

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Villa Elena Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13226 Studebaker Rd Norwalk, CA 90650	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44055</b></p> <p>Based on interview and record review the facility failed ensure:</p> <p>a) One of two sampled residents (Resident 1) had a medical diagnosis indicated for Depakote (medication used to treat mental illness) use.</p> <p>b) One of two sampled resident ' s (Resident 2) PRN (given as needed or requested) psychotropic (drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) medications had the following:</p> <p>i. a specified duration,</p> <p>ii. nonpharmacological (any healthcare intervention that doesn't primarily use medication) interventions prior to use of PRN psychotropic,</p> <p>iii. monitoring for side effects (effect of a drug that is in addition to or beyond its desired effect) and adverse reactions of psychotropics,</p> <p>iv. monitoring for hours of sleep, and</p> <p>v. the Xanax (medication that produces a calming effect on the brain) - PRN order indicated a frequency (how often the medication can be administered).</p> <p>c) Two of two sampled residents (Resident 1 and 2) had informed consent (voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered) prior to receiving Resident 1 ' s Depakote, and Resident 2 ' s psychotropic medications.</p> <p>These deficient practices has potential for Resident 1 and Resident 2 to have unnecessary medicine.</p> <p>Findings:</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
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<p>F 0758</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 Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including Major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), dementia (a progressive state of decline in mental abilities), and psychosis (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality) not due to a substance or known physiological condition.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 10/4/2024, the MDS indicated Resident 1 ' s cognition was moderately impaired. The MDS indicated Resident 1 needed partial assistance (helper does less than half the effort) with toileting hygiene, showering, dressing, personal hygiene, needed supervision with oral hygiene, and needed set up assistance when eating.</p> <p>During a review of Resident 1 ' s Order summary report as of 11/4/2024, the report indicated:</p> <ol style="list-style-type: none"> <li>Starting on 6/24/2024, Fluoxetine Oral Tablet 20 milligrams (mg), Give 1 tablet orally one time a day for depression manifested by inability to sleep.</li> <li>Starting on 6/24/2024, hydroxyzine Oral capsule 50 mg, Give 1 capsule orally every 6 hours as needed for anxiety (a feeling of fear, dread, or uneasiness).</li> <li>Starting on 6/24/2024, Olanzapine (medication to treat mental illness) Oral Tablet 2.5 mg, Give 1 tablet orally at bedtime for psychosis manifested by anger outburst with no apparent reason.</li> <li>Starting on 6/24/2024, Quetiapine (medication to treat mental illness) Oral Tablet 25 mg, Give 1 tablet orally every 24 hours as needed for insomnia (sleep disorder) at bedtime.</li> <li>Starting on 11/2/2024, Xanax Oral Tablet 0.5 milligrams, Give 1 tablet by mouth as needed for aggressive behavior.</li> </ol> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] with diagnoses including Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities), Major depressive disorder, and anxiety disorder (a mental illness that causes a person to experience excessive and uncontrollable feelings of fear).</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 ' s cognition was intact. The MDS indicated Resident 2 needed partial assistance with toileting hygiene, showering, personal hygiene, needed supervision with oral hygiene, and was independent when eating.</p> <p>During a review of Resident 2 ' s Order summary report as of 11/4/2024, the report indicated, starting 7/27/2024, Depakote oral tablet 125 mg, give 1 tablet two times a day for behavioral and psychological symptoms in dementia (BPSD) manifested by anger outburst.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and record review on 11/4/2024 at 11:56 a.m., with Registered Nurse Supervisor (RN) 1, Resident 2 ' s medical records were reviewed, and RN 1 confirmed and stated Resident 1 did not have a medical diagnosis for the Depakote ordered. RN 1 stated BPSD was not a medical diagnosis and without a medical diagnosis for Depakote its possibly unnecessary medications that Resident 2 received.</p> <p>During an interview and record review on 11/4/2024/2024 at 12:37 p.m. with the Director of Nursing (DON), Resident 2 and 1 ' s medical records were reviewed. The DON stated obtaining informed consent for psychotropics were important to ensure the residents or responsible party were aware of risk and benefits of the medication. The DON stated it was important to order psychotropic with a medical diagnosis to ensure it was not an unnecessary medication. The DON confirmed and stated Resident 2 did not have an informed consent for Depakote and have a medical diagnosis indication for the Depakote. The DON confirmed and stated the following, Resident 1:</p> <ul style="list-style-type: none"> <li>i. did not have informed consents for the Xanax, olanzapine, quetiapine, and hydroxyzine,</li> <li>ii. was not monitored for side effects and adverse reactions of psychotropics,</li> <li>iii. was not monitored for hours of sleep,</li> <li>iv. did not have nonpharmacological measures for anxiety prior to medicating with PRN psychotropics,</li> <li>v. Xanax was ordered without a frequency.</li> <li>vi. Xanax, Quetiapine, and hydroxyzine were ordered without a duration.</li> </ul> <p>The DON stated she will check all the other residents to make sure facility will be compliant with psychotropic use, consents, and monitoring of side effects and behaviors.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Psychotherapeutic Drug Management, 10/1/2023, the P&amp;P indicated:</p> <ol style="list-style-type: none"> <li>1. When obtaining consent for use of psychotherapeutic drugs, the resident will be informed of the risks and benefits for the use of these medications and when admitted with orders for psychotherapeutic drugs, licensed staff will verify with the resident that the risks and benefits have been explained to them prior to consent or use. The consent will remain in place until medication is discontinued or until consent is revoked by resident/responsible party.</li> <li>2. The psychotherapeutic medication order will include the diagnosis for the medication.</li> <li>3. PRN orders for psychotropic drugs are limited to 14 days and if the physician believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</li> <li>4. Nursing will monitor psychotropic drug use daily noting any side effects and adverse effects,</li> </ol> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. Monitoring should include evaluation of the effectiveness of non pharmacological approaches prior to administering PRN medications.</p> <p>6. The medication will be written on the Medication Administration Record (MAR) with the side effects of the drug for example drooling, dry mouth, and abnormal gait.</p> <p>7. The weekly nursing summary will include an assessment of the psychotherapeutic drugs administered including: manifestations, non-pharmacologic interventions used, side effects and an assessment of the resident's progress in normalizing behaviors.</p> <p>During a review of the facility ' s P&amp;P titled, Behavior Management, 10/1/2023, the P&amp;P indicated:</p> <p>1. When a resident displays adverse behavioral symptoms (example crying, yelling, hitting, resisting care, etcetera), Licensed Nursing Staff will assess the behavioral symptoms to determine possible causal factors, contact the Attending Physician, and implement non-drug interventions to alleviate the behavioral symptoms before initiating any psychotherapeutic agent(s).</p> <p>2. In the evaluation of outcomes, Licensed Nursing Staff will do the following:</p> <p>i. Document observations, interventions, and outcome.</p> <p>ii. Document the resident ' s progress or lack of progress on the shift/weekly nursing notes and interdisciplinary notes.</p> <p>iii. A Licensed Nurse will summarize the results of the medications and the behaviors on the monthly Behavioral Summary Form.</p> <p>3. When the resident exhibits behaviors, the Licensed Nurse will document the resident ' s behavior in the medical record and include the following as indicated:</p> <p>i. Any precipitating factors,</p> <p>ii. Interventions used to redirect behavior,</p> <p>iii. The resident ' s response to the intervention,</p> <p>iv. Notification of Attending Physician and responsible party as indicated, and</p> <p>v. Update the plan of care as indicated.</p>		