

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Woodcrest Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8133 Magnolia Avenue Riverside, CA 92504	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39920</p> <p>Based on observation, interview, and record review, the facility failed to ensure pharmacy services were provided to meet the needs of the residents when four medications were not administered during the scheduled time with no documentation for one of five residents reviewed (Resident 1).</p> <p>This failure had the potential for Resident 1 to receive inadequate, ineffective medication treatment.</p> <p>Findings:</p> <p>On May 24, 2024, at 9:35 a.m., Resident 1 was interviewed. Resident 1 was alert and oriented. Resident 1 stated she had missed some medication doses of apixaban (Eliquis - an anticoagulant) and amiodarone (for arrhythmias - irregular heartbeats).</p> <p>On May 24, 2024, at 9:35 a.m., Resident 1's medical record was reviewed.</p> <p>Resident 1 was readmitted at the facility on January 10, 2024, with diagnoses which included tachycardia (fast, irregular heart rate), cardiac arrest, severe obesity, and hyperlipidemia (high cholesterol).</p> <p>There was a physician order dated January 30, 2024, for the following medications to be given to Resident 1: amiodarone 200 mg by mouth every 12 hours for arrhythmia (irregular heartbeats); apixaban 5 mg by mouth two times a day for DVT (deep vein thrombosis - blood clot) prophylaxis (prevention); ascorbic acid 250 mg by mouth two times a day; and atorvastatin 40 mg by mouth at bedtime for hyperlipidemia (high cholesterol).</p> <p>The Medication Administration Record (MAR) for the month of May 2024, indicated the 9 pm dose of amiodarone was not given (blank space on the documentation) on May 3, 4, and 12, 2024. The MAR indicated the 5 pm dose of apixaban was not given on May 4, 2024. The MAR also indicated the 5 pm dose of ascorbic acid (Vitamin C) was not given on May 4, 2024, and the 9 pm dose of Atorvastatin (Lipitor - for high cholesterol) was not given on May 3, 4, and 12, 2024.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 24, 2024, at 11:55 a.m., an interview and a concurrent record review was conducted with the Director of Staff Development (DSD). The DSD stated there was no documentation of administration for the missed doses of amiodarone, apixaban, ascorbic acid and atorvastatin, and no reason was documented for not administering the medications to Resident 1. The DSD stated the medications should have been administered as ordered by the physician, and there should have been a reason documented on the MAR when a medication was not given.</p> <p>On May 24, 2024, at 1:20 p.m., an interview and a concurrent record review was conducted with the Director of Nursing (DON). The DON stated there was no documentation of administration for the missed doses of amiodarone, apixaban, ascorbic acid and atorvastatin for Resident 1. The DON stated there should not be a blank space for a scheduled dose of medication and there should be a reason documented for not administering the medications. The DON stated the medications should have been administered as ordered by the physician.</p> <p>The facility's policy and procedure titled, Documentation of Medication Administration, revised, April 2007, was reviewed. The policy indicated, .The facility shall maintain a medication administration record to document all medications administered .A nurse .shall document all medications administered to each resident on the resident's medication administration record (MAR) .Documentation must include .reason(s) why a medication was withheld, not administered, or refused .</p>		