

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Cerritos Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17836 Woodruff Avenue Bellflower, CA 90706	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49606</p> <p>Based on interview, and record review, the facility failed to ensure a care plan was developed for one of three sampled residents (Resident 1) who was prescribed Lidocaine patches (a medicated patch used to relieve pain) for pain to her left knee and left shoulder.</p> <p>This deficient practice resulted in the facility's inability to determine the need to adjust Resident 1's Lidocaine administration and had the potential for mismanagement of Resident 1's pain regimen.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of generalized muscle weakness.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 7/23/2024, the MDS indicated Resident 1 had intact cognition (ability to learn, remember, understand, and make decisions),</p> <p>During a review of Resident 1's History and Physical (H &P) dated 4/1/2024, the H&P indicated Resident 1 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 1's Physician's Order, the Physician's Order indicated the following:</p> <ol style="list-style-type: none"> On 8/26/2024 - Lidocaine external patch 4%, apply to left shoulder topically one time a day for pain management and remove per schedule. On 8/26/2024 - Lidocaine external patch, apply topically one time a day for pain management and remove per schedule. <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: 056405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Cerritos Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17836 Woodruff Avenue Bellflower, CA 90706	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Interdisciplinary Care Team (IDT) an interdisciplinary team that brings together knowledge from different health care professionals from each discipline that work together to provide care for people, goal is for all residents to receive individualized care that maximizes a patient's quality of life) note dated on 7/23/2024, the IDT note indicated Resident 1 experienced pain daily, and pain medication(s) utilized were effective in managing Resident 1's pain/discomfort</p> <p>During a review of Resident 1's Care Plans, there was no indication that a Care Plan was developed for the use of Lidocaine to Resident 1's left knee and left shoulder.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated 8/2024, the MAR indicated Resident 1 was administered Lidocaine Patches to her left knee on 8/1/2024- 8-3-2024, 8/5/2024, 8/7/2024- 8/18/2024, 8/20/2024, and 8/23/2024- 8/24/2024 and to her left shoulder on 8/26/2024.</p> <p>During an interview on 8/26/2024 at 8:45 a.m., Resident 1 stated she had been receiving Lidocaine patches for her left knee and left shoulder pain since her admission (7/2023).</p> <p>During a concurrent interview and record review on 8/26/2024 at 11:55 p.m., with License Vocational Nurse (LVN 3), Resident 1's Care Plans were reviewed. LVN 3 stated the nurse who admits the resident to the facility, creates the baseline care plan. LVN 3 confirmed, after review of Resident 1's care plans, that there was no care plan developed for Resident 1's pain and the use of Lidocaine Patches on Resident 1's left knee and left shoulder. LVN 3 stated there should have been a care plan developed for Resident 1's pain and the reason(s) why the Lidocaine Patches were needed. LVN 3 stated the importance of having a care plan is to monitor the management of Resident 1's pain.</p> <p>During a concurrent interview and record review on 8/26/2024 at 12:50 p.m., with the Director of Nursing (DON), Residents 1's care plans were reviewed. The DON stated there was no care plan developed for the Resident 1's left knee and left shoulder pain nor for the use of Lidocaine patches. The DON stated it was the nurse's responsibility to assess the residents and develop a care plan based on that assessment to guide a Resident 1's care and treatment.</p> <p>During a review of facility's undated policy and procedure (P&P) titled The Resident Care Plan the P&P indicated the residents care plan shall be implemented for each resident and developed throughout the assessment process. Professionals from each discipline write the portion of the plan that pertains to their field, including their approach to the resident's current problem(s). This should be completed within seven days of admission or after a professional's initial contact with the resident, to provide an individualized nursing care plan and to promote continuity of resident care.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Cerritos Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17836 Woodruff Avenue Bellflower, CA 90706	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50391</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Store two of three sampled residents' (Resident 4 and 6) discontinued orders for controlled substances securely in the Director of Nursing's (DON) office as required by the facility's policy and procedure. 