

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER HI-Desert Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 6601 White Feather Road Joshua Tree, CA 92252	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46696</p> <p>Based on interview and record review, the facility failed to ensure family or emergency contact person were notified appropriately of resident transfer for one of 22 sampled residents (Resident 1) when there was no documented evidence that Resident 1's family was notified before Resident 1 was transferred to the acute care hospital for suprapubic catheter (a surgically created tube that drains urine from the bladder when other methods are not possible) exchange.</p> <p>This failure resulted in no communication between Resident 1's family and the healthcare team and had the potential to interfere with Resident 1's family ability to follow and participate in Resident 1's transfer process and care.</p> <p>Finding:</p> <p>During a review of resident 1's Emergency department Physician note, dated September 30, 2024, the Emergency Department Physician note indicated, resident is [AGE] year-old male with history of quadriplegia (a condition that causes a person to lose all or most motor function in their arms, hands, trunk, legs, and pelvic organs), tracheostomy (a tube placed into a patients airway to allow breathing) ventilator(a machine used to allow breathing) dependent, neurogenic bladder(a condition that occurs when the nerves and muscles that control the bladder don't communicate properly with the brain), suprapubic catheter dependent, transferred from his long-term care facility for suprapubic catheter exchange</p> <p>During an interview on December 4, 2024, at 11:17 AM, with a Licensed vocational nurse (LVN4), LVN 4 stated, the facility will call residents' family and notify them of a transfer and document the communication into a resident's medical record.</p> <p>During a concurrent interview and record review on December 5, 2024, at 8:18 AM, with the Director of nursing (DON), Resident 1's nursing narrative notes, dated September 30, 2024, at 1:27 PM, was reviewed. The Nursing Narrative indicated, 1:15 PM the resident went by transport to [Hospital Name] Emergency department, for suprapubic catheter change accompanied by RN [Registered Nurse], care plan remains unchanged. The DON, stated, she was unable to find any documented evidence of Resident 1's family notification. The DON further stated, the facility policy indicates family should be notified upon any transfer.</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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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of facility policy and procedure (P&P) titled, Transfer of Resident requiring emergency or acute care, dated October 12, 2021, the P&P indicated, Procedure, 1.) notify the emergency room if evaluation requested. A hand off report must include reason for transfer, latest vital signs .4.) residents primary contact must be notified. 5.) Notify the [facility name] business office.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50631</p> <p>Based on observation, interview, record review the facility failed to develop and implement a comprehensive person-center care plan (a document that outlines a patient's care, including their diagnosis, treatment goals, and nursing orders) that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs for four of five sampled residents (Resident 24, 61, 67, and 50).</p> <p>This failure had the potential to result in person-centered care not being provided which may lead to negative physical, mental, and psychosocial impact upon the resident's function, mood, and cognition.</p> <p>Findings:</p> <p>1. During an observation on December 4, 2024, at 9:20 AM, on the sub-acute unit (a specialized unit where the resident breathes with the help of a medical device and need close monitoring, rehabilitation, nursing and respiratory care), Resident 24 was observed lying in bed, supine (lying on the back, face up) with eyes closed; on ventilator (a medical device that helps with breathing) via tracheostomy (an opening through the neck into the windpipe to help with breathing), feeding pump off; On contact isolation (a set of steps to prevent the spread of germs from a resident to others) for wound infection.</p> <p>During a review of Resident 24's History and Physical (H&P-a medical document containing demographic information), dated May 3, 2024, the H&P indicated Resident 24 was admitted on [DATE], with diagnoses that included anoxic brain injury (a medical condition where the brain is deprived of oxygen resulting in brain cell death), chronic respiratory failure (a long-term medical condition where not enough oxygen travels from the lungs into the blood), ventilator dependent, chronic obstructive pulmonary disease (lung disease that makes it difficult to breathe due to damage to the lungs' airways causing restricted airflow and breathing problems), and gastrostomy tube (a tube inserted through the abdominal wall used for feeding).