

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Camino Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  13922 Cerise Avenue Hawthorne, CA 90250	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131</b></p> <p>Based on interview, and record review, the facility failed to ensure one out of four residents (Resident 1), had telephone orders for Hydroxyzine given by the ordering provider entered into the electronic medical record (EMR)- a digital version of a resident ' s medical history).</p> <p>This deficient practice had the potential for Resident 1 not being able to receive the medication if they ask for it.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE]. Resident 1 ' s diagnoses included osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of the right hip, muscle weakness, and pain in the right hip.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS]- a resident assessment tool), dated 10/12/2024, the MDS indicated Resident 1 was cognitively intact (ability to reason, understand, remember, judge, and learn).</p> <p>During a concurrent interview and record review on 11/20/2024 at 3:19 PM with Registered Nurse (RN) 1, Resident 1 ' s EMR and Order Summary Report was reviewed. RN 1 stated licensed nurses may use a facility issue cell phone that can be used to text the healthcare providers to follow up on care for the residents. RN 1 was asked to look through the phone for any communication between the facility and Resident 1 ' s psychiatric provider (a person trained in mental disorders and its treatment). RN 1 showed a text on 10/28/2024 at 10:18 PM that showed the doctor ordered Hydroxyzine (a medication that can treat anxiety) 50mg PO (by mouth) Q4H (every 4 hours) PRN (as needed) for 14 days for Resident 1 for anxiety. RN 1 checked Resident 1 ' s Order Summary Report and stated the medication, Hydroxyzine, was not entered into the system. RN 1 stated that if it is not entered into the system, the medication could not be ordered and would not show up on the list of medications the resident can take. RN 1 further stated that because the medication was not ordered, if the resident asked for the medication, there would be no medication to give.</p> <p>During a record review of the facility ' s policy and procedure (P&amp;P) titled, Medication Administration- Administration of Drugs, the P&amp;P indicated medications shall be administered as prescribed by the attending physician and all current drugs and dosage schedules must be recorded on the resident ' s medication administration record (MAR)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 056267	If continuation sheet Page 1 of 1