

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

PRINTED: 04/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555140		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/08/2019	
NAME OF PROVIDER OR SUPPLIER THE BRADLEY COURT				STREET ADDRESS, CITY, STATE, ZIP CODE 675 E BRADLEY EL CAJON, CA 92021			
(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.</p> <p>ERI/Complaint Number: CA00503521</p> <p>The investigation was limited to the specific complaint/self-reported event and the investigation does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse 15932</p> <p>A deficiency was identified under the Code of Federal Regulations</p> <p>Glossary of Abbreviations:</p> <p>DON - Director of Nursing mm HG - millimeters of mercury LN - Licensed Nurse MAR - Medication Administration Record</p>			F 000			
F 659 SS=D	<p>Qualified Persons</p> <p>CFR(s): 483.21(b)(3)(ii)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 sampled Residents (1) was</p>			F 659	<p>F659 A. How the corrective action will be</p>		11/13/19

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

TITLE

(X6) DATE

Electronically Signed

11/15/2019

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 659	<p>Continued From page 1</p> <p>medicated according to the Physician's orders. As a result, Resident 1 was placed at risk for a decrease in blood pressure.</p> <p>Findings:</p> <p>An unannounced onsite visit was conducted at the Facility on 9/22/16 at 2:05 P.M. The Medication Administration Record (MAR) for Resident 1, Resident 2 and Resident 3 were reviewed.</p> <p>According to the Physician's Orders dated 4/19/16, Resident 1 was not to receive Lopressor (reduces blood pressure) 75 mm Hg (millimeters of Mercury- measures pressure) if the systolic blood pressure (SBP-top number of BP) was less than 105 mm Hg and the Diastolic (DBP-bottom number of BP) was less than 60 mm Hg.</p> <p>According to the MAR, on 8/6/16, the resident's BP was 108/58, on 8/7/16 the BP was 105/56, on 8/17/16 the BP was 106/58 and on 8/28/16, the BP was 104/74.</p> <p>On 10/20/16 at 4 P.M., Licensed Nurse (LN) 1 was interviewed. LN 1 stated when she did not give a medication, she circled her initials and wrote the reason the medication was not given on back of the MAR. According to the MAR, on 8/17/16, although the DBP was less than 60 mm Hg, the Lopressor was given by LN 1. LN 1 stated, "I can't remember if I gave the medication, but that's what I do when I don't."</p> <p>On 10/26/16 at 1 P.M., LN 2 was interviewed. LN 2 also stated when he did not give a medication, he circled his initials and wrote the reason the medication was not given on back of the MAR. According to the MAR, although on 8/6/16 and</p>	F 659	<p>accomplished for these residents found to have been affected by the deficient practice: Identified resident has been discharged from the facility on 9-17-16.</p> <p>B. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents who are receiving blood pressure medication are identified as having the potential to be affected by this quality deficient practice.</p> <p>C. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: An in-service was provided by the DON to all licensed nurses on 11/13/19 to review the facility and contracted pharmacy's policy and procedure on medication administration with a strong emphasis on the deficient practice noted herein, i.e. each refused or omitted dose must be explained as to reason refused or omitted. Each refused/omitted routine medication must be initialed, circled on the front of the med sheet and the reason med was not given explained on the back of the med sheet.</p> <p>D. How the facility plans to monitor its performance to ensure that solutions are sustained: The Director of Nursing/designee will review the Medication Administration Record weekly on Fridays for 3 months to ensure parameters established in proper administration of medication e.g. holding medication if blood pressure and/or heart rate falls either above or below the set parameter is consistently followed and adhered to by all licensed staff. The</p>		

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F 659	Continued From page 2 8/7/16, the DBP was less than 60 mm Hg, and on 8/28/16, the SBP was less than 105, the Lopressor was given by LN 2. LN 2 stated, "I know if I don't give it, I write it on the back. It seems like I gave the medicine." According to the Facility policy revised 12/12, and titled Administering Medications: "Medications must be administered in accordance with the orders..." and "If a drug is withheld,...the individual administering the medication shall initial and circle the MAR..."	F 659	facility's goal is to have 100% compliance to ensure residents are not placed and risk to experience complications related to failure of facility to administer medication according to the physician's orders. In addition, the Pharmacist consultant, during his monthly medication Regimen Review (MRR) will ensure guideline and parameters are followed to medication administration at all times. Summary of findings will be submitted to the DON monthly and evaluated quarterly during the QAPI meeting to ensure identified problem has been resolved and continued compliance is sustained. E. Date of Completion: This POC was completed on 11/13/19.		