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

PRINTED: 11/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555492	A. BUILDING ______ B. WING ______	C 10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAVILLA CARE CENTER	9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223

(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 for the investigation of one entity reported incident and one complaint. Entity reported incident number: CA00328396. Complaint number: CA00328703. Representing the California Department of Public Health: Surveyor 29337, HFEN. The inspection was limited to the specific entity reported incident and complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for entity reported incident number CA00328396 and complaint number CA00328703. Abbreviations: DON - Director of Nursing mg - milligram po - by mouth prn- as needed q- every	F 000	b. All residents with physician's orders for pain medications are at risk to be affected by the alleged deficient practice. The DON or designee will review all identified residents at risk to ensure that prescribed pain medication is being carried out as ordered. Any findings will be communicated to licensed nurse for corrective action. c. On October 31, 2012, an in-service was conducted by the pharmacy consultant & DON regarding pain assessment, following physician's orders, pain medications & it's potential side effects. The DON or designee will review weekly the nurses documentation in the Medication Administration Record & Pain Assessment Flowsheet to ensure pain medications are administered accurately as ordered. The pharmacy consultant will also review the Medication Administration Record & Pain Assessment Flowsheet during monthly Medication Regimen Review. Continuous education will be provided to licensed nurse on Pain Assessment & Management quarterly. d. DON or designee will ensure compliance in accurate documentation of pain medication administration through monthly record review. Findings will be reported to the QA& A Committee for continous quality improvement. e. The facility will be in compliance by November 30, 2012	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309		

2012 NOV 20 PM 2:29

Acceptable POC
J Ketch HFEN 11/27/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	11/20/12

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555492	A. BUILDING _____ B. WING _____	C 10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAVILLA CARE CENTER	9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223

(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 309	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that physician orders were carried out accurately thus the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being were not provided. Pain medication was given in excessive frequency to one resident (Resident 1). Findings: On October 11, 2012, an unannounced visit was made to the facility for the investigation of one complaint and entity reported incident. Resident 1 was re-admitted to the facility on July 29, 2012, with diagnoses including anemia (low hemoglobin count in the circulating blood), hypertension, degenerative joint disease and osteoporosis (decreased bone density). She had recently undergone a laminectomy (surgical removal of bone from the spine) following a fall at home. On October 11, 2012, at 2:30 p.m., the DON was interviewed. She stated the resident had a lot of pain in her back following a fall at home and back surgery. The DON also stated, "She goes to the pain clinic, but still complains of pain. The doctor recently discontinued some of her pain medications, perhaps too many". On October 11, 2012, the resident's clinical record was reviewed. The resident sustained a	F 309	This Plan of Correction (POC) constitutes the facility's credible allegation of compliance. Miravilla Care Center (MVCC) makes its best efforts to operate in full compliance with both the State and Federal laws. Nothing included in this Plan of Correction is an admission otherwise. Miravilla Care Center (MVCC) has submitted this Plan of Correction as part of its statutory requirements but does not waive any objections to the merits of forms of any allegations contained therein. Please note that MVCC may contest the merits and/or form of all and/or any deficiencies and the findings alleged below. 12 NOV 20 PM 2:29 F 309 Quality of Care a. The order for Dilaudid for resident 1 was discontinued and was changed to a new pain medication upon readmission from hospital on 10/16/12. The new pain medication is being administered as ordered.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555492	A. BUILDING _____ B. WING _____	C 10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAVILLA CARE CENTER	9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223

(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 309	Continued From page 2	F 309		

fall at the facility on October 2, 2012, at 5:50 p.m. and again on October 5, 2012, at 3:00 p.m. The "Post Fall Assessment" related to the October 2, 2012 fall, indicated the resident was noted to have auditory hallucinations and delusions. The "Post Fall Assessment" related to the October 5, 2012 fall, indicated the resident was noted to have poor safety awareness due to intermittent confusion and hallucinations. The "Diagnostic Imaging Report" dated October 6, 2012 indicated a left subcapital fracture with slight lateral displacement (a displaced fracture of the left hip).

Further review of the record revealed a physician's order dated, September 29, 2012, that indicated the resident should receive:

Dilaudid (narcotic medication for relief of pain) 2 mg one tablet po q 2 hours prn for pain 8 and above/10 (severe)
Dilaudid 2 mg one tablet po q 4 hours prn for pain 5 - 7/10 (moderate)
Dilaudid 2 mg one tablet po q 6 hours prn for pain 1-4/10 (mild)

Giving the medication, Dilaudid, with excessive frequency could cause adverse reactions such as dizziness, light-headedness and clouded sensorium (Nursing 2010 Drug Handbook, Lippincott Williams & Wilkins), which may result in a fall with injury.

The document titled, "Pain Assessment Flowsheet" was reviewed. The document indicated the resident received Dilaudid 2 mg on October 1, 2012, at 12:50 p.m., for the pain level equivalent to 7. The resident again received Dilaudid 2 mg on October 1, 2012, at 3:30 p.m.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555492	A. BUILDING _____ B. WING _____	C 10/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAVILLA CARE CENTER	9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223

(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 309	Continued From page 3 for the pain level equivalent to 7. The dose was given 2 hours and 50 minutes after the previous dose. The physician's order indicated the resident should not receive the next dose for 4 hours following the 12:50 p.m. dose. The medication was given too soon. The medication, Dilaudid 2 mg was given again on October 1, 2012, at 5:50 p.m., for the pain level equivalent to 7. The dose was given 2 hours after the previous dose. The physician s order indicated the resident should not receive the next dose for 4 hours following the 3:30 p.m. dose. The medication was given too soon. The medication Dilaudid 2 mg was given again on October 1, 2012, at 8:30 p.m., for the pain level equivalent to 7. The dose was given 3 hours after the previous dose. The physician's order indicated the resident should not receive the next dose for 4 hours following the 5:30 p.m. dose. The medication was given too soon. The medication Dilaudid 2 mg was given on October 3, 2012, at 6:30 a.m., for the pain level equivalent to 7. The resident again received Dilaudid 2 mg on October 3, 2012, at 9:45 a.m., for the pain level equivalent to 7. The dose was given 3 hours and 15 minutes after the previous dose. The physician's order indicated the resident should not receive the next dose for 4 hours following the 6:30 a.m. dose. The medication was given too soon.	F 309		