

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/15/2024
NAME OF PROVIDER OR SUPPLIER  Whittier Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7716 S Pickering Avenue Whittier, CA 90602	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42878</b></p> <p>Based on observation, interview and record review, the facility failed to ensure that the prescribing physician document the rationale for extending the use of two PRN (as needed-not given on a regular schedule) psychotropic medications for two out of fourteen sampled residents as indicated in the facility ' s policy and procedure titled Psychotropic Medication use.</p> <p>These deficient practices increased the risk of Residents 1 and 2 to experience adverse effects of the psychotropic medications including, but not limited to, dizziness, drowsiness, leading to an overall negative impact to their physical, mental, and psychosocial well-being.</p> <p>Findings:</p> <p>1. A review of Resident 1 ' s Face Sheet (admission record) indicated an admission to the facility on [DATE] with diagnoses including unspecified psychosis ( mental condition in which thought and emotions are so affected that contact is lost with external reality anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>A review of Resident 1 ' s History and Physical (H&amp;P) dated [DATE], indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a care area assessment and screening tool), dated [DATE] indicated Resident 1 was dependent (helper does all of the effort, resident does none) with oral hygiene, toileting, showers, lower and upper body dressing, transferring and personal hygiene.</p> <p>A review of Resident 1 ' s signed Physician ' s Order for the month of [DATE], indicated on [DATE], the physician ordered Valium (Diazepam- It can treat anxiety, muscle spasms, and seizures) 2 milligrams (mg - a unit of measure for mass) give 1 tablet via G-tube (a tube inserted through the belly that brings nutrition directly to the stomach) every 4 hours as needed for anxiety manifested by restlessness causing shortness of breath for. The order indicated to give the Valium for 14 days.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 1 ' s care plan for the use of Diazepam dated [DATE], indicated Resident 1 was at risk for the use of black box medication. The care plan indicated Resident 1 will be monitored frequently than recommended, and to reduce the risk of withdrawal reactions, gradual taper to discontinue.</p> <p>2. A review of Resident 2 ' s Face Sheet (admission record) indicated Resident 2 was initially admitted on [DATE] and recently readmitted on [DATE] with diagnoses including unspecified major depressive disorder (mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life)and Anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>A review of Resident 2 ' s History and Physical (H&amp;P) dated [DATE], indicated the resident have the capacity to understand and make decisions.</p> <p>A review of Resident 2 ' s MDS dated [DATE], indicated Resident 2 required substantial /maximal (helper does more than half the effort) assistance with oral hygiene, toileting, showers, lower and upper body dressing, transferring and personal hygiene.</p> <p>A review of Resident 2 ' s signed Telephone Physician ' s Order dated [DATE] indicated an order for Lorazepam tablet 0.5 milligrams (mg - a unit of measure for mass) give 1 tablet via G-Tube every 12 hours as needed for Anxiety manifested by verbalization of feeling nervous for 14 days.</p> <p>A review of Resident 2 ' s care plan for Anxiety/ agitation dated [DATE] indicated Resident 2 ' s medication as Ativan 0.5 mg due to Resident 2 is at risk for side effects. The care plan indicated Resident 2 will be monitored and have gradual reduction dose as indicated.</p> <p>During an interview and concurrent record review of Resident 1 ' s medical records with the Director of Nursing (DON) on [DATE] at 3:10 PM, the DON stated he could not find the attending physician ' s documented evidence of a reason or rationale to re-order and continue Resident 1 ' s Valium, 2 milligrams PRN, every time the Valium was reordered every 14 days.</p> <p>During a concurrent interview and record review of Resident 2 ' s medical record with the DON on [DATE] at 3:15 PM, the DON stated she he could not find the attending physician ' s documented evidence of a reason or rationale to reorder and continue Resident 2 ' s Lorazepam tablet 0.5 milligrams PRN every time it was reordered every 14 days. The DON stated the facility nurses were reordering the Psychotropic PRN medications when they expired and did not have any documentation from the prescribing physicians for the rationale to extend the medications past the 14 days. The DON stated all residents must be seen and evaluated by the resident ' s attending physician before renewing the PRN psychotropic medications to prevent any of the facility ' s Residents from receiving any unnecessary medications.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of facility ' s policy and procedures (P&amp;P) titled Psychotropic Medication Use with revision date of [DATE], indicated 11. Psychotropic medications are not prescribed or given on a PRN basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record. 1. For psychotropics medications that are NOT antipsychotics: if the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rational for extending the use and include the duration for the PRN order. 2. For Psychotropic medications that are antipsychotics: PRN orders cannot be renewed unless the attending Physician or prescriber evaluates the resident and documents the appropriateness of the medication.</p>