</p> <p>During an interview on December 4, 2024, at 9:45 AM with Licensed Vocational Nurse 2 (LVN2) regarding Resident 24's sacral (tailbone) wound care plan, the LVN2 stated the wound care treatment is provided daily and as needed, but the wound healing appears to be slow, and the wound treatment order was changed several times because the wound was not healing properly. LVN2 further stated that on September 16, 2024, the wound care plan was developed and implemented and confirmed that no measurable goals, timeframes, and re-evaluation of the care plan was done since September 16, 2024.</p> <p>During a concurrent interview and record review on December 5, 2024, at 1:53 PM, with the Director of Nursing (DON), Resident 24's electronic medical record (EMR), dated September 16, 2024, was reviewed. The EMR indicated a care plan for sacral wound care was initiated. The care plan does not include patient-centered measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs. The record does not indicate that the care plan was re-evaluated and updated as needed. The DON verified and stated, the care plan should have been initiated the same day the physician order was received and re-evaluated.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled Wound Care Management Pressure Wounds, dated September 27, 2019, page 6, Treatments, the P&P indicated Initiate appropriate care plan. Turn with range of motion every 2 hours and prn. Initiate turning schedule. Ambulate or exercise (passive or active). Document appropriately.</p> <p>2. During an observation on December 3, 2024, at 2:03 PM, on the sub-acute unit Resident 61 was observed lying in bed, supine with eyes closed, and the head of bed elevated. feeding pump was infusing. Resident 61 is noted to have bilateral (both) upper extremities contractures and breath via a tracheostomy.</p> <p>During a review of Resident 61's H&P, dated August 3, 2024, the H&P indicated Resident 61 was admitted on [DATE], with diagnoses that include anoxic brain injury, chronic respiratory failure, and tracheostomy. The H&P further indicated contracted bilateral wrists and elbows, but able to passively move. Flexion contracture left wrist. Extension contracted right ankle. Other extremities stiff but does not acute appear contracted.</p> <p>During a review of Resident's 61's physician order, dated October 22, 2024, the physician order indicated, Restorative Program Passive Range of Motion (the movement of a joint by staff or therapist with no effort from the resident) every Monday, Wednesday and Friday.</p> <p>During a concurrent interview and record review on December 5, 2024, at 1:53 PM, with the DON, Resident 61's EMR, dated October 22, 2024, through December 5, 2024, were reviewed. There was no care plan developed and implemented for Resident 61's Passive Range of Motion. The DON verified and stated, the care plan should have been initiated the same day the physician order was received and re-evaluated.</p> <p>During a review of the facility's policy and procedure (P&P) titled Wound Care Management Pressure Wounds, September 27, 2019, page 6, Treatments, the P&P indicated Initiate appropriate care plan. Turn with range of motion every 2 hours and prn. Initiate turning schedule. Ambulate or exercise (passive or active). Document appropriately.</p> <p>3. During an observation on December 3, 2024, at 2:03 PM, on the sub-acute unit Resident 67 was observed lying in bed, supine with eyes closed. Tracheostomy dependent, respiration even and unlabored. Resident was noted to have upper extremities contractures.</p> <p>During a review of Resident 67's Face Sheet (patient demographics information), dated October 1, 2024, the Face Sheet indicated Resident 67 was admitted on [DATE], with diagnoses that included anoxic brain injury, chronic respiratory and tracheostomy.</p> <p>During a review of Resident's 67's physician order, dated November 5, 2024, the physician order indicated, Restorative Program Passive Range of Motion every Monday, Wednesday and Friday.</p> <p>During a concurrent interview and record review on December 5, 2024, at 1:53 PM, with the DON, Resident 61's EMR, dated November 5, 2024, through December 5, 2024, were reviewed. There was no care plan developed and implemented for Resident 61's Passive Range of Motion. The DON verified and stated, the care plan should have been initiated the same day the physician order was received and re-evaluated.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled Wound Care Management Pressure Wounds, dated September 27, 2019, page 6, Treatments, the P&P indicated Initiate appropriate care plan. Turn with range of motion every 2 hours and prn. Initiate turning schedule. Ambulate or exercise (passive or active). Document appropriately.</p> <p>4. During a review of resident 50's H&P, dated August 19, 2024, the H&P indicated, Resident is a [AGE] year old female with history of cerebral vascular accident (a medical emergency that occurs when blood flow to the brain is suddenly cut off), behavioral disturbance, dementia (a decline in mental ability that affects thinking, memory, and behavior, and interferes with daily life), generalized weakness and chronic pain.