

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER The Terraces at Los Altos Health Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 373 Pine Lane Los Altos, CA 94022	

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** 46553</p> <p>Based on interviews and record review, the facility failed to ensure the correct administration of medication when the licensed vocational nurse A entered the medication order to the wrong resident. This failure resulted in one of three sampled residents (Resident 1) receiving a medication that was not prescribed for this resident.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated she was admitted on [DATE], with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and dysphagia (difficulty swallowing), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>During a concurrent interview and record review on 8/5/24 at 3:38 p.m., with the director of nursing (DON), stated she entered the medication Abrysvo (vaccine that protects against lower respiratory tract disease caused by respiratory syncytial virus [RSV])120 microgram (mcg) /0.5 milliliter (ml -metric unit used to measure volume) to the wrong resident. The DON stated the medication was administered to Resident 1.</p> <p>Resident 1 had an order for RSV vaccine entered into her records in error- the order was intended for a different resident. The vaccine was inadvertently given.</p> <p>During an interview with Director of Nursing (DON) on 9/25/24 at 1:09 p.m., DON stated LVN A administered the RSV vaccine to Resident 1 that were not prescribed for her.</p> <p>During an interview on 9/25/24 a 2:08 p.m., with LVN A stated the vaccine was input by the DON and the medication came from the Pharmacy with the name of the Resident 1. She confirmed she did not ask another staff to verify.</p> <p>Review of the facility's policy and procedure (P&P) titled, Administering Medications, dated April 2019, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed.</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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