PRINTED: 10/28/2022 FORM APPROVED 0MB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	L .		CONSTRUCTION		TE SURVEY MPLETED
	055041	B. WING			10	C 0/27/2022
NAME OF PROVIDER OR SUPPLIER ROYAL CARE SKILLED NUR			272	REET ADDRESS, CITY, STATE. ZIP CODE 25 PACIFIC AVENUE DNG BEACH, CA 90806		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETIO DATE
California Departme investigation of a Complaint Number: Representing the D Health Facilities Events RN The inspection was complaint investigated the findings of a full Two deficiencies was number: CA008055 F 760 Residents are Free SS=D CFR(s): 483.45(f)(2) Residents are Free SS=D CFR(s): 483.45(f)(2) Resident medication errors. This REQUIREMEN by: Based on interview failed to provide propared to follow physic pressure and heart blood pressure and irregular heart rhyth of 4 sampled reside This failure had the	cts the findings of the ent of Public Health during the omplaint Investigation. CA00805595 epartment of Public Health: aluator Nurse: 36331, HFEN, limited to the specific ted and does not represent inspection of the facility. as identified for the Complaint 95 (F tag 760 and F tag 908) of Significant Med Errors) sure that its-ents are free of any significant IT is not met as evidenced and record review, the facility fessional standards of care ian orders to assess blood rate before administering antiarrhythmic (used to treat m problems) medications to 1		60	Preparation, submission and/or execution of this Plan of Corredoes not constitute admission agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The of Correction is prepared, submand/or executed solely because required by the provision of feand state law. Corrective action for resident found to have been affected by this deficiency: Resident 1 was no longer a resat the facility.	Plan mitted e it is deral	11/27/22
ADDATOS V DIDECTORIS ON BROWING	R/SUPFLIER REPRESENTATIVE'S SIGNA	TUDE		O TITLE		(X6)DATE

Any deficiency statement ending with an asterist (") 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/28/2022 FORM APPROVED

STATEMENT OF DEPOCIONAL STATEMENT OF DEPOCIONAL PROPERTIES AND MUNDER AND PLAN OF CORRECTION DESCRIPTION OF COMPLETE CONSTRUCTION OF COMPLETE COMPLETE CONSTRUCTION OF COMPLETE COMPLETE CONSTRUCTION OF COMPLETE COMPLETE CONSTRUCTION OF COMPLETE COMPLETE COMPLETE CONSTRUCTION OF COMPLETE COM	CENTERS FOR MEDICARE	& MEDICAID SERVICES	بسيان فعلي ويواديون			<u> JMR MC</u>	2 0938-039	<u> </u>
MANE OF PROVIDER OR SUPPLIER ROYAL CARE SKILLED NURSING CTR STREET AUBRESS CITY, STATE, ZEP CODE 2725 PAGIFIC AVENUE LONG BEACH, CA 90006 PRETTY REACTION MUST BE PRECEDED BY FILLI, TAG F 760 Continued From page 1 On 10/12/2022 an unannounced visit was made to the facility to investigate a complaint related to Quality of Careff Treatment. During a record review of Resident 1 's "SBAR Communication Form (SBAR-situation, background, assessment, recommendation- a communication tool and a concise statement of the problem) dated 71/5/2022 was reviewed. The SBAR indicated Nursing staff were called to Resident 1's was placed on the left side and continued to vomit approximately 1 liter of dark brown emesis (contents of the gul). Resident a continued to vomit approximately 1 liter of dark brown emesis (contents of the gul). Resident a retry of the upper arm) or carolid (a major artery that carries blood from the heart to the head) pulse to which CPR (Cardiopulmonary resuscitation - is an emergency procedure that can help save a person's life if their breathing or heart stops) was initiated and 911 (the number called in the United States to report any sort of emergency) was called. CPR continued with intermitent (occurring at irregular intervals; not continuous or steady) suctioning provided by staff until parametics arrived and assumed care of Resident 1 the 34 d. 44 p.m. Paramedics continued until Resident 1 was declared deceased at 7 p.m. During a review of Resident 1 's "Order Summary Report (OSR)" dated 10/3/2022 at 11:24 a.m. The OSR indicated the physician prescribed the following medications and parameters: During a review of Resident 1 's "Order Summary Report (OSR)" dated 10/3/2022 at 11:24 a.m. The OSR indicated the physician prescribed the following medications and parameters: During a review of Resident 1 's "Order Summary Report (OSR)" dated 10/3/2022 at 11:24 a.m. The OSR indicated the physician prescribed the following medications and parameters: During a review of Resident 1 's "Order Summary Re			, ,				MPLETED	
PROVAL CARE SKILLED NURSING CTR Continued From page 1		055041	B.WING			10		
NAME Description Descrip	NAME OF PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	I		
FREETIX 1AG REGULATORY OR ISCIDENTIFING INFORMATION PARED TAG REGULATOR OR INFORMATION PARED TAG REGULATOR PARED TAG REGULATOR OR INFORMATION PARED TAG REGULATOR PARE	ROYAL CARE SKILLED NURS	SING CTR						
F 760 Continued From page 1 On 10/1/2022 an unannounced visit was made to the facility to investigate a complaint related to Quality of Care/Treatment. During a record review of Resident 1 's "SBAR Communication Form (SBAR- situation, background, assessment, recommendation-a communication tool and a concise statement of the problem) dated 7/15/2022 was reviewed. The SBAR indicated Nursing staff were called to Resident 1 's room at 6:35 p.m. by the nurse who witnessed Resident 1 vormit and become unresponsive. The SBAR summary indicated Resident 1 vam placed on the left side and continued to vornit approximately 1 liter of dark brown emesis (contents of the gul). Resident 1 presented warm and pale with a distended abdomen. Nursing staff were unable topalpate (a method of feeling with the fingers or hands during a physical examination) a brachal (the chief artery of the upper arm) or carotid (a major artery that carries blood from the heart to the head) pulse to which CPR (Cardiopulmonary resuscitation - is an emergency procedure that carn help save a person's life if their breathing or heart stops) was initiated and 911 (the number called in the United States to report any sort of emergency) was called. CPR continued with intermittent (occurring a tirregular intervals; not continuous or steady) suctioning provided bystaff until paramedics arrived and assumed care of Resident 1 at 6:44 p.m. Paramedics continued untilResident 1 was declared deceased at 7 p.m. During a review of Resident 1 's "Order Summary Report (OSR)" dated 10/3/2022 at 11:24 a.m. The OSR indicated the physician prescribed the following medications and parameters: Identification of residents of the potential to be affected by this deficiency: Medical Record designee audited eMAR of residents of 10/28/22 in to 10/31/22 that required vital signs prior to the medication of the three feelingents of the medication of the continuous of the m	PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI.		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION DATE	N
	On 10/1/2022 an uthe facility to inve Quality of Care/To During a record recommunication For background, assess communication to the problem) date SBAR indicated Nesident 1 's room witnessed Resident 1 was possible to vombrown emesis (continued t	nannounced visit was made to stigate a complaint related to reatment. eview of Resident 1's "SBAR form (SBAR- situation, essment, recommendation- a rol and a concise statement of d7/15/2022 was reviewed. The dursing staff were called to mat 6:35 p.m. by the nurse who ent 1 vomit and become e SBAR summary indicated laced on the left side and it approximately 1 liter of dark entents of the gut). Resident 1 and pale with a distended gstaff were unable to palpate (a with the fingers or hands during nation) a brachial (the chief form) or carotid (a major artery from the heart to the head) PR (Cardiopulmonary an emergency procedure that erson's life if their breathing or initiated and 911 (the number ed States to report any sort of called. CPR continued with rring at irregular intervals; not and successful and assumed care of 4 p.m. Paramedics continued as declared deceased at 7 p.m. of Resident 1's "Order (OSR)" dated 10/3/2022 at GR indicated the physician			the potential to be affected by deficiency: Medical Record designee auditeMAR of residents on 10/28/210/31/22 that required vital signal prior to the medication administration that requires parameters. No other resident with the deficient practice. Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to enthat this deficiency has been corrected and will not reoccut DON conducted an in-service training with licensed nurses of 10/29/22 and will be complete 10/29/22. The following areas were: Medication Administration order Assessing resident to administering medications that requires vital signs monitoring, i.e. bloopressure medication cardiac medication	y this ted 2 to gns noted e sure on d by prior	11/27/22	