</p> <p>During a review of resident 50's Active Care Plans/ Power plans, on December 5, 2024, the only active care plan was nutritional status/ nutritional intake to meet needs plan of care, initiated on September 10, 2024. The other care plans identified were discontinued in August 2024, including activities kkin, cognitive loss, cardiovascular (the network of organs that supplies blood throughout the body), visual function, gastrointestinal (refers to the digestive system, which includes the organs and passageways that food and liquids travel through as they are digested and absorbed), elopement (the potential danger that someone with cognitive impairments or other conditions may leave a supervised area) risk, dehydration and fluid maintenance, neurological (relating to the nervous system or nerves) , nutritional status, and psychosocial well-being. The respiratory plan of care was discontinued on November 1, 2024.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON), on December 5, 2024, at 9:00 AM, Patient 50's care plan flowsheets were reviewed. Residents 50's care plans indicated nutritional status was the only active care plan for Resident 50. The DON stated, she was unable to provide any documented evidence to show the required care plan for Resident 50. The DON confirmed, the nursing staff should have documented Resident 50's care plan.</p> <p>During a review of the facility policy and procedure (P&P) titled, Care Planning Process, dated March 20, 2023, the P&P indicated, The care planning process will be documented on the plan of care, interdisciplinary care plan, clinical notes, medication profiles, team conferences and discharge clinical summaries .All clinicians consider the conclusions of the initial and ongoing assessments in their care planning process, including but not limited to: Individualized patient needs and resultant problems, related to care/ service/functional status, family/ caregiver support systems. Changes in patient condition, clinical drug monitoring as appropriate. Pain and symptom management as appropriate .</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50631</p> <p>Based on observation, interview, record review, the facility failed to ensure Passive Range of Motion (PROM - the movement of a joint from staff or therapist with no effort from the resident) services were provided for two of five sampled residents (Resident 61 and 67) when there was no documented evidence that the Range of Motion (ROM-extent or limit to which joint can be moved around) was completed as ordered.</p> <p>This failure has the potential to result in further decline in physical, mental, and/or psychosocial aspects of the resident's ability to maintain and improve range of motion and mobility.</p> <p>Findings:</p> <p>1. During an observation on December 3, 2024, at 2:03 PM, on the sub-acute unit (a specialized unit where the resident breathes with the help of a medical device and need close monitoring, rehabilitation, nursing, and respiratory care), Resident 61 was observed lying in bed, supine (lying on the back, face up) with eyes closed and the head of bed elevated. Feeding pump was infusing. Resident 61 was noted to have bilateral (both) upper extremities contractures.</p> <p>During a review of Resident 61's History and Physical (H&P-a medical document containing demographic information), dated August 3, 2024, the H&P indicated Resident 61 was admitted on [DATE], with diagnoses that included anoxic brain injury (a medical condition where the brain is deprived of oxygen resulting in brain cell death), chronic respiratory failure (a long-term medical condition where not enough oxygen travels from the lungs into the blood), tracheostomy (an opening through the neck into the windpipe to help with breathing). The H&P further indicated contracted bilateral wrists and elbows, but able to passively move. Flexion contracture left wrist. Extension contracted right ankle. Other extremities stiff but does not acute appear contracted.</p> <p>During an interview on December 5, 2024, at 12:50 PM, with the Restorative Nurse Assistant (RNA-an aide who provides exercises to residents to regain their functional ability or to prevent worsening of a medical condition), the RNA stated she does not provide any ROM services to the residents in the Sub-Acute unit and indicated that Certified Nurse Assistant (CNA-an aide providing care to residents) will do the PROM. When asked how and where she documents the ROM services she provides, RNA stated she signs the RNA logbook located at the nursing station for each resident. Resident 61 is not listed in the RNA logbook.</p> <p>During an interview on December 5, 2024, at 1:12 PM, with CNA1, CNA1 stated she does not provide ROM to the residents. CNA1 further stated, she is not certified to perform any ROM to residents.</p> <p>During a review of Resident's 61's physician order, dated October 22, 2024, the physician order indicated, Restorative Program Passive Range of Motion every Monday, Wednesday and Friday.