

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Western Slope Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3280 Washington Street Placerville, CA 95667	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure Resident 1 was free from significant medication error when Resident 1 did not receive prescribed antiarrhythmic medication (treat and prevent irregular heartbeats) in accordance with the physician's order. This failure had the potential to result in Resident 1 to have experienced irregular heartbeats and other unnecessary side effects which could have negatively affected Resident 1's health. Resident 1 was admitted to the facility in January 2025 with multiple diagnoses which included paroxysmal atrial fibrillation (fast, irregular heartbeat that comes and goes) and unspecified atrial flutter (abnormal heart rhythm that's too fast). A review of Minimum Data Set (MDS, an assessment tool), dated 1/29/25, indicated Resident 1 had intact cognition. A review of Resident 1's Order Summary Report, with start date 1/25/25, indicated, Amiodarone HCl [medication to treat and prevent irregular heartbeats] Oral Tablet 200 MG [milligrams-unit of measurement] Give 200 mg by mouth one time a day for AFIB [atrial fibrillation-irregular heartbeat]. A review of Resident 1's Medication Administration Record (MAR-a legal document used to record medications given to the residents), for the month of January 2025, indicated Resident 1 did not receive the physician prescribed Amiodarone medication on 1/25/25, 1/26/25, 1/27/25, 1/28/25 and 1/29/25. During a concurrent interview and record review on 8/5/25, at 12:21 p.m., with the Director of Nursing (DON), the DON confirmed the expectation was for nursing staff to follow physician's orders and if a medication was not given, the physician was supposed to be notified. The DON reviewed Resident 1's MAR and confirmed Resident 1 did not receive the prescribed Amiodarone medication on 1/25/25, 1/26/25, 1/27/25, 1/28/25 and 1/29/25 because the medication was not available at the facility. The DON also reviewed Resident 1's medical chart and confirmed the physician was not notified on those days. DON stated Resident 1 did not receive her prescribed medication for five days and the physician should have been notified. DON further stated, Five days not receiving her heart medication .could be bad for her afib and heart condition. A review of the facility's policies and procedures (P&P) titled, Administering Medications, revised 4/2023, indicated, 2. Medications are administered in accordance with prescriber orders, including any required time frame. A review of the facility's P&P titled, Physician Orders, dated 10/2024, indicated, Physician medication and treatment orders will be carried out in accordance with the physician/nurse practitioner order. A review of the facility's P&P titled, Change in a Resident's Condition or Status, revised 4/2024, indicated, The nurse will notify the resident's Attending Physician/physician on call/nurse practitioner/physician assistant when there has been a(an).f. refusal of treatment or medications.</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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