STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555383	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blythe Post Acute LLC	285 West Chanslor Way Blythe, CA 92225

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 - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145 Based on interview and record review, the facility failed to ensure residents' admission orders included all current medications, and the correct dosages for two out of three sampled residents (Residents 4 & 5) when: 1. Resident 4 ' s admission order for Sertraline (an anti-depressant medication) had an incorrect dosage; and 2. Resident 5 ' s admission orders did not include her asthma (a lung disease that causes difficulty breathing) inhalers, Symbicort (medication to help manage and prevent symptoms in residents with asthma) and albuterol (medication used to treat asthma). This failure resulted in: 1. Resident 4 receiving an incorrect dosage of Sertraline on September 6, 2024, which could result in worsening of depression. 2. Resident 5 not receiving physician orders for her asthma medications, which could result in breathing difficulties and worsening asthma symptoms. Findings: On September 24, 2024, at 9:25 a.m., an unannounced visit was made to the facility for a quality-of-care issue. 1. A review of Resident 4 ' s, General Acute Care Hospital (GACH) Active Medications list, dated, September 2, 2024, indicated, resident was receiving, Sertraline 100 mg, two times per day. A review of Resident 4 ' s facility medical records, titled, Face Sheet, indicated, resident was admitted on [DATE], with a diagnosis which included, major depressive disorder (a condition characterized by a persistent and intense feeling of sadness, hopelessness, and a lack of interest or pleasure in most activities). A review of Resident 4's Minimum Data Set (MDS - an assessment tool) dated September 8, 2024, indicated, Resident 4 had a Brief Interview for Mental Status ({BIMS}-a cognitive/memory assessment) score of 15 (no cognitive impairment). (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 - Some	A review of Resident 4 ' s physician orders dated, September 4, 2024 (untimed), indicated, Sertraline 100 mg (milligram) once per day. On September 25, 2024, at 3:31 p.m., a concurrent interview and record review of Resident 4 ' s GACH Active Medications List and physician orders were conducted with the Director of Nursing (DON). The DON stated, when a resident is admitted to the facility from GACH, the admission nurse reviews the GACH Discharge or active medication lists, verifies the information with the resident and/or representative, then receives physician orders for the medications. The DON stated, Resident 4 had been receiving Sertraline 100mg twice per day at GACH and once per day at the facility. The DON stated, Resident 4 received the incorrect dose of Sertraline on September 6, 2024. 2. A review of Resident 5 ' s, GACH Discharge Medications list, dated, September 12, 2024, at 1:56 p.m., indicated, a Symbicort inhaler and an albuterol inhaler. A review of Resident 5 ' s Face Sheet, indicated, resident was admitted to the facility on , September 12, 2024, with a diagnosis of asthma. A review of Resident 5's MDS dated [DATE], indicated, Resident 5 had a BIMS score of 15 (cognitively intact). A review of Resident 5 ' s physician orders, indicated, no orders for Symbicort and/or albuterol inhalers. On September 25, 2024, at 3:31 p.m., a concurrent interview and review of Resident 5 ' s GACH Discharge Medications list, and physician orders were conducted with the DON. The DON stated, when a resident is admitted to the facility from GACH, the admission nurse will review the GACH discharge medication list, verifies the information with the resident and/or representative, then receives physician orders for the medications. The DON stated, Resident 5 ' s GACH medications included Symbicort and albuterol. The DON further stated, Resident 5 did not receive physician orders for Symbicort and albuterol upon admission on September 12, 2024. The DON stated, Resident 5 should have received orders for Symbicort and albuterol upon admission to the facility. A review of the facility policy and procedure titled, Medication Therapy, revised, April 2007, indicated, .Policy heading . 2. Medication use shall be consistent with an individual ' s condition, prognosis . Policy Interpretation and Implementation: 1. The resident ' s clinical record must contain a written order for all prescription and over-the-counter medications taken by the resident. 2. On admission or readmission, the admitting nurse will verify with the resident ' s physician medication or treatment orders carried out from discharging hospital, community, or other healthcare settings. 3. Upon or shortly after admission, and periodically thereafter, the staff and practitioner . will review an individual ' s current medication regimen, to identify whether: a. there is a clear indication for treating that individual with the medication; b. the dosage is appropriate; c. the frequency of administration and duration of use are appropriate .