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on December 5, 2024, at 1:53 PM, with the Director of Nursing (DON), Resident 61's electronic clinical record for Musculoskeletal (relating to the body's muscles and skeleton, which work together to provide structure, support, and movement) Assessment and the Range of Motion, dated November 28, 2024, through December 5, 2024, were reviewed. There was no documented evidence that the PROM was done on Monday, December 2, 2024, and Wednesday, December 4, 2024. The DON verified and confirmed. When asked why the range of motion services was not provided to Resident 61, the DON stated Well, if the Aide said she's not doing it, then we do not currently provide the ROM services, I cannot fight that.</p> <p>During a review of the facility's policy and procedure titled Wound Care Management Pressure Wounds, dated September 27, 2019, page 6, Treatments, the P&P indicated Turn with range of motion every 2 hours and prn. Initiate turning schedule. Ambulate or exercise (passive or active). Document appropriately</p> <p>2. During an observation on December 3, 2024, at 2:03 PM, on the sub-acute unit, Resident 67 was observed lying in bed, supine with eyes closed. Resident 67 was noted to breath via tracheostomy and to have contracted upper extremities.</p> <p>During a review of Resident 67's the Face Sheet (patient demographic information), dated October 1, 2024, the Face Sheet indicated, Resident 67 was admitted on [DATE], with diagnoses that included anoxic brain injury, chronic respiratory failure, and tracheostomy.</p> <p>During an interview on December 5, 2024, at 12:50 PM, with the RNA, the RNA stated she does not provide any ROM services to the residents in the Sub-Acute unit and indicated that CNA will do that. When asked how and where she documents the ROM services she provides, she said she signs the RNA logbook located at the nursing station after she does the ROM with each resident. Resident 67 is not listed in the RNA logbook.</p> <p>During an interview on December 5, 2024, at 1:12 PM, with CNA1, CNA1 stated she does not provide ROM to the residents. CNA1 further and stated, I am not Certified to perform any ROM to our residents.</p> <p>During a review of Resident's 67's physician order, dated November 5, 2024, the physician order indicated, Restorative Program Passive Range of Motion every Monday, Wednesday and Friday.</p> <p>During a concurrent interview and record review on December 5, 2024, at 1:53 PM, with the DON, Resident of 67's electronic clinical record for Musculoskeletal Assessment and the Range of Motion, dated November 28, 2024, through December 5, 2024, were reviewed. There was no documented evidence that the PROM was done on Monday, December 2, 2024, and Wednesday, December 4, 2024. The DON verified and confirmed. When asked why the range of motion services was not provided to Resident 61, the DON stated Well, if the Aide said she's not doing it, then we do not currently provide the ROM services, I cannot fight that.</p> <p>During a review of the facility's policy and procedure titled Wound Care Management Pressure Wounds, dated September 27, 2019, page 6, Treatments, the P&P indicated Turn with range of motion every 2 hours and prn. Initiate turning schedule. Ambulate or exercise (passive or active). Document appropriately.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46696</p> <p>Based on observation, interview, and record review, the facility failed to ensure the nursing staff administered medication as ordered for 23 residents of 41 sampled residents (Residents 2, 4, 8, 9, 20, 28, 41, 42, 45, 49, 53, 55, 56, 57, 58, 59, 60, 64, 65, 71, 74, 147 and 295) when:</p> <p>1.) The nursing staff did not give medications to 22 residents (Residents 2, 4, 8, 9, 20, 28, 41, 42, 45, 49, 53, 55, 56, 57, 58, 59, 60, 64, 65, 71, 74 and 295) on December 1, 2024, as ordered and did not notify a responsible physician or a pharmacist for not giving the medications.</p> <p>2.) The nursing staff did not administer Resident 147's medication by mouth as ordered and did not verify with a physician for using a percutaneous endoscopic gastrostomy (PEG-a feeding tube surgically inserted directly to the stomach wall to use for food and medication) tube for medication administration.</p> <p>These failures had resulted in unsafe medication administration and could cause adverse health outcomes from the inconsistency of medication dosage requirement which could negatively affect these vulnerable residents' health and safety.</p> <p>Findings:</p> <p>1a. During a review of Resident 2's History and Physical (H&P- a medical document containing demographic information), dated May 31, 2021, the H&P indicated, [AGE] year-old female with a past medical history of traumatic brain injury (TBI-a brain injury caused by an external force, such as a blow or jolt to the head).</p> <p>During a review of Resident 2's Medication administration record (MAR), dated December 1, 2024, the MAR indicated, there were eight medications not given as ordered included: 1. levetiracetam (a medication used to treat Seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works.) 1, 300 Milligram (mg- a unit of measurement), 2. carbamazepine (used to manage and treat epilepsy, trigeminal neuralgia, and acute manic and mixed episodes in bipolar I disorder) 250 mg, 3. baclofen (a muscle relaxer used to treat muscle symptoms including spasm, pain) 20 mg, 4. famotidine (used to prevent and treat heartburn due to acid indigestion) 20 mg, 5. loratadine (used to temporarily relieve the symptoms of allergy to pollen, dust, or other substances in the air) 10 mg, 6. Vitamin C 1000 mg, and 7. Multivitamin 5 milliliters (ml- a unit of volume).