STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555353	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Health Care Center	8965 Magnolia Avenue Riverside, CA 92503

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure timely delivery and administration of the medication Trelegy (medication used to treat Chronic Obstructive Pulmonary Disease {COPD - a progressive inflammatory lung disease that obstructs airflow}) as ordered by the physician for one of three residents reviewed (Resident 1) for pharmacy services. This failure resulted in resident not receiving medication as ordered by the physician to manage and treat the medical condition. Findings:On June 2, 2026, at 1130 a.m., an interview was conducted with Resident 1. Resident 1 stated the following:- She was transferred to the acute hospital on May 16, 2026 and was re-admitted back to the facility on May 20, 2026;- She was prescribed Trelegy as a discharge medication order for her COPD; and- The facility staff did not give the medication as ordered by the physician when she was readmitted back to the facility.On June 4, 2026, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses including COPD.The acute hospital document titled, (Name of Acute Hospital).Discharge Medication List.Current Medication as of 05/20/2026.Trelegy Elliipta 100 MCG (microgram - unit of measurement).Inhalation Powder.How to take.1 INHALATION DAILY.The document titled, Progress Notes, dated May 21, 2026, and signed by Resident 1's physician indicated, .On 05/16/2026, patient with COPD exacerbation (a sudden, sustained worsening of respiratory symptoms like increased breathlessness, coughing, or mucus changes that requires a change in medication) and was transferred to (Name of Acute Hospital) for further evaluation. Patient discharged back to (Name of Facility) on 05/20/2026.with new med Trelegy Ellipta.daily for chronic COPD.The electronic Medication Administration Record dated May 1 to 31, 2026, indicated a physician's order to give Trelegy Ellipta Inhalation Aerosol Powder Breath Activated for COPD to start on May 21, 2026. The eMAR indicated Trelegy was not administered on May 21 or 22, 2026. Resident 1 received the initial dose on May 23, 2026.On June 4, 2026, at 1540 pm, an interview with a record review was conducted with Licensed Vocation Nurse (LVN) 2. LVN 2 stated the following:- Resident 1 had a discharge order from the hospital, dated May 20, 2026, for Trelegy Ellipta one inhalation daily for COPD;- Resident 1's May 2026 eMAR indicated the medication Trilogy was ordered on May 20, 2026, and the first dose was supposed to be given on May 21, 2026, at 9 a.m.;- Resident 1 did not receive the first dose of Trelegy until May 23, 2026. LVN 2 stated the eMAR indicated the medication Trelegy was not given on 05/21/2026 and 05/22/2026 due to its unavailability.- Resident 1 should have received the first dose of Trelegy on May 21, 2026,, as ordered by the physician; and- There was no record indicating that the pharmacy and physician were contacted about the medication unavailability on May 21 and 22, 2026. LVN 2 stated, the licensed nurse should have documented that pharmacy and physician were contacted when medication is missed.On June 4, 2026, at 4:34 p.m., the interim Director of Nursing (DON) was interviewed. The DON stated:- Resident 1 had a physician's order for Trelegy dated May 20, 2026, with a start date of May 21, 2026;- The medication Trelegy was not given on May 21 and 22, 2026 because of pending pharmacy delivery; and- There was no documentation from the licensed nurses that Resident 1's physician and the pharmacy were notified of the medication unavailability on May 21 and 22, 2026. (continued on next page)

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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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON stated the licensed nurse should document why a medication was unavailable, notify the physician, and follow up with the pharmacy. The DON stated this should have been done.The facility' policy and procedure titled, Pharmacy Services Overview dated, November 2025, indicated, .The facility shall accurately and safely provide or obtain pharmaceutical services, including the provision of routine and emergency medications and biologicals, and the services of a licensed consultant pharmacist . resident have sufficient supply of their prescribed medications and receive medications (routine, emergency or as needed) in a timely manner . Nursing staff communicate prescriber orders to the pharmacy and are responsible for contacting pharmacy if a resident's medication is not available for administration.