PRINTED: 10/28/2022 FORM APPROVED 0MB NO 0938-0391

	PF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MU A.BUILD		CONSTRUCTION		TE SURVEY MPLETED
		055041 ⋿	_WINC	j		10	C /27/2022
	ROVIDER OR SUPPLIER ARE SKILLED NURS	ING CTR		272	EET ADDRESS, CITY, STATE, ZIP CODE 5 PACIFIC AVENUE NG BEACH, CA 90806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	daily, for atrial fibrill Amlodipine Besylate high blood pressure Carvedilol 12.5 mg times a day for hyp blood pressure merarteries when your hold if heart rate is During a review of a Administration Recorded the following medic Amlodipine 10 mg a Carvedilol 12.5 mg p.m. During a record revent and Vital Sign Sum through July 15.20 facility failed to ass from 7/14/2022 at 5:17 p.m., almost 2 documented vital si assessed Resident administering the b fibrillation medication. During an interview with the Director of stated Resident 1 with the attending phave been assessed failure to check vitat the prescribed med hypotension {low b	ation a 10 mg, give 1 tablet by mouth ation a 10 mg by mouth daily for a 10 mg by mouth daily for ., give 3 tablets by mouth two ertension, hold if SBP (systolic asures the pressure in your heart beats) less than 110, less than 60 beats per minute. The resident 1 is "Medication ord (MAR)" dated July 2022. Resident 1 was administered ations: 00 mg on 7/15/2022 at 9 a.m. on 7/15/2022 at 9 a.m. on 7/15/2022 at 9 a.m. and 5 riew of Resident 1 is "Weights mary (WVSS)", dated July 13 riew of Resident 1 is "Weight	F		Medical record designee will a eMAR daily and findings will forwarded to the DON for reviand follow-up DON and/or designee will randomly audit eMAR daily to validate compliance of the PO Measures that will be put integrated to ensure that this deficiency does not reoccur: The above POC will be review the QAPI/QA committee for fireview and recommendations monthly for 3 months and quathereafter and as needed. Executive Director and/or DON will reported.	be ew C C co red in urther rterly utive	11/27/22

PRINTED: 10/28/2022 FORM APPROVED 0MB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION		TE SURVEY MPLETED
	055041	B. WINC	∋ <u>,</u>	· · · · · · · · · · · · · · · · · · ·	10	C /27/2022
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	LOI	EET ADDRESS, CITY, STATE, ZIP CODE 5 PACIFIC AVENUE NG BEACH, CA 90806 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X 5) COMPLETION DATE
	SC IDENTIFYING INFORMATION)	TAG		DEFICIENCY)	······································	
Resident 1 was ac 7/13/2022 with dia pulmonary diseas muscle weakness During a review of procedure titled "6 and Medication Ac 12/01/2007. The George Policy indicated the procedures relating and medication administration administration administration administration and when administering should confirm that medication order, medications and if F 908 Essential Equipme SS=E CFR(s): 483.90(d) §483.90(d)(2) Marand patient care escondition This REQUIREMED by: Based on observative with facility of procedure to mone mergency equipmentalter lated to deequipmentalter lated to the potential to deequipmentalter lated to severe the second to deequipmentalter lated to severe the second to deequipmentalter lated to deequipmentalter lated to deequipmentalter lated to the potential to deequipmentalter lated to deequipmentalt	dd 10/1/2022. The AR indicated dmitted to the facility on agnoses of chronic obstructive e, altered mental status, and the facility's policy and to General Dose Preparation dministration", dated eneral Dose and Preparation is Policy 6.0 sets forth the gto general dose preparation ministration Facility staff of facility policy regarding stration and should comply with the State Operations Manual gmedications. Facility staff the MAR reflects most recent check for allergies to the necessary, obtain vital signs. Int Safe Operating Condition	F		Corrective action for resident found to have been affected by this deficiency: There were no residents affect with the deficient practice. Crash cart in both station 1 and were checked by RN supervise 10/01/22 utilizing the crash cat checklist. All equipment from checklist were readily available case of emergency. Medication room refrigerators both station 1 and 2's tempera was checked on 10/01/22 by F supervisor.	ed d 2 or on rt the le in ture	11/27/22