</p> <p>1b. During a review of Resident 4's H&P, dated January 25, 2024, the H&P indicated, Resident 4 had diagnoses including Multiple sclerosis (a chronic autoimmune disease that damages the central nervous system), degenerative disc disease (a chronic condition that occurs when the spinal discs wear down and break down), and major depressive disorder (a mental health disorder that causes a persistent low mood and loss of interest in activities).</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 4's MAR, dated December 1, 2024, the MAR indicated, there were five medications not given as ordered included: 1. gabapentin (used to treat and prevent seizures in people with epilepsy or to treat nerve pain) 100 mg, 2. baclofen 10 mg, 3. glatiramer (a medication that is used to treat relapsing forms of multiple sclerosis) 40 mg, 4. acyclovir (used to treat infections caused by certain types of viruses) 400 mg, 5. pantoprazole (medication used to treat heart burn) 40 mg, and 6. vitamin c 500 mg.</p> <p>1c. During a review of Resident 8's H&P, dated September 7, 2023, the H&P indicated, This is a [AGE] year-old male with a past medical history of seizures, diabetes mellitus (a chronic disease that causes high blood sugar levels), chronic kidney disease (a condition where the kidneys are damaged and can't filter blood properly) and hypertension (high blood pressure).</p> <p>During a review of Resident 8's MAR, dated December 1, 2024, the MAR indicated, there were six medications not given as ordered included: 1. hydralazine (a medication used to treat high blood pressure) 20 mg, 2. metoprolol (a medication to treat high blood pressure) 50 mg, 3. amlodipine (a medication used to treat high blood pressure) 10 mg, 4. levetiracetam 250 mg, 5. liraglutide (medication injection to lower blood sugar) 1.8 mg, and 6. losartan (a medication used to treat high blood pressure) 25 mg.</p> <p>1d. During a review of Resident 9's H&P, dated July 1, 2022, the H&P indicated, The patient is a [AGE] year old female with history of stroke (occurs when blood flow to the brain is blocked or a blood vessel in the brain bursts), diabetes mellitus, Chronic Obstructive Pulmonary Disease (COPD-a lung disease that makes it difficult to breathe) hypertension, and major depressive disorder.</p> <p>During a review of Resident 9's MAR, dated December 1, 2024, the MAR indicated, there were 11 medications not given as ordered included: 1. insulin regular (a short-acting human-made insulin. It helps adults and children with Type 1 and Type 2 diabetes control their blood sugar levels.) given per sliding scale (it is the scale used to calculate the amount of insulin given based on blood sugar level), 2. albuterol (used to prevent and treat wheezing, difficulty breathing, chest tightness, and coughing caused by lung diseases such as asthma and chronic obstructive pulmonary disease) 2.5mg, 3. insulin glargine (is a long-acting insulin injected once daily to control blood sugar levels in people with diabetes mellitus), 4. metformin (helps to control the amount of glucose (sugar) in your blood) 500 mg, 5. metoprolol extended release 25 mg, 6. oxybutynin extended release (used to treat symptoms of an overactive bladder, such as incontinence (loss of bladder control) 5 mg, 7. aspirin (a medication that can treat pain, fever, headache, and inflammation. It can also reduce the risk of heart attack) 81 mg, 8. cholecalciferol (a dietary supplement that is used to treat vitamin D deficiency) 50 micrograms (mcg- a unit of mass equal to one millionth of a gram), 9. clonidine (a medication used to treat high blood pressure) 0.2 mg, 10. docusate-senna (a medication used to treat constipation) 1 tablet, and 11. fluoxetine (used to treat depression, obsessive-compulsive disorder (bothersome thoughts that won't go away and the need to perform certain actions over and over) 40 mg.</p> <p>1e. During a review of Resident 20's H&P, dated April 3, 2024, the H&P indicated, [AGE] year-old female with a past medical history of COPD, chronic kidney disease, diabetes, hypothyroidism (when the thyroid gland doesn't make enough thyroid hormones to meet your body's needs), and hypertension.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER HI-Desert Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 6601 White Feather Road Joshua Tree, CA 92252	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 20's MAR, dated December 1, 2024, the MAR indicated, there were four medications not given as ordered included: 1. Janumet 50-500mg (a prescription medication that combines sitagliptin and metformin to help lower blood sugar in adults with type 2 diabetes), 2. furosemide (a diuretic, also called a water pill, that is commonly used to reduce edema (fluid retention) 20 mg, 3. trelegy (a prescription inhaler used to treat chronic obstructive pulmonary disease (COPD) and asthma) 100 mcg/62.5 mcg/25 mcg, and 4. amlodipine 5 mg.</p> <p>1f. During a review of Resident 28's H&P, dated November 22, 2022, the H&P indicated, this is a [AGE] year old female with past medical history of diabetes mellitus.