Zinc sulfate (supplement) 220 mg one tablet; and * Senna (laxative) 8.6 mg one tablet. On 6/25/18, Resident 1 typed a note to the facility's staff that she "appreciates" being left her supplements to take after she had time to slowly eat something. However, further medical record review found no documentation to show Resident 1 was assessed to be safe to self-administer her medications, a physician's order was obtained to administer the medication, a care plan problem was developed to address how the staff would monitor the resident to ensure the medications were taken as ordered. On 6/29/18 at 1451 hours, an interview was conducted with RN 1. RN 1 stated the licensed nurses should never leave the medicines on a resident's bedside as per the facility's policy.	F 761	The Administrator will conduct room observations during weekly facility rounds to ensure that medications are not being left at the resident's bedsides. Results of the observations will be reported to the DON/designee for review and follow-up. The DON will report the results of the observations to the QAPI committee monthly for review and further recommendation.	