Facility ID: CA940000096

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIERICLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY MPLETED
	055041 ⋿	. \\ 8	117		10	C /27/2022
NAME OF PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE	1	
			272	5 PACIFIC AVENUE		
ROYAL CARE SKILLED NUF	RSING CTR		LO	NG BEACH, CA 90806		
PREFIX (EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETIO N DATE
F 908 Continued From pag		F	908	Identification of resident(s) the potential to be affected be deficiency:	y this	11/27/22
visit was made to t	0:35.a.m., an unannounced ne facility to investigate a g Quality of Care/Treatment.			No other crash cart or medicat room refrigerator at the facility		
on 10/01/2022 at 1 Vocational Nurse (I utility room . The "C dated September 2 Cart Checklist form equipment/supplies or documented on 17th, 18th, 22nd, 2 stated the charge r for making sure su the checklist, if staf equipment/supplies may not be readily medication refriger Report" dated Sep The temperature of the assessed/monitor/ 3rd, 5th, 6th, 7th, 1 18th, 19th, 20th, 21 29th, and 30th. LV nurse/Supervisor is temperature of refr temperature, failure the refrigerator ten resident 's specim During a concurrer on 10/01/2022 at 1 Nursing Station 2	s, then necessary equipment available. The resident's ator "Temperature Record tember 2022 was reviewed erefrigerator were not documented on September 1th, 15th, 16th, 17th, st , 22nd, 23rd, 26th, 27, 28th, N 1 stated charge is responsible for checking ingerator and documenting the eto monitor/assess/document in peratures may alter results of			Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to enthat this deficiency has been corrected and will not reoccion to licensed nurses of 10/29/22 and will be complete 10/29/22 regarding the follow. Monitoring of crash cart be utilizing the checklist ever shift by licensed nurses and be validated by the DON, supervisor and/or designed. Monitoring, assessing and recording of medication refrigerator temperature do by licensed nurses and with validated by DON, RN supervisor and/or designed. Findings will be corrected.	e sure ur: n ed by ing: by cy d will RN e daily loom aily ll be	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MU A BUILI		CONSTRUCTION		TE SURVEY MPLETED
	055041	B WING	;		10	C /27/2022
NAME OF PROVIDER OR SUPPLIE ROYAL CARE SKILLED NURS	ER .		272	EET ADDRESS, CITY, STATE, ZIP CODE 5 PACIFIC AVENUE NG BEACH, CA 90806		
PREFIX (EACHDEFICIENC	ATEMENT OF DEFICIENCIES YMUSTBEPRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTNE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(XS) COMPLETION DATE
indicated life-saving assessed/monitored 4th, 11th, 17th, 18th, 18	ch Cart Checklist form g equipment/supplies were not d/documented on September h, 24th, 25th, 26th, and 30th. N Supervisor is responsible for ecking the equipment on the tis not documented staff may y life-saving equipment. The tion refrigerator "Temperature r-Fahrenheit" form dated ugh 31, 2022 was reviewed. Log for Refrigerator-Fahrenheit ures of the refrigerator were essed/documented twice a day 6ththrough September 30th. cation potency (an expression drug in terms of the mount of the drug required to effect) maybe affected. the facility's policy and mergency Cart", dated August ncy Cart policy indicated it is cility to have an emergency easy access of health care nurse has basic responsibility of t. The Director of Nursing must ensure the emergency all equipment is in working heck the emergency cart on a	F	908	Measures that will be put in place to ensure that this deficiency does not reoccur: The above POC will be review the QAPI/QA committee for review and recommendations monthly for 3 months and quathereafter and as needed. Exe Director and/or DON will reptrends.	wed in further arterly cutive	: :

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055041 8 WING 10	C
	/27/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2725 PACIFIC AVENUE LONG BEACH, CA 90806	
(X4)ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSCIDENTIFYING INFORMATION) X TAG CROSS-REFERENCEDTO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 908 Continued From page 6 medications and biologicals are stored at their appropriate temperatures according to the United States Pharmacopeia guidelines for temperature ranges. Facility staff should monitor the temperature of vaccines twice a day.	11/27/22

Royal Care Skilled Nursing Care

2725 Pacific Avenue Long Beach CA. 90806

Title: Esserial Equipment (Refrigerator)	
Date: 6/29/71 End Length of presentation:	
Subject/Objectives:	
D. Mudi Cation in south in	
2) Laboratory rung. (regigerator) 109	_
4) Crash cart tracking long	
Presented by: Elli ACMUM Mr	_
- Machiles W	
Signature and Title	

In-service: Attach Lesson Plan with behavioral objectives, core curriculum, and method of teaching, method of evaluation

Print Name	Date Title Hire	License Certification #	Shift	Signature	
HANCY UMIPIG	LYN		7-27	la	
JEONE BUSIERE	LM		7-3		
Carol Dollarhide	RN		PRN	Coe	
phuoni Banh	LVI		1-3		
Minar Currer	Lin		2-3	NE.	
Shown Sholl a	ann hw		7-3	8/2	
Margaine Miles	milinos		7.9	23	
KRISTIAN PARKY	WN		7/3	Lafter	
twejning Kwan			/	0	
(heyword	Ly			loe mr	l-
Claime Wavann	LW I		7-3	On	
Teventa Sala	WN) -3	Janu	
UZA Chap	LVN		3-11	8	
CATACL YANTOM	ш		11-7	~	

EDUCATION LESSON PLAN — LICENSED NURSES

OYAL CARE CENTER	1 HOUR		EVALUATION	EVALUATION	QMP monitoring					
TRAINING LOCATION: ROYAL CARE CENTER	ESTIMATED DURATION:		TEACHING METHODS	HANDOUT	Lesson Plan Refrigerator Temp Log	TOOLS	LECTURE			
MINING	MEDICATION ROOM COMPLAINCE/REFRIGERATOR	- NURSING	COURSE CONTENT	THE PARTICIPANT WILL:	 Learn how to maintain medication room refrigerators, including labeling, dating, cleaning, and properly storing items 	Learn safe refrigerator temperature ranges and interventions in response to abnormal temperatures; daily logging procedure				
PROGRAM: IN-SERVICE TRAINING	CLASS TITLE: MEDICATION	INSTRUCTOR: DIRECTOR OF NURSING	PERFORMANCE OBJECTIVE	PARTICIPANT WILL BE ABLE TO:	 Facilitate compliance in medication storage rooms 	2) Maintain compliance with cold storage (Refrigeration)				



Westminster #943 13225 Beach Blvd Westminster, CA 92683

2V Member 111758464518

1652803 MIDEA 3.3REF 149.99 A

149.99

SUBTOTAL

TAX

13.12

**** TOTAL

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AID: A0000000031010 Seq# 4593 App#: 09868D

Visa Resp: APPROVED Tran ID#: 227600004593....