</p> <p>During a review of Resident 28's MAR, dated December 1, 2024, the MAR indicated, there was one medication not given as ordered included: metformin 500 mg.</p> <p>1g. During a review of Resident 41's H&P, dated October 28, 2024, the H&P indicated, the resident is a [AGE] year old female with a past medical history of bradycardia (slow heart rate), hypertension and heart failure(a serious condition that occurs when the heart is unable to pump enough blood to meet the body's needs).</p> <p>During a review of Resident 41's MAR, dated December 1, 2024, the MAR indicated, there were two medications not given as ordered included: 1. empagliflozin (medication for adults with Type 2 Diabetes & Adults with Heart Failure) 10 mg, and 2. entresto (oral combination heart medication that contains two blood pressure-lowering medications: sacubitril and valsartan) 1 tablet.</p> <p>1h. During a review of Resident 42's H&P, dated July 10, 2024, the H&P indicated, resident is [AGE] year-old man with past medical history significant for muscle spasm and unspecified pain.</p> <p>During a review of Resident 42's MAR, dated December 1, 2024, the MAR indicated, there was one medication not given as ordered included: lidocaine patch (eases pain by numbing the nerves and making them less sensitive to pain) 5 percent (%).</p> <p>1i. During a review of Resident 45's H&P, dated April 5, 2024, the H&P indicated, resident is [AGE] year-old female with a past medical history significant for chronic back pain, muscular dystrophy (a group of genetic diseases that cause muscles to progressively weaken and break down.), restrictive lung disease(a category of lung conditions that make it difficult to breathe in and out because the lungs are unable to expand fully), osteoporosis (a bone disease that weakens bones, making them more likely to break), right heart failure, and depression.</p> <p>During a review of Resident 45's MAR, dated December 1, 2024, the record MAR indicated, there were three medications not given as ordered included: 1. escitalopram (used to treat depression and anxiety) 10 mg cetirizine (antihistamine used to relieve allergy symptoms) 1 tablet, 2. metronidazole cream (applied to the skin to treat certain symptoms of rosacea. Rosacea is a long-term skin condition that can cause symptoms such as redness and small bumps.) 0.75%, and 3. montelukast (used for the long-term treatment of asthma and to prevent symptoms of exercise-induced asthma) 10 mg.</p> <p>1j. During a review of Resident 49's H&P, dated May 3, 2022, the H&P indicated, resident is [AGE] year-old male with past medical history if traumatic brain injury and hypertension.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 49's MAR dated December 1, 2024, the MAR indicated, there was one medication not given as ordered included propranolol (a medication used to treat high blood pressure) 10 mg.</p> <p>1k. During a review of Resident 53's H&P, dated October 2, 2024, the H&P indicated, resident is [AGE] year-old male with past medical history of left side stroke, chronic deep vein thrombosis (DVT- condition that occurs when a blood clot forms in a vein deep in the body) of the right lower extremity, hypertension and diabetes.</p> <p>During a review of Resident 53's MAR dated December 1, 2024, the MAR indicated, there were five medications not given as ordered included: 1. apixaban (works by decreasing the clotting ability of the blood and helps preventing harmful clots from forming in the blood vessels) 2.5 mg, 2. aspirin 81 mg, 3. famotidine (used to prevent and treat heartburn due) 20 mg, 4. liraglutidem 1.8mg, and 5. rosuvastatin (commonly used to lower bad cholesterol levels) 10 mg.</p> <p>1l. During a review of Resident 55's H&P, dated March 1, 2024, the H&P indicated, resident is [AGE] year-old male with past medical history significant for hypertension and arthritis (a chronic condition that causes joint inflammation and pain).</p> <p>During a review of Resident 55's MAR, dated December 1, 2024, the MAR indicated, there were three medications not given as ordered included: 1. cholecalciferol 50 mcg, 2. famotidine 20 mg, and 3. rosuvastatin 20 mg.</p> <p>1m. During a review of Resident 56's H&P, dated September 4, 2024, the H&P indicated, resident is a [AGE] year-old female with past medical history of traumatic brain injury and seizures.</p> <p>During a review of Resident 56's MAR, dated December 1, 2024, the MAR indicated, there were three medications not given as ordered included: 1. cholecalciferol 50 mcg, 2. docusate (stool softener) 100 mg, and 3. levetiracetam 1000 mg.</p> <p>1n. During a review of Resident 57's H&P, dated April 4, 2024, the H&P indicated, resident is an [AGE] year-old female with past medical history of fibromyalgia (a chronic condition that causes widespread pain and tenderness throughout the body), diabetes mellitus, chronic gastroesophageal reflux disease (long term heart burn), and major depression.</p> <p>During a review of Resident 57's MAR, dated December 1, 2024, the MAR indicated, there were three medications not given as ordered included: 1. pantoprazole (used to treat damage from gastroesophageal reflux disease) 40 mg, 2. pregabalin (used to treat nerve pain that may be associated with diabetes, herpes zoster (shingles), or injury to the spinal cord) 150 mg, and 3. sertraline (medication used to manage and treat the major depressive disorder) 25mg.