

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Trabuco Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 25652 Old Trabuco Road Lake Forest, CA 92630	

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 0684</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35346</p> <p>Based on interview and medical record review, the facility failed to ensure one of two sampled residents (Resident 1) was correctly administered her blood pressure medication. This failure posed the risk of Resident 1 not receiving the appropriate treatment as ordered.</p> <p>Findings:</p> <p>Closed medical record review for Resident 1 was initiated on 5/15/24. Resident 1 was readmitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 1's H&P examination dated 2/5/24, showed Resident 1 had capacity to make decisions. Resident 1's diagnoses included high blood pressure.</p> <p>Review of Resident 1's MAR for January 2024 showed Resident 1 was to be administered Hyzaar (a medication used to treat high blood pressure) 100-12.5 mg tablet and to hold for SBP less than 130 mmHg.</p> <p>Further review of this January 2024 MAR showed Resident 1 was administered Hyzaar as follows:</p> <p>On 1/1/24, with SBP 120 mmHg;</p> <p>On 1/4/24, with SBP 118 mmHg;</p> <p>On 1/22/24 with SBP 124 mmHg;</p> <p>On 1/23/24 with SBP 124 mmHg; and</p> <p>On 1/24/24 with SBP 122 mmHg.</p> <p>Review of Resident 1's for February 2024 showed Resident 1 was to be administered with losartan 50 mg tablet and to hold for SBP less than 130 mmHg. Further review of the February 2024 MAR showed Resident 1 was administered losartan as follows:</p> <p>On 2/8/24, with SBP 128 mmHg;</p> <p>On 2/9/24, with SBP 95 mmHg;</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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(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 - Potential for minimal harm Residents Affected - Some	<p>On 2/10/24, with SBP 114 mmHg;</p> <p>On 2/11/24, with SBP 120 mmHg;</p> <p>On 2/12/24, with SBP 126 mmHg; and</p> <p>On 2/13/24, with SBP 128 mmHg.</p> <p>On 5/16/24 at 1145 hours, an interview was conducted with the DON. The DON verified the above findings.</p>		