APPROVED - Purchase

AMOUNT: \$163.11

10/03/2022 14:13 943 4 126 47

Visa

163.11

CHANGE

0.00

A 8.75% TAX

13.12

13.12

TOTAL TAX
TOTAL NUMBER OF TITING SOLD - 1
INTOKALIAN.

Royal Care Skilled Nursing Center

2725 Pacific Ave. Long Beach, Ca. 90806 Tel#(562)427-7493 Fax# (562) 424-1833

Emergency Cart

Procedure 366

BASIC RESPONSIBILITY

Licensed Nurse

POLICY

It is the policy of this facility to have an emergency cart located within easy access of health care workers. The cart should have wheels and be constructed in a manner that provides ease of access.

PURPOSE

To ensure availability of equipment for emergent resident condition.

ASSESSMENT GUIDELINES

May include, but are not limited to:

Evaluation of cart supplies and equipment

EQUIPMENT

- 1. Oxygen supplies:
 - a. E-tank with regulator and wrench
 - b. Nasal cannula
 - c. Oxygen mask
 - d. Oxygen tubing
 - e. Non-rebreather mask
 - f. Ambu or resuscitation bag
 - g. Airways
- 2. Suction supplies:
 - a. Suction machine
 - b. Connection tubing
 - c. Suction tubing
 - d. Yankauer tubing
- 3. Other supplies:
 - a. CPR board
 - b. Extension cord
- 4. Stethoscope
- 5. Sphygmomanometer
- 6. Dressing/supplies
- 7. Flashlight
- 8. Gloves
- 9. Personal protective equipment

PROCEDURE

1. The Director of Nursing Services/designee must ensure that the emergency cart is stored within easy access to health care workers, is routinely checked for inventory completeness and that all equipment is in working order.

2. Staff shall check the emergency cart on a routine basis for completeness,

 Upon the use of the emergency cart, the licensed nurse or other designee will be responsible for the replacement of all supplies, the cleaning and set-up of all equipment and addition to any other needed items.

DATE	SIGNATURE	PRINT NAME	TITLE
			Director of Nursing
			Executive Director
			Medical Director

LESSON PLAN

PROGRAM: Emergency Preparedness on Equipment for	on Equipment for Emergency Responses	LOCATION: Royal Care Center	Care Center
CLASS TITLE: Emergency Cart		LENGTH OF TIME: 1HR	: 1HR
INSTRUCTOR; Director of Nursing			
PERFORMANCE STANDARD/ OBJECTIVE	COURSE CONTENT	TEACHING METHODS	EVALUATION
At the end of the in-service, the participants should be able to:	Learn the location of the emergency cart to assist resident as		7
Locate and use emergency cart to assist residents as quickly as possible when needed	quiekty as possible. Learn routinely check for inventory completeness and that all equipment is in working order.	Demonstration and Return Demonstration	On the spot check and eval
Licensed Nurse to check Q shift: Crash cart unlocked and fully equipped. CPR board. Suction Machine Pulse Oxymeter			by DOIN DSD
Check suction Machine. Wrap with plastic and labeled "Ready" and initialed			
Check O2 tanks (H and E tanks) Gauge in place and attachments in			

LESSON PLAN

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stic	77 70		
lastic	х х х х	7	
plastic bag hanging at the tank.	Extr	₩₁ all	
plastic	Extra wrench for H tank should be readily available.	Wrench to E tank attached to it at all times.	
plastic	Extr	W ₁	
plastic	Extr	W ₁	

Royal Care Skilled Nursing Care

2725 Pacific Avenue Long Beach CA. 90806

Title: Medication Administrate	41.
Date: 10/29/22 Time: Start End	Length of presentation:
Subject/Objectives:	
D Daigner in the contract of t	requires parameters as
(Nights) mudication adm	inistration, timing / schedule,
3) Medication evor, Docume Presented by: ESIE ACHTUS	ntarin
Signature and Title	
In-service: Attach Lesson Plan with helpering	

In-service: Attach Lesson Plan with behavioral objectives, core curriculum, and method of teaching, method of evaluation

Print Name	Date Hire	Title	License Certification #	Shift	Signature
PHUDY Banh		LUN		7-3	I
Maril (revos		LAN		1-3	
Carol Dollarhay		RIJ		PRU	Caux
JENG BUSIERE		LVN		7-3	Z
V toncy Unique	5	MM		7-3	10
Shely Ocamor P		Munc		7-3	8
COLOMBY DANCE		Samlan		7.9	
RISMAN PAPILLA		,VN		7-3	Jester
lagury from	<u>آ</u> /	1 10		7-3	Laipen
Lelane Navarni				3-11	Roe
Feresit Sato		UN		7-3	'Ohu
Liza Charp		WN		7-3	lund
CAPOL YANZON				7-3	
CAPOL YANZON		cun		(f·)	2

Royal Care Skilled Nursing Care

2725 Pacific Avenue Long Beach CA. 90808

Title: Medication	Administration	
Date: 10/29 Time: Start	End	I anoth of
Subject/Objectives:		Length of presentation:
Presented by:		
Signature and	Title	

In-service: Attach Lesson Plan with behavioral objectives, core curriculum, and method of teaching, method of evaluation

Print Name	Date Hire	Title	License Certification #	Shift	Signature
Jeong You Oh		LUN		11.7	The state of the s
REDRUT CABRITO		CALA		11-7	
ELENOR BOLIVAR		CNA		11-7	EBOLIVA
	·····				
				· · · · · · · · · · · · · · · · · · ·	-