</p> <p>1o. During a review of Resident 58's H&P, dated February 21, 2024, the H&P indicated, resident is a [AGE] year-old female with a past medical history of dementia (a decline in mental ability that affects daily life) and arthritis.</p> <p>During a review of Resident 58's MAR, dated December 1, 2024, the MAR indicated, there was one medication not given as ordered included memantine (used to treat moderate to severe dementia) 28 mg.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1p. During a review of Resident 59's H&P, dated October 31, 2024, the H&P indicated, resident is a [AGE] year old male with past medical history significant for COPD, DVT, and anemia.</p> <p>During a review of Resident 59's MAR, dated December 1, 2024, the MAR indicated, there were four medications not given as ordered were Not given, No nurse missing medications administrations from 9:00 AM included: 1. apixaban 2.5 mg, 2. famotidine 20 mg, 3. ferrous sulfate (medication is an iron supplement used to treat or prevent low blood levels of iron) 325 mg, and 4. fluticasone-salmeterol (a combination medication used to treat asthma and chronic obstructive pulmonary disease (COPD)) 100 mcg</p> <p>1q. During a review of Resident 60's H&P, dated April 24,2024, the H&P indicated, resident is a [AGE] year-old male with history of dementia, hypertension, and Hyperlipidemia (HLD- the clinical term for an imbalance of LDL (bad) cholesterol, HDL (good) cholesterol, and triglycerides).</p> <p>During a review of Resident 60's MAR, dated December 1, 2024, the MAR indicated, there were 6 medications not given as ordered included: 1. donepezil (a medication that treats symptoms of Alzheimer's disease like memory loss and confusion) 10 mg, 2. melatonin (a medication commonly used to help someone sleep) 3 mg, 3. amlodipine 10 mg, 4. aspirin 81 mg, 5. cholecalciferol 50 mcg, and 6. clopidogrel (prevents platelets in your blood from sticking together) 75 mg.</p> <p>1r. During a review of Resident 64's H&P, dated August 4, 2023, the H&P indicated, resident is an [AGE] year-old male with past medical history significant for hypothyroidism, hypertension, diabetes mellitus, and heart failure.</p> <p>During a review of Resident 64's MAR, dated December 1, 2024, the indicated, there were four medications not given as ordered included: 1. metformin 500 mg, 2. amlodipine 5 mg, 3. aspirin 81 mg, and 4. gabapentin 300 mg</p> <p>1s. During a review of Resident 65's H&P, dated October 3, 2023, the H&P indicated, resident is a [AGE] year-old female with a history of urinary tract infection (a bacterial infection that affects the urinary tract, which includes the bladder, urethra, and kidneys).</p> <p>During a review of Resident 65's MAR, dated December 1, 2024, the MAR indicated, there was one medication not given as ordered included doxycycline (used for bacterial infections, including acne, rosacea, urinary and respiratory tract infections) 100 mg</p> <p>1t. During a review of Resident 71's H&P, dated March 4, 2023, the H&P indicated, resident is an [AGE] year-old female with a past medical history significant for diabetes mellitus and hypertension.</p> <p>During a review of Resident 71's MAR, dated December 1, 2024, the MAR indicated, there were three medications not given as ordered included: 1. insulin glargine (an injection that treats diabetes by increasing insulin levels in your body) 16 units, 2. insulin lispro 5 units, and 3. lisinopril 20 mg.</p> <p>1w. During a review of Resident 74's H&P, dated March 27, 2024 indicated, Resident is an [AGE] year-old female with past medical history significant for COPD, hypertension, atrial fibrillation (a heart condition that causes an irregular and often rapid heartbeat in the upper chambers of the heart), and depression.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 74's MAR, dated December 1, 2024, the MAR indicated, there were four medications not given as ordered included: 1. apixaban 5 mg, 2. gabapentin 100 mg, 3. sertraline 50 mg, and 4. tiotropium (a medication that treats asthma and chronic obstructive pulmonary disease) 18 mcg.</p> <p>1x. During a review of Resident 295's H&P, dated November 27, 2024, the H&P indicated, resident is a [AGE] year-old female with past medical history significant for cerebral vascular accident (which is another term for a stroke. A stroke occurs when the blood supply to the brain is disrupted), hypertension, and diabetes mellitus.</p> <p>During a review of Resident 295's MAR, dated December 1, 2024, the MAR indicated, there were seven medications not given as ordered included: 1. amlodipine 10 mg, 2. aspirin 81 mg, 3. bisoprolol 20 mg, 4. clonidine 0.1 mg, 5. clopidogrel 75 mg, 6. insulin regular based on sliding scale, and 7. lisinopril 40 mg</p> <p>During an interview on December 5, 2024, at 9:42 AM, with Pharmacist (Pharmacist 1), Pharmacist 1 stated, missing one dose of a drug like levetiracetam, or apixaban can be detrimental, even blood pressure medications can cause a spike in residents blood pressure. Pharmacist 1 further confirmed, on Sunday December 1, 2024, there were a number of missed doses during the medication reconciliation, and stated the nursing staff should have notified a pharmacist or the doctor.