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145 Based on observation, interview, and record review, the facility failed to provide an effective pest control program to address the presence of flies in the building. This failure resulted in flies in the facilities common areas and resident bedrooms potentially leading to infections, increase in health issues such as gastrointestinal infections or skin irritations to vulnerable population in the facility. Findings: On September 24, 2024, at 9:25 a.m., an unannounced visit was made to the facility for a quality-of-care issue. 1. On September 24, 2024, at 9:50 a.m., a concurrent interview with Resident 1 and an observation of the resident's bedroom were conducted. Resident 1 stated, he had noticed an increase in flies in the facility and in his bedroom. Resident 1 stated, Sometimes they bother me. Resident 1 was observed swatting at a fly in the air as he spoke. Resident 1 further stated, staff had given him a fly swatter to help with the flies. A review of Resident 1 ' s medical records, titled, Face Sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of cerebral infarction ({Stroke}-a decreased supply of oxygen to the brain causing tissue damage). A review of Resident 1's Minimum Data Set (MDS - an assessment tool), indicated, Resident 1 had a Brief Interview for Mental Status ({BIMS}-cognitive/memory assessment) score of 15 (cognitively intact). 2. On September 24, 2024, at 10:15 a.m., a concurrent interview with Resident 2 and an observation of the resident ' s bedroom were conducted. Multiple flies were observed in the resident ' s bedroom. Resident 2 stated, there were flies in his bedroom, (The flies) are getting bed, they ' re everywhere. A review of Resident 2 ' s Face Sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of muscle weakness and difficulty walking, and a BIMS score of 15 (cognitively intact). On September 24, 2024, at 10:34 p.m., a concurrent interview with the Maintenance Supervisor (MS), and observation of fly traps within the facility were conducted. The MS stated, approximately three weeks prior (exact date unknown), the pest control company removed the fly traps within the facility. The MS stated, two fly traps were removed from the South Hall, one trap by the exit door, one trap by the Lobby door, and one fly trap from the North Hall. The MS further stated, since the fly traps were removed, The flies (within the facility) have gotten worse. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. On September 24, 2024, at 10:49 a.m., an observation of Resident 3 was conducted, showing the resident resting in bed with her eyes closed. Resident 3 was observed to have a large black necrotic (tissue death) area surrounding the tip of her nose and upper lip. Further observation indicated that Resident 3 was swatting at flies hovering around her nasa and upper lip area. A review of Resident 3 ' s Face Sheet, indicated, resident was admitted to the facility on , November 13, 2023, with a diagnosis of, Pituitary Gland (pea sized gland at base of the brain), cancer. Further review indicated a BIMS score of 10 (Moderate cognitive impairment). On September 24, 2024, at 11:05 a.m., an interview was conducted with the Director of Staff Development (DSD), who stated, (Approximately) one month ago, the pest control company removed the fly traps from the interior walls of the facility. DSD was unsure why this happened. On September 24, 2025, at 3:43 p.m., an interview was conducted with the Administrator (Admin), who stated, a couple of weeks ago, the pest control company removed all the fly traps, due to corporate (home office) confusion and non-payment. The Admin further stated, he would verify dates of non-service with corporate office. On September 25, 2024, at 12:12 p.m., an interview was conducted with Admin, who stated, the facility has not been contracted with a pest control company since their last treatment in April 2024. The Admin further stated, the facility ' s corporate office, has sent a maintenance crew to the facility monthly, starting on June 27, 2024, to treat for insects such as ants and roaches. The Admin verified, corporate had not, and is not, providing treatments for interior flies, and the facility does not currently have a pest control program for flies. A facility Policy, titled, Pest Control, revised, May 2008, indicated, .Policy Statement: Our facility shall maintain an effective pest control program . Policy Interpretation and Implementation: 1. This facility maintains an on-going pest control program to ensure that the building is free of insects and rodents .