

| | | | |
|-----------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056127 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Live Oak Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 537 W Live Oak San Gabriel, CA 91776 | |

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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46087</p> <p>Based on observation, interview, and record review, the facility failed to ensure three (1) of two (2) sampled residents (Resident 1) was free from an unnecessary psychotropic drug (any medication capable of affecting the mind, emotions, and behavior) in accordance with the facility policy and procedure by failing to ensure:</p> <ol style="list-style-type: none"> Resident 1 have a specific target behavior in addition to panicky feeling for the use of Ativan (Lorazepam, medication used to treat anxiety). Resident 1 have a physician's order for Ativan prior to administering it to the resident on 5/5/2024. <p>This deficient practice had the potential to place Resident 1 at risk for significant adverse (harmful) consequences from the use of unnecessary psychotropic drug.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated an initial admission to the facility on [DATE], and readmission on 12/16/2022 with diagnoses of dementia (a brain disorder that results in memory loss, poor judgment, and confusion), anxiety disorder (persistent and excessive worry that interferes with daily activities), and panic disorder (sudden and repeated panic attacks of overwhelming anxiety and fear).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning screening tool), dated 8/25/2023, indicated Resident 1 had no cognitive (person's ability to think, learn, remember, use judgement, and make decisions) impairment. The MDS indicated Resident 1 did not have any mood or behavior symptoms. The MDS indicated Resident 1 required supervision (oversight, encouragement, or cueing) with eating. The MDS indicated Resident 1 required limited assistance (resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance) with bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture).</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: 056127 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Live Oak Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 537 W Live Oak San Gabriel, CA 91776 | |
| 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 - Few</p> | <p>A review of Resident 1's Order Summary Report, dated 5/6/2024, indicated an order for Ativan 0.5 milligrams (mg, a unit of measurement) by mouth every 12 hours as needed for anxiety manifested by panicky feelings causing stress for 14 days, ordered on 4/19/2024 and discontinued on 5/3/2024.</p> <p>During a concurrent observation in Resident 1's room and interview on 5/6/2024 at 1:15 PM, Resident 1 was observed laying on her bed. Resident 1 stated, I take medication for my anxiety but not every day, only when I feel anxious. I get anxious when I hear other residents screaming, sometimes I breath faster when I am anxious.</p> <p>During a concurrent record review of Resident 1's Ativan Controlled Drug Record and interview with Licensed Vocational Nurse 1 (LVN 1) on 5/6/2024 at 3:10 PM, LVN 1 stated, according to the record, Resident 1 received an Ativan 0.5 mg tab on 5/5/2024.</p> <p>During a concurrent observation of medication cart 1 and interview with LVN 3 on 5/6/2024 at 3:15 PM, LVN 3 stated, Resident 1's Ativan medication bubble pack (a card that packages doses of medication within small, clear, or light-resistant plastic bubbles) should have been removed from the medication cart because there was no active physician's order. LVN 3 stated that discontinued narcotic medications should have been given to the Director of Nursing for destruction. LVN 3 stated that having discontinued medications mixed with medications with a physician order had a high risk to be mistakenly administered to the resident.</p> <p>During a telephone interview with LVN 2 on 5/6/2024 at 3:50 PM, LVN 2 stated that she remembered administering Ativan 0.5 mg tablet to Resident 1 on 5/5/2024, but LVN 2 cannot remember if she documented it in electronic medication administration record.</p> <p>During telephone interview on 5/7/2024 at 2 PM with Pharmacist Consultant (PC), PC stated, Resident 1's order for Ativan 0.5 milligrams by mouth every 12 hours as needed for anxiety manifested by panicky feelings causing stress for 14 days, ordered 4/19/2024 was not captured during her visit because it was ordered after she left the facility. PC stated, Resident 1's behavior manifestation of panicky feelings causing stress is kind of vague. PC stated, specific behavior manifestation such as screaming, resident's verbalization of having anxiety, breathing fast should have been in the order and not just panicky feeling. In addition, PC stated Resident 1 behavior should have been monitored and that to be tallied by hashmark on a weekly or monthly basis to determine the effectiveness of the medications or the need to change or adjust the medication.</p> <p>During a concurrent record review of Resident 1's order Summary report and interview with the Director of Nursing (DON) on 5/7/2024 at 2:30 PM, the DON stated the Ativan order was incomplete because it did include indication for a specific target behavior. The DON stated it was important to include the specific target behavior so the licensed nurses would know what behavior to monitor and when to administer the Ativan. The DON stated, antianxiety medication needs monitoring of specific target behavior so the facility would know if the behavioral management and/ or the medication was effective or not.</p> <p>(continued on next page)</p> | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056127 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Live Oak Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 537 W Live Oak San Gabriel, CA 91776 | |
| 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 - Few</p> | <p>During the same interview the DON on 5/7/2024 at 2:30 PM, the DON stated, this is discussed during the monthly behavior meeting of the facility where the Psychiatrist (a medical doctor who diagnoses and treats mental, emotional, and behavioral disorder) is part of. The DON added during this meeting, the team would discuss the need of extending the psychotropic medications, depending on the resident's behavior. The DON stated Resident 1 received Ativan on 5/5/2024 without a physician's order. The DON also stated, Resident 1's discontinued Ativan should have been removed from the medication cart. The DON stated it is not facility's practice to administer medication without an active physician order. The DON stated, Resident may not need it. It may cause harm and drug adverse side effect that can lead to death.</p> <p>A review of facility's Policy and Procedure (P&P), titled Psychotropic Medication Use, revised March 2023, indicated Residents will not receive medications that are not clinically indicated to treat a specific condition. It also indicated that Psychotropic medications are not prescribed or given on a as needed (PRN) basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record.</p> <p>A review of facility's Policy and Procedure titled, Administering Oral Medications, revised October 2010, indicated to verify that there is a physician's order.</p> | | |