STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555295	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regents Point - Windcrest	19191 Harvard Avenue Irvine, CA 92612

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46194 Based on record reviews, interviews, and document review, the facility failed to ensure the Minimum Data Set (MDS) assessments were accurate for 2 (Resident #3 and Resident #34) of 12 sampled residents. Specifically, the facility incorrectly coded Resident #3 as not being considered by the state level I preadmission screening and resident review (PASARR) process to have a serious mental illness and Resident #34 as not receiving hospice care. Findings included: 1. A review of the Centers for Medicare & Medicaid [NAME] Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, revealed Code residents identified as being in a hospice care program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions. A review of Resident #34's Profile Face Sheet revealed the facility admitted the resident on 03/10/2023, with diagnoses that included chronic obstructive pulmonary disease, atherosclerotic heart disease, history of transient ischemic attack and cerebral infarction, and malignant neoplasm of skin/right ear and external auric (ear) canal. A review of Resident #34's physician orders, revealed an order dated 12/13/2023, which specified the resident was admitted to hospice care. A review of Resident #34's care plan, with a start date of 12/13/2023, revealed the resident received hospice care. A review of Resident #34's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/20/2024, revealed the MDS did not indicate the resident received hospice care. During an interview on 05/03/2024 at 11:57 AM, MDS Coordinator #2 stated if a resident received hospice care, it should be marked on their MDS assessment. MDS Coordinator #2 reviewed Resident #34's MDS with an ARD of 03/20/2024 and stated hospice should have been selected on the assessment. According to MDS Coordinator #2, this was overlooked and needed to be corrected. During an interview on 05/03/2024 at 12:13 PM, the Director of Nursing (DON) reviewed Resident #34's MDS with an ARD of 03/20/2024 and stated the section for hospice should have been checked and was not. The DON stated the MDS was not accurate. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/03/2024 at 12:19 PM, the Administrator reviewed Resident #34's MDS with an ARD of 03/20/2024 and stated the MDS should have been coded for hospice. The Administrator stated Resident #34's MDS was not an accurate MDS assessment. 45555 2. A review of Section A1500, titled Preadmission Screening and Resident Review of the Centers for Medicare & Medicaid [NAME] Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, revealed Code 1, yes: if [PASARR] Level II screening determined that the resident has a serious mental illness and/or ID/DD or related condition. A review of Resident #3's Profile Face Sheet revealed the facility admitted the resident on 06/09/2023, with diagnoses to include psychosis, major depressive disorder, generalized anxiety disorder, and dementia with psychotic disturbance. A review of Resident #3's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/29/2023, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident had severe cognitive impairment. Per the MDS, Resident #3 was not considered by the state level II PASARR process to have a serious mental illness and/or intellectual disability or related condition. A review of a letter from the State of California-Health and Human Services Agency Department of Health Care Services, dated 06/09/2023, revealed Resident #3 had a positive level I screening and a level II mental health evaluation was required. A review of a letter from the State of California-Health and Human Services Agency Department of Health Care Services, dated 06/20/2023, revealed the level II evaluation conducted on 06/16/2023 determined that specialized services were recommended due to Resident #3's mental illness diagnoses. During an interview on 05/03/2024 at 12:24 PM, MDS Coordinator #2 stated she was ultimately responsible for the accuracy of the MDS assessment. During an interview on 05/03/2024 at 2:23 PM, the Director of Nursing stated the MDS should be accurate because it reflected the care that was being provided to the resident. During an interview on 05/03/2024 at 2:31 PM, the Administrator stated the MDS should be accurate because it affected their quality measures, payment, and it reflected the care that was provided to the resident.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 45555 Based on interviews, record review, and document review, the facility failed to ensure a preadmission screening and resident review (PASARR) evaluation was completed after 1 (Resident #43) of 2 sampled residents reviewed for PASARR received a newly evident possible or serious medical illness. Findings included: A review of a document provided by the facility titled, Preadmission Screening and Resident Review, with a copyright date of 2024, revealed Level I Screening The Screening is submitted online by the facility and is a tool that helps identify possible SMI [serious mental illness] and/or ID/DD/RC [intellectual disability/developmental disability/related condition]. Level II Evaluation If the Screening is positive for possible SMI and/or ID/DD/RC, then a Level II Evaluation will be performed. The Level II Evaluation helps determine placement and specialized services. A review of Resident #43's Profile Face Sheet revealed the facility admitted the resident on 03/20/2024, with diagnoses to include major depressive disorder and dementia. A review of Resident #43's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/15/2024, revealed the resident had a Staff Assessment for Mental Status (SAMS) that indicated the resident was severely impaired in cognitive skills for daily decision making and had long and short-term memory problems. The MDS revealed the resident had an active diagnosis to include schizophrenia. A review of Resident #43's undated care plan, revealed the resident required psychotropic medications to manager their mood and/or behavior issues. A review of Resident #43's physician's order, revealed an order dated 03/23/2024, for Risperdal (an antipsychotic medication) 1 milligram by mouth at bedtime for schizophrenia manifested by auditory hallucinations and talking to self. A review of Resident #43's medical record revealed no evidence to indicate a PASARR evaluation was completed after the resident received a newly evident possible or serious medical illness diagnosis of schizophrenia. During an interview on 05/03/2024 at 12:24 PM, MDS Coordinator #2 stated when Resident #43 was started on the Risperdal with a psychiatric diagnosis, a new level I should have been done to determine if the resident would qualify for additional services. During an interview on 05/03/2024 at 2:23 PM, the Director of Nursing stated a new PASARR should have been completed for Resident #43 when the facility received the order for the antipsychotic medication to see if the resident would benefit from additional services. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/03/2024 at 2:31PM, the Administrator stated if a resident was started on a psychotropic medication, then the nurse who received the order should have notified the MDS Coordinator to submit a new PASARR to see if the resident would benefit from services.

