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

FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056365	A. BUILDING _____ B. WING	C 09/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIMESA POST ACUTE	13542 SECOND ST. YUCAIPA, CA 92399

(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 to investigate one complaint. Complaint Number: CA00541645 Representing the California Department of Public Health: 34661 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00541645	F 000	Corrective action(s) taken for those residents found to have been affected by the alleged deficient practice: Resident is no longer residing at facility. Resident received medications prior to discharge but has been since discharged from this facility. The previous DON and administrator are no longer associated with the facility. How other resident having the potential to be affected by the same alleged deficient practice will be identified: DON and MRD completed a review of all resident's charts, in house and none were found to have been affected by the deficient practice. What measures or system changes will be implemented to prevent recurrence of the alleged deficient practice: DON or designee will perform in-service that will be completed with all licensed nurses about medication administration and if the pharmacy notifies the facility that a medication is not covered by the insurance, the licensed nurses will notify DON and obtain permission to bill the facility in order for the resident to receive ordered medications.	
F 333 SS=D	483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS 483.45(f) Medication Errors. The facility must ensure that its- (f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician's orders to provide one of three sampled residents (Resident 1) two medications (Darunavir Ethanolate and Emtricitabine Tenofovir) for twenty one days used to treat the human immunodeficiency virus (HIV). This failure had the potential to result in a low white blood cell count for Resident 1 that could require hospitalization.	F 333		

DRuak 9/19/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: SNomura, DON — TITLE — (X6) DATE: 9/19/17

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 333	Continued From page 1 Findings: A complaint was received on June 28, 2017 by Resident 1 that he had not received his medication for 21 days. During an observation of the facility on July 11, 2017 at 2:10 PM, Resident 1 was not in the facility. A record review of Resident 1's facesheet (a document with demographic and medical information), indicated Resident 1 was admitted on June 6, 2017, from [name of hospital] with diagnoses which included: thrombocytopenia (low number of platelets in the blood) and human immunodeficiency virus (HIV) (a disease of the immune system resulting in a low number of white blood cells). A review of Resident 1's clinical record was conducted. A document titled, "Admit/Discharge/Transfer Forms" dated June 6, 2017, from [name of general acute care hospital] indicated Resident 1 was to continue the following medications: Darunavir (Darunavir 800 milligram (mg) oral tablet one tab by mouth once daily, and Emtricitabine-Tenofovir (Emtricitabine-Tenofovir 200 mg-300 mg oral kit) one tab by mouth daily. A review of Resident 1's admission orders dated June 6, 2017, indicated the physician (MD 1) ordered that Resident 1 was to take the following medications: Durunavir Ethanolate tablet 800 mg give 1 tablet by mouth one time a day for HIV antiviral and Emtricitabine Tenofovir DF tablet 200-300 mg give 1 tablet by mouth one time a day for HIV.	F 333	How the facility will monitor its performance for ongoing compliance and who will oversee this plan: The DON will report to QA committee monthly that all residents' are receiving medications as ordered. Date corrective action was/will be completed: 8/21/17	

17 SEP 19 PM 2:45

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F 333	Continued From page 2 A review Resident 1's clinical record was conducted. A document titled, "Nursing Note" dated June 7, 2017, indicated [MD1's name] gave orders to discontinue HIV meds. A review of the clinical record titled, "Medication Administration Record," dated from June 1, 2017 through June 30, 2017, noted that from June 7, 2017 through June 28, 2017, showed an X was marked each day to indicate that Darunavir Ethanolate (brand name Prezista) tablet 800 mg was not given to Resident 1 for treatment of HIV. A review of the clinical record titled, "Medication Administration Record," dated from June 1, 2017 through June 30, 2017, noted that from June 7, 2017 through June 28, 2017, showed an X was marked each day to indicate that Emtricitabine-Tenofovir (Brand name Truvada) DF tablet 200-300 mg was not given to Resident 1 for treatment of HIV. During an interview on July 11, 2017 at 4:00 PM, with the Director of Nurses (DON) regarding the Medication Administration Record (MAR) and the medication being discontinued the day after admission she stated, "The thing with that is that the HIV meds were very expensive. It costs around $4,000 for that. His insurance couldn't pay for it any more because we found out that he had already filled it for the month of June. So what we did was to tell [MD 1's name] about it and he ordered it to be discontinued for the meantime that we are sorting things out." During an phone interview on September 8, 2017 at 8:55 AM, with MD 1, the physician stated he did not give orders to discontinue the medication	F 333		

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F 333	Continued From page 3 because that was inconsistent with medical practice and could potentially harm Resident 1's CD4 count (immune system cells that fight bacteria and viruses in the blood) A review of the facility policy titled, "Medication Administration," dated July 2013, indicated, "...2. Only those medications that have been specifically prescribed for a resident may be administered."	F 333		