

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055992	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER West Covina Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 850 S. Sunkist Ave. West Covina, CA 91790	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>37198</p> <p>Based on interview and record review, the facility failed to develop and implement a person-centered care plan for the use of an antipsychotic medication (medication used to treat psychotic [having severe mental illness] disorders)) for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential for Resident 1 to not receive the type of care and services necessary for the use of an antipsychotic medication.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated the facility admitted Resident 1 on 11/7/2018 with diagnoses of atherosclerotic heart disease of native coronary artery (plaque buildup in the wall of the arteries that supply blood to the heart) without angina pectoris (chest pain or discomfort), heart failure (when the heart cannot pump enough blood) and dementia (the loss of the ability to think, remember, and reason to levels that affect daily life and activities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/30/2024, the MDS indicated Resident 1 was understood by others and had the ability to understand others. The MDS indicated Resident 1 had a behavior of having hallucinations (false perceptions in which a person thinks they are seeing, hearing, touching, or tasting something that is not there).</p> <p>During a review of Resident 1's Physician ' s Orders (PO), dated 1/31/2024 at 10 am, the PO indicated Resident 1 had an order of Seroquel (a type of drug used to treat symptoms of psychosis [a severe mental condition in which thought and emotions are so affected that contact is lost with external reality]) 100 milligram (mg- a measure of weight), 1 tablet by mouth, twice daily routine, for psychosis.</p> <p>During a review of Resident 1's Phone Order (PO), dated 2/8/2024, the PO indicated Resident 1 had an order of Seroquel 200 mg 1 tablet by mouth every 12 hours for psychosis manifested by talking to people that are not there.</p> <p>During a review of Resident 1's clinical records, Resident 1's clinical records indicated there was no care plan for the use of Seroquel 100 mg and 200 mg.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/2024 at 4:49 pm, with the Assistant Director of Nursing (ADON), the ADON stated Resident 1 should have had a care plan for the use of antipsychotic medication to address how to provide care, to monitor the medication's side effects, and to know if the medication was effective for Resident 1.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised in March 2022, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . The comprehensive, person-centered care plan: includes measurable objectives and timeframes; describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, includes the resident's stated goals upon admission and desired outcomes, builds on the resident's strengths, and reflects currently recognized standards of practice for problem areas and conditions.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>37198</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Antipsychotic Medication Use, for one of three sampled residents (Resident 1) by:</p> <ol style="list-style-type: none"> 1. Failing to attempt to provide non-pharmacological interventions (referring to treatments that do not involve the use of medications) before starting an antipsychotic (a medication used to treat psychotic [having severe mental illness] disorders) medication. 2. Failing to provide a psychiatric evaluation (a clinical assessment of an individual ' s mental state) for the use of the antipsychotic medication. <p>These deficient practices had the potential to result in the use of an unnecessary medication for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated the facility admitted Resident 1 on 11/7/2018 with diagnoses of atherosclerotic heart disease of native coronary artery (plaque buildup in the wall of the arteries that supply blood to the heart) without angina pectoris (chest pain or discomfort), heart failure (when the heart cannot pump enough blood) and dementia (the loss of the ability to think, remember, and reason to levels that affect daily life and activities).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/30/2024, the MDS indicated Resident 1 was understood by others and had the ability to understand others. The MDS indicated Resident 1 had a behavior of having hallucinations (false perceptions in which a person thinks they are seeing, hearing, touching, or tasting something that is not there).</p> <p>During a review of Resident 1 ' s Physician ' s Orders (PO), dated 1/31/2024 at 10 am, the PO indicated Resident 1 had an order of Seroquel (a type of drug used to treat symptoms of psychosis [a severe mental condition in which thought and emotions are so affected that contact is lost with external reality]) 100 milligram (mg- a measure of weight), 1 tablet by mouth, twice daily routine, for psychosis.</p> <p>During a review of Resident 1 ' s Order, dated 2/8/2024, the Order indicated Resident 1 had an order of Seroquel 200 mg 1 tablet by mouth every 12 hours for psychosis manifested by talking to people that are not there.</p> <p>During a review of Resident 1 ' s Interdisciplinary Team meeting (IDT, a team of health care professional who works with the residents and their families to promote optimal residents care and outcomes) dated 2/9/2024, the IDT indicated Care plan updated. Will refer to psychiatrist for evaluation and treatment as indicated.</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 - Few</p>	<p>During a review of Resident 1 ' s clinical records, Resident 1 ' s clinical records indicated there was no care plan for the use of Seroquel 100 mg and 200 mg. Resident 1 ' s clinical records indicated there was no psychiatric evaluation completed in the month of January prior to 1/31/2024 before Seroquel 100 mg was started and no psychiatric evaluation in February prior to or shortly after 2/8/2024 when Seroquel was increased to 200 mg. Resident 1 ' s clinical records indicated psychiatric evaluation was not done until 5/9/2024. Resident 1 ' s clinical records indicated there was no documentation of any non-pharmacological interventions provided for Resident 1 prior to the start of Seroquel 100 mg or 200 mg.</p> <p>During an interview on 5/8/2024 at 10:57 am, with the Assistant Director of Nursing (ADON), the ADON stated a psychiatric evaluation should be done before a resident is started on an antipsychotic medication. The ADON stated a resident ' s behaviors should be monitored and staff should provide non-pharmacological interventions. The ADON stated</p> <p>Resident 1 did not have a psychiatric evaluation. The ADON stated there was nothing documented in Resident 1 ' s clinical records that staff provided non-pharmacological interventions. The ADON stated it was important to document interventions because even if it was done but not documented, it did not happen.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled Antipsychotic Medication Use, revised in July 2022, the P&P indicated the attending physician and other staff will gather and document information to clarify a resident ' s behavior, mood, function, medical condition, specific symptoms, and risks to the resident and others. The attending physician will identify, evaluate, and document, with input from other disciplines and consultants as needed, symptoms that may warrant the use of antipsychotic medications . Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation.</p>		