

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Redlands Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1620 West Fern Avenue Redlands, CA 92373	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45240</b></p> <p>Based on observation, interview, and record review the facility failed to ensure and follow its policy and procedure in one of three sampled resident (Resident 1) , when they failed to administer oral medications in a safe and timely manner, and as prescribed.</p> <p>This failure had the potential to place clinically compromised Residents (Resident 1) health and safety at risk. When Resident 1 was given a wrong medication.</p> <p>Findings:</p> <p>During a record review of Resident 1 Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with a diagnoses to include malignant neoplasm of thyroid gland (Cancer of the thyroid), muscle wasting and atrophy (thinning or loss of muscle tissue), depression(lowering of a person's mood), anxiety disorder (feelings of worry that interferes with one's daily activities, acute embolism and thrombosis (form of a blood clot that travels to the lungs).</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on April 3, 2024, at 12:10 pm, LVN 1 stated that she gave the wrong medication to Resident 1. LVN1 stated that she did not verify the Resident 1 name band or asks for Resident 1's full name.</p> <p>During concurrent interview and record review with Director of Nursing (DON), on April 3, 2024, at 12:30pm, DON stated that there was an incident of wrong medication given to Resident 1. DON stated that LVN1 gave Seroquel (to treat depression and schizophrenia), metoprolol ( to treat high blood pressure) vitamins C and B complex.</p> <p>During a review of the facility's policy and procedure titled, Administering Medications revised April 2019, the policy and procedure indicated, Medications are administered in a safe and timely manner, and as prescribed. 9. The individual administering medications verifies the resident's identity before giving the resident his/her medications.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
-----------------------------------------------------------------------	-------	-----------