

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Skilled Nursing & Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 Rossmoor Parkway Walnut Creek, CA 94595	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43771</p> <p>Based on interviews and record reviews, the facility failed to ensure medications were administered as ordered by the physician, for one of three sampled residents (Resident 1) when Resident 1's Midodrine HCL (medication used to treat low blood pressure, helps prevent symptoms of dizziness when a Residents or person move from a sitting to a standing position) was held and not administered on multiple occasions, on 2/16/2025, 2/20/2025, and 2/21/2025.</p> <p>This failure resulted in Resident 1 not getting medication to treat his low blood pressure (BP) and potential return of symptoms to manage low blood pressure such as dizziness, lightheadedness, fainting spells, including decrease or limitation in Resident 1's activities of daily function, participation in his physical therapy treatment care, increased fall risk, injury and possible hospitalization .</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P), titled, Administrating Medications dated 2001, the P&P indicated, Medication shall be administered in a safe and timely manner and as prescribed . 3. Medication must be administered in accordance with the orders, including any required time frame.</p> <p>During a review of Resident's 1 Facesheet (FS), the FC indicated Resident 1 is [AGE] years old and was admitted to the facility in 2025. The FS also indicated Resident 1 had diagnosis of Injury at CS level of Cervical Spinal Cord (spinal cord in the neck region is damaged), Quadriplegia (partial or total loss of functions in all four limbs) , Hypotension (low blood pressure which can cause fainting or dizziness), Disorder of the Autonomic Nervous System (dysfunction of the nerves that regulate nonvoluntary body functions such as heart rate, BP), Muscle Weakness Generalized , and Depression.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), Midodrine was not administered or held on 2/16/2025, 2/20/2025, and 2/21/2025. Resident 1's MAR indicated, Schedule for [DATE], Midodrine HCL Oral 10 MG (milligram) . Give 2 tablet via G-Tube every 8 hours for hypotension . Hold for SBP (systolic blood pressure) > (greater) 140 . start date 2/4/2025 . Sun (Feb) 16 . 2100 . BP (blood pressure) 140/80 . 2 (code) . Midodrine HCL Oral 10 MG . Give 1.5 tablet via G-Tube three times a day for hypotension . Hold for SBP > 140 . start date 2/18/2025 .Thu (Feb) 20 . 0800 . BP 140/62 . 2 (code) . Fri (Feb) 21 . 2000 . BP 140/90 . 2 (code) . Resident 1's MAR also indicated, Chart Codes / Follow Up Codes . 2 = No Med Required - Outside of Parameter .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056327
		If continuation sheet Page 1 of 4

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review and an interview on 3/21/25 at 12:09 p.m., with Unit Supervisor (US), US stated the physician's order on the MAR indicated hold Midodrine medication for Systolic Blood Pressure (SBP) greater than 140, meaning if Resident 1's SBP was at 141, then the nurse or staff passing the medication will hold the medication, but when it was at 140, the staff should have given the medication. When asked for the reason Midodrine medication was held and not given, when Resident's 1 SBP was at 140, US stated it was the facility's expectation for Licensed Vocational Nurse (LVN) 2 to have notified the Physician. US also stated LVN 2 should have documented in Resident 1's progress notes that Midodrine HCL was not given and was held because BP did not meet physician order parameters. US stated for Resident 1's Midodrine medication, facility nursing staff were trying to prevent from lowering Resident 1's BP, so if the medication was not given there is a possibility Resident 1's BP would have dropped.</p> <p>During an interview on 3/21/25 at 12:35 p.m., with the Administrator (ADM), ADM stated LVN 2 should have followed the physician's orders, which states on the MAR to hold for SBP greater than 140, because it's the physician's orders.</p> <p>During an interview on 3/21/2025 at 12:42 p.m., with LVN 2, LVN 2 stated if she had held Resident 1's medication, the process is to have notified the physician the Midodrine was held and not given, in case there is any drug interaction with the upcoming medications due to be given to Resident 1.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43771</p> <p>Based on interviews and record reviews, the facility failed to ensure one of three sampled residents (Resident 1) received medications as ordered by the physician and was free of significant medication error (one which cause the resident discomfort or jeopardizes his or her health and safety), when Resident 1's Midodrine HCL (medication used to treat low blood pressure, helps prevent symptoms of dizziness when a Residents or person move from a sitting to a standing position) was held and not administered on multiple occasions, on 2/16/2025, 2/20/2025, and 2/21/2025.</p> <p>This failure resulted in Resident 1 not getting medication to treat his low blood pressure (BP) and potential return of symptoms to manage low blood pressure such as dizziness, lightheadedness, fainting spells, including decrease or limitation in Resident 1's activities of daily function, participation in his physical therapy treatment care, increased fall risk, injury and possible hospitalization .</p> <p>Findings:</p> <p>During a review of Resident's 1 Facesheet (FS), the FC indicated Resident 1 is [AGE] years old and was admitted to the facility in 2025. The FS indicated Resident 1's spouse is listed as emergency contact #1 and Resident as number 2. The FS also indicated Resident 1 had diagnosis of Injury at CS level of Cervical Spinal Cord (spinal cord in the neck region is damaged), Quadriplegia (partial or total loss of functions in all four limbs) , Hypotension (low blood pressure which can cause fainting or dizziness), Disorder of the Autonomic Nervous System (dysfunction of the nerves that regulate nonvoluntary body functions such as heart rate, BP), Muscle Weakness Generalized , and Depression.</p> <p>During a review of Resident 1's Minimum Data Set Record (MDS, a resident assessment tool use to guide care), dated 2/20/2025, the MDS indicated Resident 1 had a score of 15 on the Brief Interview for Mental Status exam. (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information. A BIMS score of thirteen to fifteen is an indication of intact cognitive status).</p> <p>During a review of Resident 1's Medication Administration Record (MAR), Midodrine was not administered or held on 2/16/2025, 2/20/2025, and 2/21/2025. Resident 1's MAR indicated, Schedule for [DATE], Midodrine HCL Oral 10 MG (milligram) . Give 2 tablet via G-Tube every 8 hours for hypotension . Hold for SBP (systolic blood pressure) > (greater) 140 . start date 2/4/2025 . Sun (Feb) 16 .2100 . BP (blood pressure) 140/80 . 2 (code) . Midodrine HCL Oral 10 MG . Give 1.5 tablet via G-Tube three times a day for hypotension . Hold for SBP > 140 . start date 2/18/2025 .Thu (Feb) 20 . 0800 . BP 140/62 . 2 (code) . Fri (Feb) 21 . 2000 . BP 140/90 . 2 (code) . Resident 1's MAR also indicated, Chart Codes / Follow Up Codes . 2 = No Med Required - Outside of Parameter .</p> <p>(continued on next page)</p>		

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