

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Alta Vista Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 9020 Garfield Street Riverside, CA 92503	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505</p> <p>Based on interview, and record review, the facility failed to follow the physician's order to hold the medication Furosemide (water pill) for blood pressure less than 110, for one out of three sampled residents reviewed (Resident 1).</p> <p>This failure had the potential to result in hypotension, placing Resident 1 at risk for medical emergency.</p> <p>Findings.</p> <p>A review of Resident 1's admission recorded indicated that Resident 1 was admitted to the facility on [DATE], with diagnoses which included localized edema (swelling) and pulmonary hypertension (high blood pressure in the arteries of the lungs).</p> <p>A review of Resident 1's physician order dated January 26, 2025, indicated .Furosemide Oral Tablet 40 MG . Give 1 tablet by mouth one time a day for edema hold if SBP (systolic blood pressure - measures the pressure in the arteries when the heart beats and pumps blood) is < (less than) 110.</p> <p>A review of Resident 1's Medication Administration Record (MAR) for February 2025, indicated, Furosemide was administered on February 9, 2025, when Resident 1's blood pressure was 98/68, which was outside the prescribed parameters.</p> <p>On April 11, 2024, at 4:30 p.m., during a concurrent interview and record review with the Licensed Vocational Nurse (LVN). The LVN stated that she administered Furosemide on February 9, 2025, even though Resident 1's blood pressure was 98/68. The LVN further stated, the physician had given a verbal order to continue administering the medication despite the SBP being less than 110.</p> <p>A further review of Resident 1's progress notes and physician order did not indicate any documentation that Furosemide was to be administered with a systolic blood pressure less than 110 on February 9, 2025. No documentation of a verbal order from the physician was found.</p> <p>On April 14, 2025, at 9:22 a.m., during a concurrent interview and record review with the Director of Nursing (DON). The DON stated there was no documentation on February 9, 2025, to support the administration of Furosemide with a SBP below 110. The DON stated, there was no documentation from the licensed nurse and the physician authorizing the administration from the original medication parameters.</p> <p>(continued on next page)</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy and procedure titled, Medication Administration, dated January 1, 2012, indicated, .Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines . Tests and taking of vital signs, upon which administration of medications or treatments are conditioned, will be performed as required and the results recorded . When administration of the drug is dependent upon vital signs or testing, the vital signs/testing will be completed prior to administration of the medication and recorded in the medical record i.e. BP, pulse, finger stick blood glucose monitoring, etc .The Licensed Nurse will chart the drug; time administered and initial his/her name with each medication administration and sign full name and title on each page of the Medication Administration Record (MAR).</p>