

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Ramona Rehabilitation and Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 W. Johnston Avenue Hemet, CA 92543	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509</p> <p>Based on observation, interview, and record review the facility failed to ensure physician orders were followed for one of three sampled residents.</p> <p>This failure had the potential to cause further complications for Resident A's heart rates and blood pressures.</p> <p>Findings:</p> <p>On April 10, 2024, at 10:15 a.m., an unannounced visit was made to the facility to investigate quality care issues.</p> <p>A review of Resident A's medical record indicated Resident A was admitted to the facility on [DATE], with diagnoses which included COPD (Chronic Obstructive Pulmonary Disorder-causes airflow blockage and breathing related problems), hypertension (blood pressure higher than 130/80), diabetes mellitus (disease with too much sugar in the blood), and atrial fibrillation (irregular, often fast heart rate, causes poor blood flow).</p> <p>A review of Resident A's physician orders indicated the following:</p> <p>-Clonidine tablet 0.1mg (milligram-a unit of measurement), give 1 (one) tablet via PEG (percutaneous endoscopic gastrostomy-a feeding tube placed into the stomach) tube every 8 (eight) hours, PRN (as needed) for HTN (hypertension-high blood pressure) if SBP (Systolic Blood Pressure-top number of a blood pressure) > (greater than)160, ordered March 7, 2024.</p> <p>-Metoprolol tablet 75 mg, give via PEG tube every 12 hours for HTN, hold if SBP (less than) <100 or Pulse <70, ordered March 7, 2024.</p> <p>-Diltiazem tablet 60mg, give 1(one) tablet via PEG tube every 8 hours for HTN/Tachycardia (fast heart rate more than 100 beats per minute) hold for SBP <100 or Pulse <70, ordered March 7, 2024.</p> <p>A review of Resident A's Medication Administration Record (MAR), dated March 2024, indicated the following:</p> <p>a. Clonidine is to be given every 8 hours as needed for HTN GIVE if SBP >160, and to monitor blood pressure every 8 hours for Clonidine use.</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: 056214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Ramona Rehabilitation and Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 W. Johnston Avenue Hemet, CA 92543	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The MAR indicated the blood pressure (BP) on March 12, 2024, at 6:00 a.m. was 182/90, and on March 13, 2024, at 10:00 p.m. was 172/88.</p> <p>There was no documentation Clonidine was given on March 12, 2024, at 6 a.m. and on March 13, 2024, at 10 p.m.</p> <p>b. Metoprolol tablet 75mg, give one tablet via PEG-tube every 12 hours for HTN hold if SBP <100 or Pulse <70, medication was given on:</p> <ul style="list-style-type: none"> -March 18, 2024, at 9:00 p.m., with a pulse rate of 65, -March 19, 2024, at 9:00 a.m., with a pulse rate of 65, -March 25, 2024, at 9:00 a.m., with a pulse rate of 66, -March 27, 2024, at 9:00 p.m., with a pulse rate of 69, -March 28, 2024, at 9:00 p.m., with a pulse rate of 61, -March 29, 2024, at 9:00 p.m., with a pulse rate of 67. <p>c. Diltiazem tablet 60mg, give 1 tablet via PEG-Tube every 8 hours for HTN/Tachycardia, hold if SBP <100 or Pulse <70, medication was given on:</p> <ul style="list-style-type: none"> -March 10, 2024, at 6:00 a.m., with a pulse rate of 68, -March 14, 2024, at 6:00 a.m., with a pulse rate of 68, -March 15, 2024, at 6:00 a.m., with a pulse rate of 63 and at 2:00 p.m. with a rate of 64, -March 16, 2024, at 2:00 p.m., with a pulse rate of 68, -March 17, 2024, at 9:00 a.m., with a pulse rate of 64, -March 18, 2024, at 10:00 p.m., with a pulse rate of 65, -March 19, 2024, at 2:00 p.m., with a pulse rate of 64, -March 21, 2024, at 10:00 p.m., with a pulse rate of 68, -March 23, 2024, at 10:00 p.m., with a pulse rate of 68, -March 25, 2024, at 2:00 p.m., with a pulse rate of 66, -March 27, 2024, at 6:00 a.m., with a pulse rate of 45 and at 10:00 p.m., a rate of 69, -March 28, 2024, at 10:00 p.m., with a pulse rate of 61, <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Ramona Rehabilitation and Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 W. Johnston Avenue Hemet, CA 92543	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-March 29, 2024, at 10:00 p.m., with a pulse rate of 67,</p> <p>-March 31,2023, at 6:00 a.m., with a pulse rate of 49.</p> <p>On April 10, 2024, at 4:25 p.m., an interview with the Licensed Vocational Nurse (LVN) was conducted. The LVN stated it is important to follow the physician orders when giving medications. The LVN stated if medication was ordered with parameters and was ordered to be given at a specific time, then the medication should be given in accordance with the physician orders. In addition, the LVN stated if the medication was held, there should be documentation on why the medication was not administered.</p> <p>A concurrent interview and record review was conducted on April 10, 2024, at 5:05 p.m., with the Director of Nursing (DON). The DON reviewed Resident A's MAR for the blood pressure medications, dated March 2024. The DON stated, multiple times the blood pressure medications were documented as given when the pulse rate was out of the parameters set by the physician, and was not held as ordered. The DON stated the medication was given with a pulse rate of less than 70. The DON stated the medication should not have been given, the staff did not read the physician's order carefully, and this should not have occurred. The DON stated the staff probably thought it stated <60 which many of the physician's write, but the order indicated to hold for HR < 70, and it was given and not held. The DON stated this can be unsafe for a resident who has heart problems.</p> <p>A review of the facility's policy titled Administration Procedures for all Medications , dated October 2012, indicated .administer medications in a safe and effective manner .Review 5 Rights .Check for vital signs . prior to medication administration .Due to the complexity and length/amount of instructions, some medications may be labeled ' use as directed' Refer to the MAR for instruction details .Obtain and record any vital signs or other monitoring parameters ordered and deemed necessary prior to medication administration . Notification of Physician/Prescriber .Held medications for pulse, blood pressure, low or high blood sugar, or other abnormal test results, vital signs, resulting in medication being held .</p> <p>A review of the facility's procedure titled Oral Medication Administration , dated October 2012, indicated . Review and confirm medication orders for each individual resident. Review medication administration record for any tests or vital signs that need to be determined prior to preparing the medications .</p>		