EDUCATION LESSON PLAN

PROGRAM: IN-SERVICE TRAINING		LOCATION: ROYAL CARE CENTER	CENTER
CLASS TITLE: MEDICATION ADMINISTRATION		DURATION: APPROXIMATELY 1-2 HOURS	ELY 1-2 HOURS
INSTRUCTOR: DIRECTOR OF NURSING	URSING		
PERFORMANCE OBJECTIVE	COURSE CONTENT	TEACHING METHODS	EVALUATION
Participant will be able to:	The Participant will:	HAND-OUTS:	Written Exam:
 Administer medications in a safe, organized, and accurate manner in accordance with Physician's 	 Review medication pass and general medication administration guidelines 	Omnicare Medication Pass Protocols	Return Demonstration
Orders and State Laws / Regs. 2) Verbalize the "10 Rights" of	 Review Medication Administration Protocols from Omnicare. Deview the "10 Rights" of medication 	LECTURE	Instructor to schedule each participant for medication pass
3) Safely administer according to facility policy & procedure:	administration for the: (1) Right resident	Following hand-out Content	observation as soon as practical following in-service training: Results to be
Oral Medications Meds via enteral tube	(2) Right Drug (3) Right Dose (4) Right Time	DEMONSTRATION	reviewed as a part of facility Quality Assurance Committee
 Intramuscular meds Insulin injections Subcutaneous meds Intradormal meds 	(5) Right Route (6) Right Documentation (7) Right Assessment	Instructor to engage in actual hands on demonstration as appropriate to teach policy content techniques.	
Oral Inhalants Nasal Medications Ophthalmic Medications	(9) Right Interaction & Evaluation (10) Right Education & Information To include medication pass technique,	(I.e. pouring liquids, etc.)	
Transdermal MedsRectal MedsVaginal Meds	Preparing doses, and charting.		
✓ Ear drops	enteral, buccal, sublingual, insulin intramuscular, SQ injection, intradermal, oral inhalant, nasal, eye, transdermal, rectal, vaginal, and ear medications.		

Facility #: --

Royal Care Skilled Nursing Center - SNF

Order Listing Report

Facility Code: 021

User: Maria Fatima Inciong

Date: Oct 28, 2022 Time: 12:40:18 PT

Resident: All Unit: All	Floor: All St	Status: Current C	Order Status: Active Med	Medication Class: /	ANTIHYPERTENSIVES	ENSIVES		
Resident Name		Order Summary		<u>Order</u> Category	<u>Order</u> Status	Revision Date	Supply Last Order Date	Supply Reorder
Billingsley, Joy M (11688)		Lisinopril Tablet 20 time a day for hypoless than 110.	Lisinopril Tablet 20 MG Give 1 tablet by mouth one time a day for hypertension Hold for Systolic B/P less than 110.	Pharmacy	Active	10/13/2022	10/12/2022	~
Brown Reynolds, Dorothy P (11517)	1517)	cioNiDine HCI Tablet 0.1 mouth every 6 hours as n for SBP greater than 150	cloNIDine HCI Tablet 0.1 MG Give 1 tablet by mouth every 6 hours as needed for HTN Administer for SBP greater than 150	Pharmacy	Active	07/04/2022	07/04/2022	~
Bustamante, Simon (11685)		Lisinopril-hydroCH 12.5 MG (Lisinopril tablet by mouth on SBP less than 105	Lisinopril-hydroCHLOROthiazide Oral Tablet 20- 12.5 MG (Lisinopril &Hydrochlorothiazide) Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 105	Pharmacy	Active	10/19/2022	10/19/2022	~
Campbell, Sandra K (11508)		Losartan Potassium Tablet 10 mouth one time a day for HTN	Losarian Potassium Tablet 100 MG Give 1 tablet by Pharmacy mouth one time a day for HTN		Active	10/03/2022	10/03/2022	~
Cunningham, David A (10872)		HydrALAZINE HCI Tablet 25 MG mouth one time a day for hyperte less than 100 or HR less than 60	HydrALAZINE HCI Tablet 25 MG Give 0.5 tablet by Pharmacy mouth one time a day for hypertension hold for SBP less than 100 or HR less than 60	Pharmacy	Active	09/06/2022	09/06/2022	~
Denowski, Constance J (11620)	D)	cloNIDine HCI Oral Tablet 0.1 MG Give 0.1 mg by mouth every 6 hou HTN systolic >180, Diastolic > 100	cloNIDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 0.1 mg by mouth every 6 hours as needed for HTN systolic >180, Diastolic > 100	Pharmacy	Active	07/07/2022	07/07/2022	~
Fagen, Michael (11282)		cloNIDine HCI Tab mouth every 6 hou	cloNIDine HCI Tablet 0.1 MG Give 1 tablet by mouth every 6 hours as needed for if SBP> 160	Pharmacy	Active	05/06/2021	05/06/2021	~
Fagen, Michael (11282)		Lisinopril Tablet 5 MG Give time a day for hypertension	Lisinopril Tablet 5 MG Give 2 tablet by mouth one time a day for hypertension	Pharmacy	Active	09/26/2022	09/26/2022	≺
Garcia, Frank (11587)		cloNIDine HCI Oral Ta Give 1 tablet by mouth SBP greater than 160	cloNIDine HCI Oral Tablet 0.1 MG (Clonkline HCI) Give 1 tablet by mouth every 6 hours as needed for SBP greater than 160	Pharmacy r	Active	09/06/2022	09/05/2022	*
Gill, Edrie Mae (11095)		kisinopril Oral Tab	Lisinopril Oral Tablet 5 MG (Lisinopril) Give 1 tablet Pharmacy by mouth one time a day for Hypertension		Active	10/21/2022	10/21/2022	~
Herbert, Joseph M (11087)		Lisinopril Tablet 20 MG Giv a day for hold if SBP <120	Lisinopril Tablet 20 MG Give 1 tablet orally one time Pharmacy a day for hold if SBP <120		Active	10/15/2022	10/15/2022	≺
Hernandez, Ruben H (10073)		cloNIDine HCi Tab mouth every 6 hou Monitor HR every <60.	cloNIDine HCi Tablet 0.1 MG Give 1 tablet by mouth every 6 hours as needed for For SBP > 160 Monitor HR every shift for 3 days. Call MD if HR <60.	Pharmacy	Active	09/10/2022	06/22/2022	*
Hernandez, Ruben H (10073)		HydrALAZINE HO mouth every 8 hou less than 110	HydrALAZINE HCI Tablet 25 MG Give 1 tablet by mouth every 8 hours for hypertension Hold for SBP less than 110	Pharmacy	Active	05/10/2022	05/10/2022	≺
Hernandez, Ruben H (10073)		Lisinopril Tablet 40 time a day for hype	Lisinopril Tablet 40 MG Give 1 tablet by mouth one time a day for hypertension Hold for SBP < 110.	Pharmacy	Active	10/27/2022	10/27/2022	~

