STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056489	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hollywood Premier Healthcare Center	5401 Fountain Ave. Los Angeles, CA 90029

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49836 Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1), who had a diagnosis of congestive heart failure (the heart's inability to pump blood throughout the body efficiently), received treatment and care in accordance with professional standards of practice. Resident 1 did not have blood pressure parameters for the blood pressure medications administered. This deficient practice had the potential to jeopardize the safety and well-being of the resident. Findings: A review of Resident 1's history and physical dated 8/19/2024 indicated the resident was discharged from a General Acute Hospital (GACH) for cough and congestion, shortness of breath, and chest pain for one week. A review of Resident 1's face sheet indicated the resident was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (a lung diseases that block airflow and make it difficult to breathe), cardiomyopathies (diseases that affect the heart muscle), chronic kidney disease (when the kidney's cannot filter blood properly), atrial flutter (irregular, fast heart rhythm), and muscle weakness. A review of the Physician's Orders dated 8/23/2024 indicated Resident 1 received Metoprolol Tartrate (lopressor, a medication that can treat high blood pressure, chest pain [angina], and heart failure) 25 milligrams (mg, a unit of measurement) by mouth one time a day every day and Hydralazine (medication used to treat high blood pressure, relaxes blood vessels for easier blood flow through the vessels) 10 mg by mouth three times a day every day. Further review of the Physician's Order indicated there were no parameters included to hold these medications when Resident 1's blood pressure (BP) dropped below a certain number. According to a review of the Nurse's Drug Guide dated 2017, the medical management of lopressor should include taking the apical pulse and blood pressure before administering the drug. The Nurse's Drug Guide also indicated to observe hypertensive patients with CHF closely for dyspnea on exertion (running out of air during physical activity), orthopnea (shortness of breath when lying down), cough at night, edema (build up of fluid in the body's tissues), distended (swollen) neck veins, and to monitor intake / output and daily weights. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Nurse's Drug Guide dated 2017, indicated the medical management of Hydralazine HCL included to monitor blood pressure and heart rate closely. A review of the National Institute of Health, February 2024, indicated for lopressor the following parameters should be monitored: blood pressure and heart rate. The blood pressure and heart rate should be measured at rest, during exercise, and before and after taking lopressor. A review of Resident 1's Drug Regimen Review (DRR) dated 8/23/2024 did not indicate the medications lopressor or Hydralazine were reviewed by the pharmacist. A review of the care plan dated 8/23/2024, indicated Resident 1 was at risk for fluctuating blood pressure and complications due to the diagnosis of hypertension (HTN, high blood pressure). The goal indicated to maintain Resident 1's BP and pulse within acceptable limits as determined by the MD, to minimize the risk of complications related to HTN. However there were no acceptable limits determined for the lopressor or the Hydralazine. The care plan intervention indicated to monitor and record BP as ordered and to notify the physician (MD) of any abnormal reading. According to a review of the Medication Administration Record (MAR) dated 9/1 and 9/2/2024, the facility documented Resident 1 was administered lopressor and Hydralazine. The MAR indicated Resident 1's heart rate but did not indicate how Resident 1's heart rate (pulse) was assessed. During an interview on 9/5/2024 at 2:43 PM, the Director of Staff Development (DSD) stated residents who have blood pressure medications ordered should have parameters written in the orders. The DSD stated that if there were no parameters to follow, Resident 1 could be at risk of getting low blood pressure, which can cause headache, blurred vision, and dizziness which can potentially lead to hospitalization . During an interview on 9/12/2024 at 9:48 AM, the Director of Nursing (DON) stated blood pressure medications should always have parameters and that it was important so Resident 1 would not become hypotensive (low blood pressure). The DON stated that it was the responsibility of the admitting nurse, the nurse administering medications, and the pharmacy consultant to address any medication discrepancy (inconsistency) and report it to the physician (MD). On 9/12/2024 at 3:13 PM, during an interview, the facility Pharmacy Consultant (PHM 2), stated blood pressure parameters should have been implemented for Resident 1's lopressor and Hydralazine upon initial drug regimen review (DRR) on 8/23/2024. PHM 2 stated having no blood pressure parameters placed Resident 1 at risk for hypotension, which could lead to low perfusion (blood flow) and ultimately hospitalization . A review of the facility's policy and procedure titled, Medication and Treatment Orders, revised 1/31/2024, indicated orders for medications and treatments would be consistent with principles of safe and effective order writing. A review of the facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered, revised on March 2022, indicated the comprehensive, person-centered care plan described services that attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being and also reflected currently recognized standards of practice for problem conditions.