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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. 37683 Based on record review, interviews, and facility policy review, the facility failed to ensure staff followed the physician's order to notify the physician when a resident's blood glucose level was above 300 milligrams per deciliter (mg/dL) and failed to hold a medication when the resident's systolic blood pressure (SBP) was greater than 140 milligrams of mercy (mmHg) for 1 (Resident #107) of 5 sampled residents reviewed for unnecessary medications. Findings included: A review of the facility policy titled, Non-controlled Medication Orders, dated January 2023, revealed Medications are administered only upon the receipt of a clear, complete and signed order by a person lawfully authorized to prescribe. A review of Resident #107's Profile Face Sheet revealed the facility admitted the resident on 04/24/2024, with diagnoses to include type 2 diabetes mellitus, hypotension, long term use of insulin, and need for assistance with personal care. A review of Resident #107's Interim Care Plan, initiated on 04/24/2024, revealed the resident was admitted with a diagnosis of diabetes and needed monitoring for hypoglycemia (low blood sugar level) and/or hyperglycemia (high blood sugar level). Interventions directed the staff to monitor the resident's blood glucose level through capillary checks per the physician order and administer insulin per the physician's order. A review of Resident #107's physician's orders, revealed an order dated 04/26/2024 for midodrine 5 milligram (mg) tablet by mouth twice daily for hypotension. Instructions directed the staff to hold the medication if the resident's SBP was greater than 140 mmHg. The resident also had an order dated 04/28/2024 for insulin lispro 100 units per milliliter, subcutaneous four times a day for diabetes mellitus. The order directed staff to notify the physician if Resident #107's blood glucose level was greater than 300 mg/dL or less than 70 mg/dL. This order had a stop date of 04/30/2024. A review of Resident #107's medication record for April 2024, revealed Licensed Vocational Nurse (LVN) #1 documented the resident received midodrine 5 mg at 8:00 AM on 04/29/2024 and the resident's SBP was listed as 148 mmHg. The medication record also revealed, LVN #1 documented the resident's blood glucose level during lunch on 04/30/2o24 was 347 mg/dL. A review of Resident #107's Interdisciplinary Notes for the timeframe 04/24/2024 to 05/02/224, revealed no evidence to indicate the physician was notified of the resident's elevated blood glucose level that was recorded on 04/30/2024. During an interview on 05/01/2024 at 10:36 AM, LVN #1 stated she did not recall administering midodrine 5 mg to Resident #107 when the resident's SBP was outside of the physician-ordered parameter. LVN #1 confirmed she did not notify the physician of Resident #107's elevated blood level. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/01/2024 at 11:16 AM, the Medical Doctor (MD) stated she had no concerns about the midodrine being given to Resident #107 because of the medication's short half-life, but expected nursing staff to be more careful to follow the physician orders when they administered medications to residents. The MD acknowledged she was not notified of Resident #107's elevated blood glucose level and stated the nursing staff should have notified her when Resident #107's had an elevated blood glucose level. During an interview on 05/03/2024 at 2:49 PM, the Administrator stated she expected the nursing staff to follow the physician's orders. During an interview on 05/03/2024 at 2:54 PM, the Director of Nursing stated she expected the nursing staff to follow the physician's orders.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46194 Based on observations, interviews, record review, document review, and facility policy review, the facility failed to ensure staff changed their gloves during the provision of catheter care for 1 (Resident #33) of 2 sampled residents reviewed for urinary catheters. The facility also failed to ensure staff disinfected a glucometer after use for 2 (Resident #16 and Resident #110) of 6 residents observed for medication administration. Findings included: 1. A review of the facility policy titled, Handwashing/Hand Hygiene, revised in October 2023, revealed this facility considers hand hygiene the primary means to prevent the spread of healthcare-association infections. The policy specified, Indications for Hand Hygiene 1. Hand hygiene is indicated: a. immediately before touching a resident; b. before performing an aseptic task; c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment; f. before moving from work on a soiled body site to a clean body site on the same resident; and g. immediately after glove removal. A review of Resident #33's Profile Face Sheet revealed the facility admitted the resident on 03/22/2024, with diagnoses to include severe sepsis with septic shock. Per the Profile Face Sheet, the resident received diagnoses of chronic kidney disease and benign prostatic hyperplasia with lower urinary tract symptoms on 04/12/2024. A review of Resident #33's Care Plan, with a start date of 04/12/2024, revealed the resident had alteration in bladder elimination with an indwelling catheter. A review of Resident #33's physician