Facility #: —

Date: Oct 28, 2022 Time: 12:40:18 PT

Royal Care Skilled Nursing Center - SNF

Order Listing Report

Facility Code: 021

User: Maria Fatima Inciong

Resident: All Unit: All Fi	Floor: All Status: Current On	Order Status: Active Medica	ation Class: ANTII	Medication Class: ANTIHYPERTENSIVES		
Resident Name	Order Summary	Ö	Order Order Category Status	Revision Date	Supply Last Order Date Reorder	Supply Beorder
Hinkson, Helen L (11510)	Lisinopril Tablet 20 I time a day for HTN	Lisinopril Tablet 20 MG Give 1 tablet by mouth one PI time a day for HTN	Pharmacy Active	10/08/2022	10/08/2022	~
Huynh, Linda (10932)	Losartan Potassium mouth one time a da (PRIMARY) HYPER less than 100	Losartan Potassium Tablet 100 MG Give 1 tablet by Pharmacy mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) *Hold for SBP less than 100	harmacy Active	09/16/2022	09/16/2022	~
Keller, Robert A (11657)	cioNiDine HCi Oral T Give 1 tablet by mout HTN SBP above 160	ablet 0.1 MG (ClonIdine HCl) hevery 6 hours as needed for	Pharmacy Active	10/19/2022	08/31/2022	~
Lewis, Bruce (10762)	hydrALAZINE HCIT mouth four times a o than 110	hydrALAZINE HCI Tablet 50 MG Give 1 tablet by PI mouth four times a day for HTN Hold for SBP less than 110	Pharmacy Active	10/19/2022	10/17/2022	~
Lewis, Bruce (10762)	Losartan Potassium mouth two times a d (PRIMARY) HYPER less than 110	Losartan Potassium Tablet 50 MG Give 1 tablet by Pl mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) Hold for SBP less than 110	Pharmacy Active	10/26/2022	10/26/2022	~
Lim, Sok K (11259)	Losartan Potassium Tablet 100 MG Given mouth one time a day for Hypertension	Losartan Potassium Tablet 100 MG Give 1 tablet by Pharmacy mouth one time a day for Hypertension	harmacy Active	09/07/2022	09/07/2022	~
Lyons, Betty J (11660)	cioNiDine HCI Oral Ta Give 1 tablet by mouth SBP greater than 160	blet 0.1 MG (Clonkline HCl) nevery 6 hours as needed for	Pharmacy Aclive	09/02/2022	08/30/2022	~
Marquez, Teresa P (11315)	cioNIDine HCl Tablet 0.1 w mouth three times a day fo below 110 or HR below 60	IG Give 1 tablet by r HTN hold if SBP is	Pharmacy Active	10/15/2022	10/15/2022	~
Marquez, Teresa P (11315)	hydraLAZINE HCI T mouth three times a 110 or HR below 60	ablet 25 MG Give 1 tablet by day for HTN hold if SBP below	Pharmacy Active	09/18/2022	09/18/2022	~
Marquez, Teresa P (11315)	Lisinopril Tablet 40 time a day for HTN below 60	Lisinopril Tablet 40 MG Give 1 tablet by mouth one P time a day for HTN hold if SBP is below 110 or HR below 60	Pharmacy Active	10/15/2022	10/15/2022	~
Martinez, Joseph (7095)	one time a day relat ESSENTIAL HYPEI - hold for SBP less than 60	P.EISINOPRIL 40MG TABLET Give 1 tablet orally one time a day related to UNSPECIFIED ESSENTIAL HYPERTENSION (401.9) Monitor B/P - hold for SBP less than 110 0r Diastolic B/P less than 60	Pharmacy Active	10/15/2022	10/15/2022	~
Mendivil, Andrea M (9346)	Losartan Potassium G-Tube one time a than 110	Losartan Potassium Tablet 50 MG Give 1 tablet via PG-Tube one time a day for HTN Hold for SBP less than 110	Pharmacy Active	10/19/2022	08/28/2022	*

Facility,#: --

Date: Oct 28, 2022 Time: 12:40:18 PT

Royal Care Skilled Nursing Center - SNF

Order Listing Report

Facility Code: 021

User: Maria Fatima Inciong

Resident: All Unit: All Floor: All Resident Name Onuaguluchi-Phillips, M O (11553)	Status: Current Order Status: Active Menory Order Summary hydralazine HCI Tablet 25 MG Give 1 tablet by	Medication Class: A Order Category by Pharmacy	s: ANTIHYPERTENSIVES Order Status Active 07/17/2022	Revision Date 07/17/2022	Supply Last Order Date Reorder 07/17/2022 Y	Supply Reorder
Onuaguluchi-Phillips, M O (11553)	hydrALAZINE HCI Tablet 25 MG Give 1 tablet by mouth every 6 hours as needed for Hypertension Systolic BP over 160 or diastolic BP over 90	Pharmacy	Active	07/17/2022	07/17/2022	-4
Onuaguluchi-Phillips, M O (11553)	Lisinopfil Tablet 10 MG Give 1 tablet by mouth two Pharmacy imes a day for hypertension	o Pharmacy	Active	10/27/2022	10/27/2022	~
Sandoval, Yolanda M (11691)	cloNIDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 1 tablet by mouth every 6 hours as needed for HTN-For SBP>150) Pharmacy for	Active	10/21/2022	10/21/2022	~
Schmidt, Barbara A (11680)	Lisinopril Tablet 10 MG Give 1 tablet by mouth one time a day for hypertension	ne Pharmacy	Active	09/28/2022	09/27/2022	- ≺
Sheehan, Timothy (11625)	Terazosin HCl Oral Capsule 5 MG (Terazosin HCl) Give 1 capsule by mouth one time a day for BPH	3) Pharmacy	Active	10/12/2022	10/12/2022	~
Suzara, Ronnie M (11102)	Terazosin HCl Capsule 2 MG Give 1 capsule by mouth at bedtime for BPH	Pharmacy	Active	10/01/2022	10/01/2022	: ~
Takahashi, Masayoshi (11416)	hydrALAZINE HCI Oral Tablet 25 MG (Hydralazine HCI) Give 1 tablet by mouth every 8 hours as needed for HTN Administer for SBP > 160	ne Pharmacy	Active	07/24/2022	07/24/2022	· ~
Tiu, Quintin L (10108)	Terazosin HCl Capsule 1 MG Give 1 capsule by mouth at bedtime for BPH	Pharmacy	Active	09/09/2022	09/09/2022	· ~
Trinh, Quyen V (10749)	Losartan Potassium-HCTZ Tablet 50-12.5 MG Give Pharmacy 1 tablet by mouth one time a day for hypertension hold for SBP less than 110 and HR less than 60	ve Pharmacy	Active	09/05/2022	09/05/2022	~
Vuong, Thary (9302)	Losartan Potassium Tablet 50 MG Give 1 tablet by Pharmacy mouth two times a day for Hypertension Hold if SBP is below 110 or heart rate below 60. (Please don't change the frequency per pt request unless MD order.	y Pharmacy BP t	Active	10/03/2022	10/02/2022	~
Yee, Marvin (11692)	Oimesartan Medoxomil Oral Tablet 40 MG (Olmesartan Medoxomil) Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 110	Pharmacy 10	Active	10/22/2022	10/21/2022	~

