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

PRINTED: 08/11/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		555017	B. WING			C 08/09/2023	
	PROVIDER OR SUPPLIER ALK POST ACUTE			STREET ADDRESS, 4000 HARRISON S RIVERSIDE, CA		, 00.	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 000	INITIAL COMMEN	гѕ	F0	00			
	California Departme Abbreviated Standa of one Facility Repo						
	Representing the D	ecident Number: CA00843904 Department:					
	Health Facility Eval 48562.	uator Nurses: 29623 and					
	complaint or Facility	limited to the specific y Reported Incident ses not represent the findings of the facility.					
	One deficiency wer Reported Incident:	e identified for the Facility CA00843904.					
	Free from Unnec P CFR(s): 483.45(c)(sychotropic Meds/PRN Use 3)(e)(1)-(5)	F 7	58			
	affects brain activiti processes and beh	ychotropic drug is any drug that es associated with mental avior. These drugs include, to, drugs in the following					
		ehensive assessment of a must ensure that					
	. , , ,	dents who have not used					
LABORATOR\	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	1	ΓITLE		(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.

Ben Weese

Administrator

8/20/23

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		555017	B. WING				C 09/2023
	PROVIDER OR SUPPLIER ALK POST ACUTE	,		STREET ADDRESS, CITY, STATE, ZIP 4000 HARRISON STREET RIVERSIDE, CA 92503	CODE	,	
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F 758	psychotropic drugs unless the medical specific condition a in the clinical recording receive grad behavioral intervent contraindicated, in drugs; §483.45(e)(3) Resident psychotropic drugs unless that medical diagnosed specific in the clinical recording fractional for the prescribing practitional propriate for the beyond 14 days, for a training practitional in the resindicate the duration for the diagnosed specific in the clinical recording practitional for the prescribing practitional in the resindicate the duration for the diagnosed specific in the resindicate the durational in the resindicate the durational in the resindicate the duration for the prescribing practition f	are not given these drugs ion is necessary to treat a is diagnosed and documented d; dents who use psychotropic ual dose reductions, and itions, unless clinically an effort to discontinue these dents do not receive pursuant to a PRN order tion is necessary to treat a condition that is documented	F7	758			

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	to Resident 1 on Ma 29, 2023. This failure had the receive unnecessar Findings: On June 19, 2023, reviewed. Resident on May 1, 2023. The Social Service dated May 12, 2023 Resident 1 was call distress. The SSD Resident 1 denied a history of anxiety busituation." The Psychiatry prog 2023, indicated Resident 1 denied a history of anxiety busituation." The Psychiatry prog 2023, indicated Resident 1 denied a history of anxiety prog 2023, indicated Resident 1 denied a history of anxiety prog 2023, indicated Resident 1 denied a history of anxiety prog 2023, indicated Resident 1 denied a history of anxiety prog 2023, indicated Resident 1 denied a history of anxiety, resulting the physician of an further indicated Resident 1 denied a history of anxiety	potential for Resident 1 to py psychotropic medication. Resident 1's record was 1 was admitted to the facility Director (SSD) progress note 3, at 4:48 p.m., indicated and was in no apparent progress note further indicated any feeling of depression or at worried "about her gress note dated May 15, sident 1 was seen by the (PA). The PA ordered grams (mg- unit of by every eight hours as needed manifested by (m/b) xiety. The PA's progress notes sident 1 had been reporting bouts of anxiety and would ation to help ease her	F 7	758			

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NAME OF PROVIDER OR SUPPLIER RIVERWALK POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CODE 4000 HARRISON STREET RIVERSIDE, CA 92503		103/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 758	lorazepam). Monitor of feeling anxious. Ithe # (number) of both the	or for anxiety m/b verbalization At the end of each shift, record behaviors- Q (every) shift" lical Administration Record 23 indicated that Resident 1 izations of anxiety but was azepam 0.5 mg on the 50 p.m.; 39 p.m.; 0:42 p.m.; 29 p.m.; 00 p.m.; 57 p.m.; and 36 p.m. as no documented evidence tel interventions were led by the staff prior to the razepam and there was no note the effectiveness of the alluated by the licensed nurse stered on May 18, 19, 21, 23,	F 7:	58		

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F 758	and May 29, 2023, stated the licensed reason for giving th May 18, 19, 21, 23, DON stated the rea and behaviors (targ verbalization of anx documented in the the licensed nurses those dates. The DON further st Resident 1's anxiety eMAR from May 15 acknowledged that documentation was could not justify why The facility's policy "Psychotropic Medi was reviewed. The will not receive PRN medications unless treat a specific conclinical recordThe and report to the at	for Resident 1. The DON nurses did not document the e PRN Ativan to Resident 1 on 25, 26, and 29, 2023. The son for giving the medication et symptoms such as the iety) should have been eMAR or progress notes when gave the PRN Ativan on ated she had reviewed behavioral monitoring in the to 29, 2023, and the licensed nurse's inconsistent and stated she wit was not done. and procedure titled, cation Use", dated July 2022 policy indicated, "Residents of documented in the estaff will observe, document, tending physician information ness of any interventions,	F 7	58			

Please accept this Plan of Correction as our Credible Allegation Package. The deficiencies will be corrected as specified and they will be monitored to prevent recurrence no later than 8/20/23

Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely to comply with the provisions of the Health and Safety Code 1280 and 42 C.F.R. 405.1907.

F-758

- A) How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice
- Resident 1 was discharged on 6/22/23 to 3663 La Sierra Ave Riverside, CA 92505 per request.
- B) How the facility will identify the residents having the potential to be affected by the deficient practice and what corrective action will be in place.
- -Medical records, DON, ADON conducted random chart audit from 6/23/23 to 8/1/23 to verify if the license nurse had failed to properly monitor behaviors of residents receiving anti-psychotic drugs, and if they failed to assess properly the effectiveness of the antipsychotic medications. After reviewing no other resident was affected of the deficient practice.
- C) What measure will be put in place or what system changes will the facility make to ensure that the deficient practice does not recur.
- DON and ADON in-serviced license nurses from 8/12/23 to 8/15/23 to ensure that resident's receiving antipsychotic drugs are consistently monitored for behaviors,
- -License nurses must observe and monitor the resident for effectiveness of the psychotropic medication and document accordingly.
- D) How the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness.

Medical records will audit the charts weekly for missing documentation and follow-ups and report findings to DON, and during monthly QA meetings.

Corrective action will be completed on 8 20 23

In-service Lesson Plan

Program: F-758	Riverwalk Post-Acute
Date: 8/12/23 to 8/15/23	Instructor: Ben Admin, Elma DON, Claudia DSD
Title: Monitor behaviors and effectiveness of	Time: 60min
Antipsychotic meds	

Student Performance Standard (Objectives)	Course Content	Teaching Methods	Evaluation
License nurses will understand the importance for monitoring the residents' behaviors while on antipsychotic Medication. License nurse will understand the purpose to assess the residents for the effectiveness of antipsychotic meds.	1-license nurses to ensure that resident's receiving antipsychotic drugs are consistently monitored for changes noted in the residents' behaviors, 2-License nurses must observe and monitor the resident for the effectiveness of the psychotropic medication and document accordingly. 3- Medical records will audit the charts weekly for missing documentation and follow-ups and report findings to DON	Lecture	Evaluation In facility Group Discussion * Verbal quizzes