

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Advanced Rehab Center of Tustin		STREET ADDRESS, CITY, STATE, ZIP CODE 2210 E. First Street Santa Ana, CA 92705	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36872</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the medical records for two of eight sampled residents (Residents 3 and 7) and two nonsampled residents (Residents C and D) were complete and accurate. This failure had the potential for the resident care needs not being met as the medical information was incomplete and inaccurate.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Document of Medication Administration revised 11/2022 showed a nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident's medication administration record (MAR) and is documented immediately after it is given.</p> <p>1. Medical record review for Resident 3 was initiated on 10/30/24. Resident 3 was admitted to the facility on [DATE].</p> <p>Review of Resident 3's MAR for October 2024 showed the following medication was scheduled to be administered daily at 0630 hours: regular insulin (diabetic medication) injection subcutaneously before meals as per the following sliding scale: if BS 60 - 150 mg/dl = 0 unit; 151 - 200 mg/dl = 4; 201 - 250 mg/dl = 6; 251 - 300 mg/dl = 8; 301 - 350 mg/dl = 12; 351 - 400 mg/dl = 14. If BS >400 mg/dl give 16 units. If BS <10 mg/dl or >400 mg/dl, notify the MD. However, this medication was not signed as administered on 10/30/24 at 0630 hours, as ordered.</p> <p>2. Medical record review for Resident 7 was initiated on 10/30/24. Resident 7 was readmitted to the facility on [DATE].</p> <p>Review of Resident 7's MAR for October 2024 showed the following medications were scheduled to be administered daily at 2100 hours: atorvastatin (anti-cholesterol medication) 40 mg, Melatonin (sleeping medication) 3 mg, and regular insulin injection subcutaneously before meals as per the following sliding scale: if BS 70 - 150 mg/dl = 0 unit; 151 - 200 mg/dl = 2; 201 - 250 mg/dl = 4; 251 - 300 mg/dl = 6; 301 - 350 mg/dl = 8; 351 - 400 mg/dl = 10; and 401-999 mg/dl = 12 units and call MD. However, the melatonin was not signed on 10/30/24, atorvastatin was not signed on 10/31/24, and insulin was not signed on 10/31/24 at 0630 hours, as administered as ordered.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Advanced Rehab Center of Tustin		STREET ADDRESS, CITY, STATE, ZIP CODE 2210 E. First Street Santa Ana, CA 92705	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Medical record review for Resident C was initiated on 10/30/24. Resident C was readmitted to the facility on [DATE].</p> <p>Review of Resident C's MAR for October 2024 showed the following medications were scheduled to be administered daily at 0630 hours: alendronate 10 mg (bone medication), levothyroxine 50 mcg (thyroid medication), Protonix 20 mg (acid medication), and BS monitoring by finger stick before meals. However, these medications were not signed as administered on 10/31/24 at 0630 hours, as ordered.</p> <p>4. Medical record review for Resident D was initiated on 10/30/24. Resident C was readmitted to the facility on [DATE].</p> <p>Review of Resident D's MAR for October 2024 showed the following medication was scheduled to be administered:Lispro insulin (diabetic medication) subcutaneously before meals as per the following sliding scale: if BS 60 - 150 mg/dl = 4 units;151 - 200 mg/dl = 6 units; 201 - 250 mg/dl = 8 units; 251 - 300 mg/dl = 12 units; 301 - 350 mg/dl = 14 units; 351 - 400 mg/dl = 16 units. If BS above 400 mg/dl, notify the MD. However, this medication was not signed as administered on 10/22, 10/26 at 1130 hours and 10/30/24/24 at 0630 hours, as ordered.</p> <p>On 11/6/24 at 0710 hours, a concurrent interview and medical record review was conducted with LVN 6. LVN 6 stated he administered the medications to Residents 3 and D on 10/30/24 at 0630 hours, as scheduled but did not document the medications as administered.</p> <p>On 11/6/24 at 1417 hours, a concurrent interview and medical record review was conducted with the ADON. The ADON verified the above findings. The ADON stated LVN 6 administered the medications but forgot to document.</p>