Time: 17:19:21 PT Date: Oct 31, 2022

Royal Care Skilled Nursing Center - SNF

Order Listing Report

Facility Code: 021

User: Micah Marie Narvaez

Resident: All L	Unit: All Floor: All	Status: Current Order Status: Active N	Medication Class: ANTIHYPERTENSIVES	: ANTIHYPERT	ENSIVES		
Resident Name		Order Summary	Order Category	Order Status	Revision Date	Supply Last Order Date Reorder	Supply Reorder
Billingsley, Joy M (11688)	688)	Lisinopril Tablet 20 MG Give 1 tablet by mouth one time a day for hypertension Hold for Systolic B/P less than 110.	one Pharmacy P	Active	10/30/2022	10/12/2022	~
Brown Reynolds, Dorolhy P (11517)	rothy P (11517)	cioNiDine HCl Tablet 0.1 MG Give 1 tablet by mouth every 6 hours as needed for HTN Administer for SBP greater than 150	Pharmacy iister	Active	10/30/2022	07/04/2022	~
Bustamante, Simon (11685)	(11685)	Lisinopril-hydroCHLOROthiazide Oral Tablet 20- 12.5 MG (Lisinopril &Hydrochlorothiazide) Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 105	Pharmacy	Active	10/19/2022	10/19/2022	≺
Campbell, Sandra K (11508)	(11508)	Losartan Potassium Tablet 100 MG Give 1 tablet by Pharmacy mouth one time a day for HTN	et by Pharmacy	Active	10/03/2022	10/03/2022	~
Cunningham, David A (10872)	A (10872)	HydrALAZINE HCI Tablet 25 MG Give 0.5 tablet by mouth one time a day for hypertension hold for SBP less than 100 or HR less than 60	et by Pharmacy SBP	Active	09/06/2022	09/06/2022	~
Denowski, Constance J (11620)	e J (11620)	cioNiDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 0.1 mg by mouth every 6 hours as needed for HTN systolic >180, Diastolic > 100	CI) Pharmacy I for	Active	10/30/2022	07/07/2022	~
Fagen, Michael (11282)	82)	cloNIDine HCI Tablet 0.1 MG Give 1 tablet by mouth every 6 hours as needed for if SBP> 160	Pharmacy	Active	10/30/2022	05/06/2021	~
Fagen, Michael (11282)	82)	Lisinopril Tablet 5 MG Give 2 tablet by mouth one time a day for hypertension	ne Pharmacy	Active	10/29/2022	10/29/2022	: ~
Garcia, Frank (11587)	3	cioniDine HCI Oral Tablet 0.1 MG (Clonidine HCI) Give 1 tablet by mouth every 6 hours as needed for SBP greater than 160	ICI) Pharmacy d for	Active	09/06/2022	09/05/2022	
Gill, Edrie Mae (11095)	35)	Lisinopril Oral Tablet 5 MG (Lisinopril) Give 1 tablet Pharmacy by mouth one time a day for Hypertension	ablet Pharmacy	Active	10/30/2022	10/21/2022	: ~
Herbert, Joseph M (11087)	11087)	Lisinopril Tablet 20 MG Give 1 tablet orally one time Pharmacy a day for hold if SBP <120	time Pharmacy	Active	10/15/2022	10/15/2022	:
Hernandez, Ruben H (10073)	1 (10073)	cloNIDine HCI Tablet 0.1 MG Give 1 tablet by mouth every 6 hours as needed for For SBP > 160 Monitor HR every shift for 3 days. Call MD if HR <60.	Pharmacy 160 R	Active	10/30/2022	06/22/2022	~
Hernandez, Ruben H (10073)	1 (10073)	HydrALAZINE HCI Tablet 25 MG Give 1 tablet by mouth every 8 hours for hypertension Hold for SBP less than 110	by Pharmacy SBP	Active	05/10/2022	05/10/2022	⊹ ≺
Hernandez, Ruben H (10073)	1 (10073)	Lisinopril Tablet 40 MG Give 1 tablet by mouth one time a day for hypertension Hold for SBP < 110.	one Pharmacy),	Active	10/27/2022	10/27/2022	~

