STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055376	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntington Drive Health and Rehabilitation Center	400 W. Huntinton Dr. Arcadia, CA 91007

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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. (continued on next page)

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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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure one (1) of two (2) sampled residents (Resident 1) was free from unnecessary drugs (medications used in situations where they are not providing adequate benefit to the patient/ reisdent, or may even be causing harm) by failing to monitor Resident 1's hours of sleep for the use of Ambien (drug used to treat [insomnia-inability to sleep]) 5 milligrams (mg- metric unit of measurement, used for medication dosage and/or amount) the physician ordered for insomnia. This deficient practice had the potential to result in unnecessary use of the Ambien for Resident 1 and could cause delayed provision of necessary care and services. Findings:During a review of Resident 1's admission Record, the admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included insomnia and anxiety disorder (a mental health disorder characterized by feeling of worry, or fear that are strong enough to interfere with one's daily activities). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 6/24/2025, the MDS indicated Resident 1 had an intact cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 was dependent (helper does all the effort) on toileting and shower and required substantial/maximal assistance (helper does more than half the effort) with lower body dressing and putting on/taking off footwear. The MDS further indicated Resident 1 required partial assistance (helper does less than half the effort) with upper body dressing and personal hygiene. During a review of Resident 1's Physicians order dated 1/5/2025 at 11:52 AM, the Physicians order indicated to monitor hours of sleep every evening and night shift. During a review of Resident 1's Physicians order dated 6/25/2025 at 9:09 PM, the Physicians order indicated Ambien 5 mg to give 1 tablet by mouth as needed for insomnia for 14 days at bedtime.During a review of Resident 1's Medication Administration Record (MAR) for the month of June 2025, the MAR indicated Resident 1 received Ambien on June 19, 25, and 26, 2025. The MAR which indicated to monitor Resident 1's hours of sleep included check marks for evening and night shifts on the corresponding dates and not the number of hours of sleep. During a review of Resident 1's Medication Administration Record (MAR) for the month of July 2025, the MAR indicated the resident received Ambien on July 3, 2025. The MAR which indicated to monitor Resident 1's hours of sleep included a check mark on the same date for evening and night shift and not the number of hours of sleep. During an interview on 7/9/2025 at 9:26 AM, Resident 1 stated she takes Ambien for sleep as needed and mentioned that previously the Ambien has not been working.During an interview on 7/9/2025 at 12:28 pm, Licensed Vocational Nurse 1 (LVN 1) stated the MAR should indicate how many hours of sleep Resident 1 had so the licensed staff would know if the Ambien was effective.During a concurrent interview and record review with the Assistant Director of Nursing (ADON) on 7/9/2025 at 12:32 pm, the ADON stated the monitoring for hours of sleep in Resident 1's MAR for Ambien was not accurate because it did not indicate the specific number of hours. The ADON also stated the MAR should have the number of hours not just check marks so the staff would know if the Ambien was working properly.During a review of the facility's Policy and Procedure (P&P) titled Psychotropic (drugs that impact the way your brain works and can change mood, thought, perceptions, and behavior) Medication Use, dated July 2022, the P&P indicated that hypnotics (drugs designed to help you fall asleep faster, stay asleep longer, or both) are considered psychotropic medications and are subject to monitoring. The P&P also indicated that Psychotropic medication management includes adequate monitoring for efficacy and adverse consequences.