

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Ramona Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11900 Ramona Boulevard El Monte, CA 91732	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37198</p> <p>Based on observation, interview, and record review, the facility failed to provide skin treatment in accordance with the professional standards of practice for one of three sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> a. Ensure a Licensed Vocational Nurse (LVN) instead of a Certified Nursing Assistant (CNA) 1 applied ointments to Resident 1. b. Ensure there was a physician's order for the ointments being applied to Resident 1. <p>These failures had the potential to result in improper use and application of skin treatment for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 10/27/2023 and recently admitted on [DATE] with diagnoses of hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or paralysis on one side of the body) following cerebral infarction (a medical condition where blood flow to the brain is interrupted, leading to the death of brain cells) affecting left non-dominant side (the part of the body that is not used as much as the other side of the body), type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), and epilepsy (a brain condition that causes recurring seizures).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 9/19/2024, the MDS indicated Resident 1 was usually understood by others and had the ability to usually understand others. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. The MDS indicated Resident 1 was at risk of developing pressure ulcer/injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence).</p> <p>During a review of Resident 1's Care Plan (CP), revised on 10/30/2024, the CP indicated Resident 1 was at risk for further skin breakdown related to history of skin breakdown and immobility (not being able to move around). The CP indicated to administer medications as ordered. The CP indicated to monitor and document for side effects and effectiveness.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 12/16/2024 at 1:54 pm, with CNA 1, CNA 1 was observed providing care to Resident 1. CNA 1 was observed with gloves on and applied calmoseptine ointment (medication used to treat and prevent minor skin irritations) and vitamin A&D ointment (medication used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations) to Resident 1's bottom. CNA 1 stated Resident 1's family member wanted the ointments to be applied to Resident 1.</p> <p>During an interview on 12/16/2024 at 3:03 pm, with LVN 1, LVN 1 stated calmoseptine ointment was used for skin redness and irritation, and vitamin A&D ointment was used for dry skin. LVN 1 stated if a family member was requesting for the ointments to be applied, nurse had to call the doctor for an order. LVN 1 stated the treatment nurse, charge nurse, and registered nurse could apply the calmoseptine and vitamin A&D ointments to the resident. LVN 1 stated CNAs were not allowed to apply the ointments. LVN 1 stated the importance of having a physician's order was to make sure there were no contraindications (a condition or situation in which a medication should not be used) and so staff could monitor progress of the resident's skin if it was responding well with the treatment.</p> <p>During an interview on 12/16/2024 at 3:25 pm, with the Director of Nursing (DON), the DON stated calmoseptine and vitamin A&D ointments both needed doctor's orders. The DON stated the CNA was not supposed to apply the ointments and only the licensed nurses were supposed to. The DON stated it was not in the CNA's scope of practice. The DON stated for medications, nurses had to assess the resident and obtain a doctor's order.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Policy/Procedure - Nursing Clinical, revised in January 2024, the P&P indicated it was the policy of the facility that drugs shall be administered only upon the written order of a person duly licensed and authorized to prescribe such drugs. No drugs or biologicals shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illnesses.</p>