

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Ivy Creek Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  115 Bridge St. San Gabriel, CA 91775	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</b></p> <p>Based on observation, interview, and record review, the facility failed to document the administration of the two (2) doses of intravenous (IV, directly into the blood stream) antibiotics (medicines that treat bacterial infections by killing or stopping the growth of bacteria) medication on to the Medication Administration Record (MAR) for one (1) of five (5) sampled residents (Resident 4) in accordance with the Medication Administration policy.</p> <p>This deficient practice had the potential to result in the doubling up of medications (taking the dose twice).</p> <p>Findings:</p> <p>During a review of Resident 4's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses of pneumonia (an infection/inflammation in the lungs).</p> <p>During a review of the Physician ' s Order dated 2/6/2024 at 8 PM, the Physicians order indicated cefepime HCL (antibiotics used to treat pneumonia) 1 gram (gm, unit of measurement), IV to be given 2 times a day until 2/10/2025 10:24 PM.</p> <p>During a review of Resident 4's Minimum Data Set (MDS- a resident assessment tool), dated 2/13/2025, the MDS indicated Resident 4 had moderate impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 4 required partial assistance (helper does less than half the effort) with oral, toileting and personal hygiene, shower, upper and lower body dressing and putting on/taking off footwear. The MDS further indicated Resident 4 required supervision (helper provides verbal cues) with eating.</p> <p>During a review of Resident 4 ' s February 2025 MAR, the MAR did not indicate a signature for the medication administration for cefepime HCL 1 gm for the 9 PM doses on 2/9/2025 and 2/10/2025.</p> <p>During an interview on 2/25/2025 at 3:34 PM, Registered Nurse 1 stated administering the 9 PM dose of Resident 4 ' s cefepime HCL on 2/10/25. RN 1 stated she should have signed the MAR right after administering the medication for accuracy and to indicate that the medication was administered.</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:  055441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Ivy Creek Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  115 Bridge St. San Gabriel, CA 91775	
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>During an interview on 2/25/2025 at 3:45 PM, RN 2 stated administering Resident 4 ' s cefepime HCL IV antibiotic to Resident 4 on 2/9/2025 at 9 PM. RN 2 also stated that he should sign after the medication was administered as proof that the medication was administered.</p> <p>During a concurrent interview and record review of the medication administration policy on 2/25/2025 at 4 PM with the Director of Nursing (DON), the DON stated RN's should document the administration of the IV medications for the facility to track if the residents had received the ordered medications. The DON stated signing the MAR was one proof that the licensed staff administered the medications.</p> <p>During a review of the facility policy titled Medication - Administration revised January 1, 2012, indicated to ensure the accurate administration of medication for residents in the facility. The policy also indicated that the licensed nurses would 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 MAR. The policy further indicated under documentation, that the time and dose of the drug or treatment administered to the patient will be recorded in the patient ' s individual medication record by the person who administers the drug or treatment</p>		