2. Maintain documentation and accuracy of Resident 4's controlled dug record. <p>The deficient practice of failing to accurately account for controlled substances increased the risk that may have received controlled medications more often than prescribed possibly causing medical complications.</p> <p>The deficient practice of failing to store discontinued orders for controlled substances securely per facility policy increased the risk of diversion (when medications are obtained or used illegally).</p> <p>Findings:</p> <p>During an observation and concurrent interview on [DATE] at 9:15 a.m. with Licensed Vocational Nurse (LVN) 2 stated all narcotics (medications used to control severe pain) are locked in the medication carts and require reconciliation with the residents' narcotics list at beginning and end of shift. LVN 2 stated once a narcotic medication was expired or was no longer prescribed then the medication nurse brings the medication and the narcotic sheet to the Director of Nursing (DON).</p> <p>During an interview on [DATE] at 9:20 a.m. with License Vocational Nurse 1 (LVN) 1, stated that that narcotic control book was signed and updated after every narcotic medication administration. LVN 1 explained that if the narcotic book was not updated then an accurate count of medication cannot be kept, which will directly affect the resident.</p> <p>During an observation and concurrent interview on [DATE] at 9:30 a.m. with the Director of Nursing (DON), the DON stated that expired narcotic medication, narcotic medication belonging to patients who have expired, and narcotic medication that was no longer prescribed was all kept under double lock. The DON stated once a narcotic medication was pulled from the medication carts, the medication was given to the DON and reviewed with a pharmacist once a month. The DON stated that it was important to have a count sheet for narcotics because it keeps track of accuracy of medication administration and keeps other patients from taking unprescribed medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Cerritos Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 17836 Woodruff Avenue Bellflower, CA 90706	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review with the Director of Nursing (DON) on [DATE] at 9:45 a.m., clear plastic bin had one box of fentanyl (narcotic pain medication) transdermal (used on the skin) patches, 50 micrograms (mcg) per hour had no resident name label. The DON stated she could not identify who the medication belonged to. There was also two bubble packs (medication packs) of tablets of hydrocodone-acetaminophen ,d+[DATE] milligrams (mg, unit of weight). The bubble pack label identified the medication was prescribed to Resident 4. One bubble pack was intact and complete. The second bubble pack had 24 tablets remaining. During a record review of the narcotic count sheet indicated the remaining medications should have been 28 tablets.</p> <p>During an interview on [DATE] at 3:40 p.m. with the Director of Nursing (DON), the DON stated that she cannot find any documentation for Resident 6. The DON stated that she understands the importance of keeping good and accurate records so that the residents will not miss medication and other residents will not receive unprescribed medications.</p> <p>During a review of Resident 4 Admission Record (Face Sheet), indicated the facility admitted Resident 4 on [DATE] with diagnoses including pain in unspecified joint, end stage heart failure (the body can no longer compensate for the lack of blood the heart pumps, and the heart has limited functional recovery) asthma is a chronic lung disease that causes inflammation and tightening of the airways, making it difficult to breathe), diabetes (condition that affects the way the body processes blood sugar), cardiomegaly (an enlarged heart where the heart is larger than normal).</p> <p>During a review of Resident 4's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool), dated [DATE], the MDS indicated the resident's cognitive (the ability to think and process information) skills for daily decisions making was severely impaired. The MDS indicated Resident 4 had pain or hurting occasionally and rated pain intensity (the level of pain a person perceives) severe over the last five days.</p> <p>A review of the facility's policy Discarding and destroying medications, last revised [DATE], indicated Discontinued or expired controlled medication . will be store under double lock in the Director of Nurses' Office . Controlled medications remaining in the facility after the order has been discontinued are destroyed by the facility's director of nursing and consultant pharmacist . The facility designee routinely monitors controlled medication storage, records, and expiration dates during quarterly medication storage inspection .</p>		