Facility #: —

Date: Oct 31, 2022 Time: 17:19:21 PT

Royal Care Skilled Nursing Center - SNF

Order Listing Report

Facility Code: 021

User: Micah Marie Narvaez

Resident: All Unit: All	Floor: All Status: Current Order Status: Active	Medication Class:	ANTIHYPERTENSIVES	ENSIVES		
Resident Name	<u>Order</u> Summary	Order Category	<u>Order</u> Status	Revision Date	Supply Last Order Date	Supply Reorder
Hinkson, Helen L (11510)	Lisinopril Tablet 20 MG Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 110	outh one Pharmacy 110	Active	10/31/2022	10/30/2022	~
Holmes, Helen F (11700)	hydrALAZINE HCI Oral Tablet 50 MG (Hydralazine HCI) Give 1 tablet by mouth three times a day for HTN Hold for SBP less than 110	relazine Pharmacy lay for	Active	10/30/2022	10/30/2022	≺
Huynh, Linda (10932)	Losartan Potassium Tablet 100 MG Give 1 tablet by Pharmacy mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (110) *Hold for SBP less than 100	tablet by Pharmacy \L or SBP	Active	09/16/2022	09/16/2022	≺
Keller, Robert A (11657)	cioNIDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 1 tablet by mouth every 6 hours as needed for HTN SBP above 160	te HCI) Pharmacy eded for	Active	10/19/2022	08/31/2022	≺
Lewis, Bruce (10762)	hydrALAZINE HCI Tablet 50 MG Give 1 tablet by mouth four times a day for HTN Hold for SBP less than 110	plet by Pharmacy 3P less	Active	10/19/2022	10/17/2022	≺
Lewis, Bruce (10762)	Losartan Potassium Tablet 50 MG Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION (110) Hold for SBP less than 110	ablet by Pharmacy AL r SBP	Active	10/26/2022	10/26/2022	≺
Lim, Sok K (11259)	Losartan Potassium Tablet 100 MG Give 1 tablet by Phairmacy mouth one time a day for Hypertension	tablet by Pharmacy	Active	10/31/2022	09/07/2022	~
Lyons, Betty J (11660)	cloNiDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 1 tablet by mouth every 6 hours as needed for SBP greater than 160	16 HCI) Pharmacy eded for	Active	09/02/2022	08/30/2022	~
Marquez, Teresa P (11315)	cloNIDina HCI Tablet 0.1 MG Give 1 tablet by mouth three times a day for HTN hold if SBP is below 110 or HR below 60	by Pharmacy P is	Active	10/15/2022	10/15/2022	~
Marquez, Teresa P (11315)	hydrALAZINE HCI Tablet 25 MG Give 1 tablet by mouth three times a day for HTN hold if SBP below 110 or HR below 60	olet by Pharmacy P below	Active	09/18/2022	09/18/2022	<
Marquez, Teresa P (11315)	Lisinopril Tablet 40 MG Give 1 tablet by mouth one time a day for HTN hold if SBP is below 110 or HR below 60	uth one Pharmacy 0 or HR	Active	10/15/2022	10/15/2022	~
Martinez, Joseph (7095)	LISINOPRIL 40MG TABLET Give 1 tablet orally one time a day related to UNSPECIFIED ESSENTIAL HYPERTENSION (401.9) Monitor B/P - hold for SBP less than 110 0r Diastolic B/P less than 60	orally Pharmacy hitor B/P Pless	Active	10/15/2022	10/15/2022	≺

Facility#:— Date: Oct 31, 2022

Time: 17:19:21 PT

Royal Care Skilled Nursing Center - SNF

Order Listing Report

Facility Code: 021

User: Micah Marie Narvaez

Resident: All Unit: All F	Floor: All Status: Current	Order Status: Active	Medication Class:	ANTIHYPERTENSIVES	ENSIVES		
Resident Name	<u>Order</u> Summary		Order Category	Order Status	<u>Revision</u> Date	Supply Last Order Date	Supply Reorder
Mendivil, Andrea M (9346)	Losartan G-Tube c than 110	Losartan Potasslum Tablet 50 MG Give 1 tablet via G-Tube one time a day for HTN Hold for SBP less than 110	1 Pharmacy	Active	10/19/2022	08/28/2022	~
Onuaguluchi-Phillips, M O (11553)	hydrALA mouth ev Systolic I	hydrALAZINE HCI Tablet 25 MG Give 1 tablet by mouth every 6 hours as needed for Hypertension Systolic BP over 160 or diastolic BP over 90	Pharmacy	Active	10/30/2022	07/17/2022	~
Onuaguluchi-Phillips, M O (11553)	Llsinoprii times a d	Lisinopril Tablet 10 MG Give 1 tablet by mouth two times a day for hypertension	Pharmacy	Active	10/27/2022	10/27/2022	~
Sandoval, Yolanda M (11691)	doNIDine Give 1 ta HTN Adn	cloNIDine HCl Oral Tablet 0.1 MG (Clonidine HCl) Give 1 tablet by mouth every 6 hours as needed for HTN Administer for SBP greater than 150	Pharmacy r	Active	10/30/2022	10/30/2022	~
Schmidt, Barbara A (11680)	Lisinoprii time a da	Lisinopril Tablet 10 MG Give 1 tablet by mouth one time a day for hypertension	Pharmacy	Active	10/31/2022	10/31/2022	~
Sheehan, Timothy (11625)	Terazosi Give 1 ca	Terazosin HCl Oral Capsule 5 MG (Terazosin HCl) Give 1 capsule by mouth one time a day for BPH	Pharmacy	Active	10/12/2022	10/12/2022	~
Stinney, Allen (11701)	Losartan Potassiu for HTN I	Losartan Potassium Oral Tablet 50 MG (Losartan Potassium) Give 1 tablet by mouth two times a day for HTN Hold if BP is less than 120	Pharmacy	Active	10/31/2022	10/31/2022	~
Suzara, Ronnie M (11102)	Terazosi mouth at	Terazosin HCl Capsule 2 MG Give 1 capsule by mouth at bedtime for BPH	Pharmacy	Active	10/30/2022	10/30/2022	~
Takahashi, Masayoshi (11416)	hydrALA: HCl) Givu needed fi	hydrALAZINE HCI Oral Tablet 25 MG (Hydralazine HCI) Give 1 tablet by mouth every 8 hours as needed for HTN Administer for SBP > 160	Pharmacy	Active	07/24/2022	07/24/2022	~
Tiu, Quintin L (10108)	Terazosi mouth at	Terazosin HCl Capsule 1 MG Give 1 capsule by mouth at bedtime for BPH	Pharmacy	Active	09/09/2022	09/09/2022	~
Trinh, Quyen V (10749)	Losartan 1 tablet b hold for S	Losartan Potassium-HCTZ Tablet 50-12.5 MG Give 1 tablet by mouth one time a day for hypertension hold for SBP less than 110 and HR less than 60	e Pharmacy	Active	09/05/2022	09/05/2022	~
Vuong, Thary (9302)	Losartan mouth tw is below change ti order,	Losartan Potassium Tablet 50 MG Give 1 tablet by mouth two times a day for Hypertension Hold if SBP is below 110 or heart rate below 60. (Please don't change the frequency per pt request unless MD order.	Pharmacy	Active	10/03/2022	10/02/2022	~
Yee, Marvin (11692)	Olmesar (Olmesa one time	Olmesartan Medoxomil Oral Tablet 40 MG (Olmesartan Medoxomil) Give 1 tablet by mouth one time a day for HTN Hold for SBP less than 110	Pharmacy	Active	10/22/2022	10/21/2022	~