</p> <p>During an interview on December 5, 2024, at 9:45 AM, with a Family Medicine Doctor (MD1), MD1 stated, he was informed about the incident of missed medications on December 4, 2024 (3 days after the incident). MD 1 further stated, the nursing staff or the facility should have called and informed him as soon as possible. MD1 added, some medication, such as apixaban and levetiracetam, are the big issues with missed doses, without apixaban residents can get blood clots, and without levetiracetam residents can have seizures, even insulin can be a problem with multiple missed doses.</p> <p>During a concurrent interview and record review on December 5, 2024, at 12:08 PM, with the Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Medication administration, dated April 17, 2023, was reviewed. The P&P indicated, Medication variance is defined as : .wrong patient, wrong route or site, Omitted medication or intravenous solution .2. complete mediation incident report and forward to risk management. 3. Notify the attending physician and pharmacy. The DON stated, the nursing staff did not follow the P&P since the medication were not given as ordered for 22 residents and the physician or pharmacist was not notified about the incident. The DON further stated, the nursing staff should have informed her so she could provide proper process to follow.</p> <p>2. During a review of Resident 147's Face sheet (demographic data of the resident), the face sheet indicated, Resident 147 was admitted to the facility on [DATE], with the chief complaint of Septicemia (a life-threatening complication of infection).</p> <p>During a review of Resident 147's H&P, dated October 7, 2024, at 12:55, the H&P indicated , Resident 147 is a [AGE] year old male came with altered mental status, intubated (tube inserted into the body which helps for breathing), had pulmonary emboli (a condition in which one or more of the arteries in the lungs are blocked by a blood clot), and had a PEG tube placed on September 25, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 147's Orders, dated November 5, 2024, the Order indicated, Resident 147 has an order for NPO (nothing by mouth), unable to safely swallow or follow commands, Patient remains on G tube (gastrostomy tube- a tube inserted for feeding and medication administration) feeding continuously. The Orders further indicated,</p> <ol style="list-style-type: none"> 1. Acetaminophen [medication used for pain management and temperature] 325 mg [milligram-a unit measure for weight] =[equal] 1 tab [tablet], oral every 4 hrs [hours] as needed [PRN] for pain, starting on November 5, 2024. 2. Acetaminophen 325 mg = 1 tab, oral, every 4 hours as needed for temperature over 100 F [Fahrenheit-unit measuring heat and cold], starting on November 5, 2024. 3. Glucose [sugar, source of energy] 4 g [gram-a unit measuring weight] oral tablet, chewable ordered 16 g = 4 tab, chew, one time as needed for abnormal blood glucose, starting on November 5,2024. 4. Glucose (glucose 40 percentage oral gel) ordered 15 g = 37.5 ml [milliliter-a unit measuring liquid], one time unscheduled as needed for abnormal blood glucose, starting on November 5, 2024. 5. Losartan [medication used for treating blood pressure] 50 mg = 1 tab, oral, twice daily, starting on November 5, 2024, at 9:00 PM. 6. Metformin [medication used for treating blood sugar] 1000 mg = 1 tab, oral, twice daily with meals, starting on November 5, 2024. 7. Quetiapine [Seroquel-medications used for treating bipolar disease, depression] 12.5 mg = 0.5 tab, oral, twice daily, starting on November 5, 2024, at 9:00 PM. 8. Tramadol [medication used for treating pain management] 50 mg = 1 tab, oral, every 6 hours as needed for moderate pain, starting on November 5, 2024, at 2:00 PM. <p>During a concurrent observation and interview on December 4, 2024, at 9:00 AM, with Registered Nurse 1 (RN 1), RN 1 was observed giving Losartan 50 mg, metformin 1000 mg, Quetiapine 25 mg through G tube. RN 1 stated, she has been giving all the medication through Resident 147's G tube as he cannot take anything orally. RN 1 further stated, she had never noticed the route of the order was oral, she knows that this resident has no oral medications.</p> <p>During a concurrent interview and record review on December 5, 2024, at 3:00 PM, with Interim Director of Nursing (DON), the facility's policy and procedure (P&P) titled, Medication Administration, dated April 14, 2023, was reviewed. The P&P indicated, .PROCEDURE: 1. Medication orders must include: . Method of administration .9. Medications are administered only after the licensed practitioner validates the six rights of medication administration for each medication: .5. Right Route. The DON stated, Resident 147 is a G tube dependent resident. The DON confirmed, the nursing staff did not check the order or notified the physician which the nursing staff should have done. The DON stated, the policy for the medication administration was not followed.</p>		