

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

PRINTED: 11/28/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/20/2018
NAME OF PROVIDER OR SUPPLIER LAGUNA HILLS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 24452 HEALTH CENTER DRIVE LAGUNA HILLS, CA 92653		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT NO: CA00606232 and ENTITY REPORTED INCIDENT (ERI) No: CA00607004.</p> <p>Inspection was limited to the specific complaint and ERI investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyor 37689, HFEN and Surveyor 40797, HFEN.</p> <p>FOR ERI NO. CA00607004: THE DEPARTMENT WAS UNABLE TO SUBSTANTIATE THE ERI.</p> <p>FOR COMPLAINT NO. CA00606232: THE DEPARTMENT WAS ABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATIONS THAT DID NOT CONSTITUTE A VIOLATION OF THE REGULATIONS.</p> <p>HOWEVER, DURING THE INVESTIGATION, THE DEPARTMENT DETERMINED THERE WAS A VIOLATION OF THE REGULATIONS UNRELATED TO THE COMPLAINT ALLEGATIONS. FINDINGS WERE CITED AT F755.</p> <p>GLOSSARY OF ABBREVIATIONS: ADON - Assistant Director of Nursing mg - milligram(s) P&P - policy and procedure RN - Registered Nurse</p>	F 000	<p>By submitting this POC, Laguna Hills Health and Rehabilitation Center does not admit or concede the facts and contents cited, or the existence or scope or severity of the deficiencies and conditions cited in the 2567. The POC is submitted to comply with federal and state law. Laguna Hills Health and Rehabilitation Center respects the allegations made in the 2567 have acted and will continue to act to implement this POC.</p> <p>F-755 It is the policy of the facility to ensure disposal of controlled substance must take place immediately after discontinuation of use by the resident.</p> <p><u>Corrective action for resident found to have been affected by this deficiency:</u> Resident #1 was discharged on 08/03/18. On 11/21/18, RN #1 was in-serviced by Director of Nursing regarding the facility's Policy and Procedures on disposition of controlled medications.</p>		
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)	F 755			

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 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 12/17/18 37689

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F 755	<p>Continued From page 1</p> <p>§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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility 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 interview, medical record review, and facility P&P review, the facility failed to follow their P&P on disposition of controlled medications for one of three sampled residents (Resident 1). The facility failed to dispose the discontinued Ativan</p>	F 755	<p><u>Identification of other residents having the potential to be affected by the same deficient practice and corrective action that will be taken:</u> There were 18 discharged residents from 12/01/18-12/04/18. Medication list and actual medications were reviewed by charge nurse and RN supervisor upon discharge. No discontinued medications were sent with the discharged residents.</p> <p><u>Measures / Corrective action that will be put into place to ensure that this deficiency does not re-occur:</u> On 11/21/18, the Director of Nursing and Director of Staff Development initiated in-service on November 21, 2018. In-service will be completed by December 7, 2018, regarding the Facility's policy and procedure on discontinued controlled disposition and proper storage.</p> <p>Discontinued controlled medications will be removed from the med cart immediately by the nurse receiving the order and given to DON or designee for proper storage.</p>		12/7/18

DECEMBER 5, 2018 PM 12:49
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F 755	<p>Continued From page 2</p> <p>(antianxiety medication) and Ambien (hypnotic medication) resulting in the medications being sent with the resident upon discharge. This failure posed the risk for diversion of controlled medications.</p> <p>Findings:</p> <p>According to the facility's P&P titled Discarding and Destroying Medications revised 10/2014, disposal of controlled substances must take place immediately (no longer than three days) after discontinuation of use by the resident.</p> <p>Medical record review for Resident 1 was initiated on 10/8/18. Resident 1 was admitted to the facility on 7/3/18, and discharged to a board and care facility on 8/3/18.</p> <p>Review of the physician's order showed an order dated 7/4/18, for Ativan 0.5 mg, give one tablet by mouth every six hours as needed for anxiety for 14 days. The order was completed on 7/18/18.</p> <p>Further review of the physician's order showed an order dated 7/6/18, to discontinue Ambien 5 mg at bed time.</p> <p>Review of the Antibiotic or Controlled Drug Record showed Ativan 0.5 mg, 28 tablets were discharged with and received by Resident 1's family member on 8/3/18.</p> <p>Further review of another Antibiotic or Controlled Drug Record showed Ambien 5 mg, 15 tablets were discharged with and received by Resident 1's family member on 8/3/18.</p> <p>Review of the Post Discharge Plan of Care which</p>	F 755	<p>The medical records will print discontinued controlled medication list daily 5x/week and ensure discontinued controlled medication are not stored in the medication card.</p> <p>RN supervisor and charge nurse to review medication list and actual medication upon discharge to ensure no discontinued medication are given to the resident or family.</p> <p><u>Measure that will be implemented to ensure that solutions are sustained:</u></p> <p>The Director of Nursing and Director of Staff Development and/or designee will review 2 random medication carts weekly x8 week. Results will be documented on the Continuous Quality Improvement Audit Tool. The Director of Staff Development will report to QA+A monthly, beginning for further monitoring and action planning as indicated, or until QA+A committee determines compliance.</p> <p>Completion Date: December 20, 2018</p>		

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F 755	<p>Continued From page 3</p> <p>was provided to Resident 1's family member on 8/3/18, showed Ativan and Ambien were not listed on Resident 1's medication list.</p> <p>On 10/8/18 at 1536 hours, an interview and concurrent medical record review was conducted with the ADON. The ADON verified the Ativan and Ambien were already discontinued and should have been disposed as per the facility's P&P. The ADON verified the Ativan and Ambien were given to Resident 1's family member on the day of the discharge.</p> <p>On 11/16/18 at 0922 hours, a telephone interview was conducted with RN 1. RN 1 stated she gave the discharge instructions and the medications to Resident 1's family member on 8/3/18. RN 1 verified the Ativan was discontinued on 7/18/18 and the Ambien was discontinued on 7/6/18. RN 1 verified the Ativan and Ambien were given to Resident 1's family on discharge by mistake.</p>	F 755			

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