orders, revealed an order dated 04/12/2024, that directed staff to provide indwelling catheter care every shift. During a concurrent observation and interview on 05/02/2024 at 3:44 PM, the surveyor observed as Certified Nure Assistant (CNA) #4 provided catheter care for Resident #33. After CNA #4 completed catheter care, he placed a new incontinence brief on the resident, changed the resident's bed pad, replaced the resident's pillows on their bed, and touched the resident's bed remote all while wearing the same pair of gloves. CNA #4 acknowledged he only changed his gloves after he gathered up the trash. According to CNA #4, he should have changed his gloves after he completed catheter care. T During an interview on 05/02/2024 at 4:13 PM, the Director of Nursing stated gloves should be changed after care was provided and before a clean incontinence brief was placed on the resident. During an interview on 05/03/2024 at 12:24 PM, the Administrator stated staff should change their gloves when they went from a dirty to a clean task. During an interview on 05/03/2024 at 2:19 PM, Licensed Vocational Nurse #5, who also served as the Infection Preventionist, stated staff should change their gloves and perform hand hygiene when they moved from a dirty to clean task. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	45555 2. A review of the undated Quality Assurance / Quality Control Reference Manual, for the blood glucose monitoring system used by the facility, revealed The meter should be cleaned and disinfected after use on each patient. The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing the disinfecting procedure. The disinfecting procedure is needed to prevent the transmission of blood-borne pathogens. During a medication administration observation on 05/02/2024 at 11:32 AM, Registered Nurse (RN) #7 entered Resident #110's room with a glucometer to obtain the resident's blood glucose level. RN #7 pricked the first finger on the resident's left hand to obtain a blood sample to check the resident's blood glucose level. After the resident's blood sample was obtained, RN #7 did not clean the glucometer and placed it back on the medication cart. At 11:52 AM, RN #7 entered Resident #16's room with a glucometer to obtain the resident's blood glucose level. RN #7 pricked the first finger on the resident's left hand to obtain a blood sample to check the resident's blood glucose level. After the resident's blood sample was obtained, RN #7 did not clean the glucometer and placed it back on the medication cart. During an interview on 05/02/2024 at 12:01 PM, RN #7 stated the night shift nurse calibrated and cleaned the glucometer on their shift. RN #7 stated she did not know what the glucometer was cleaned with because it was done on night shift. During an interview on 05/02/2024 at 1:05 PM, the Director of Staff Development stated the glucometer should be cleaned after each use with a germicidal wipe and allowed to dry before it was used again. During an interview on 05/02/2024 at 1:07 PM, the Director of Nursing stated the glucometer should be cleaned after each use with the purple top wipes and allowed to sit for two minutes before use again to prevent cross contamination. During an interview on 05/03/2024 at 2:31 PM, the Administrator stated glucometers should be disinfected after each use with the purple top wipes.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 37683 Based on record review, interviews, and facility policy review, the facility failed to ensure a pneumococcal vaccine was administered once consent was received for 1 (Resident #25) of 5 sampled residents reviewed for immunizations. Findings included: A review of the facility policy titled, Pneumococcal Vaccine, revised in March 2022, revealed, All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Per the policy, 4. Pneumococcal vaccinations are administered to residents per our facility's physician-approved vaccination protocol. A review of Resident #25's Profile Face Sheet revealed the facility admitted the resident on 05/02/2023, with diagnoses to include pneumonitis due to inhalation of food and vomit, permanent atrial fibrillation, and rheumatoid arthritis. A review of Resident #25's Immunization Report for Residents, dated 07/18/2017 - 05/03/2024, revealed the resident received a pneumococcal vaccine on 07/18/2017. A review of Resident #25's medical record to indicate the resident received a follow-up pneumococcal vaccine after 07/18/2017. A review of Resident #25's Pneumococcal / Influenza / COVID-19 Vaccine Consent revealed the resident's representative consented on 10/16/2021 for the resident to receive the pneumococcal vaccine. During an interview on 05/03/2024 at 2:33 PM, Licensed Vocational Nurse (LVN) #1 and the Director of Staff Development/LVN #6 stated they were unaware why Resident #25 did not receive the pneumococcal vaccine when consent was received. During an interview on 05/03/2024 at 2:49 PM, the Administrator stated she was not sure how the staff allowed it to slip through that Resident #25 did not receive their pneumococcal vaccine after consent was received. The Administrator stated Resident #25 should have received the pneumococcal vaccine. During an interview on 05/03/2024 at 2:54 PM, the Director of Nursing stated if consent was received for the resident to be administered a vaccine, the resident should receive it.