STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555565	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artesia Palms Care Center	11900 E. Artesia Blvd. Artesia, CA 90701

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46415 Based on interview, and record review, the facility ' s licensed nurses failed to ensure informed consents were obtained from residents or their Responsible Party (RP) prior to administering antipsychotic medications (medication used to treat serious mental health conditions) and/or they failed to ensure informed consents were obtained by the resident ' s provider and not licensed nurses for three of seven sampled residents (Residents 1, 5, and 6). This deficient practice resulted in the administration of anti-psychotic medications to Residents 1, 5, and 6 prior to them being informed of the medications risk versus benefits, alternative treatment and opportunity to refuse. This deficient practice had the potential for the residents to receive unnecessary medications. During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities) with other behavioral disturbances, anxiety disorder (a mental condition characterized by excessive worry and fear) and schizophrenia (a mental illness that is characterized by disturbances in thought). The Face Sheet indicated Resident 1 ' s Family Member (FM 1) was the Resident Representative. During a review of Resident 1 ' s History and Physical (H&P) dated 10/29/2025, the H&P indicated Resident 1 did not have the capacity to understand and make decisions. During a review of Resident 1 ' s Minimum Data Set ([MDS] a resident assessment tool) dated 2/4/2025, the MDS indicated Resident 1 ' s cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) were moderately impaired. During a review of Resident 1 ' s Order Summary Report (Physician ' s Order), the Physician ' s Order indicated the following: 10/29/2024 - Ativan oral tablet 1 mg every 6 hours as needed for anxiety disorder for 14 days m/b agitation leading to resistance to care. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/29/2024 - Divalproex Sodium (medication primarily used to treat seizures [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness] and manic phase [mental state of an extreme highs] of bipolar disorder [sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs]) oral tablet delayed release 125 mg, one time daily for schizophrenia m/b agitation during activities of daily living ([ADLs] activities such as bathing, dressing and toileting a person performs daily). 10/29/2024 - Zyprexa (medication used to treat schizophrenia) oral tablet 2.5 mg two times a day for schizophrenia m/b striking out without cause. 11/26/2024 - Ativan (medication used to treat anxiety disorders and severe agitation) 0.5 milligram ([mg] metric unit of measurement, used for medication dosage and/or amount) every eight hours for 14 days, as needed for anxiety manifested by (m/b) biting and hitting herself. During a review of Resident 1 ' s Facility Verification of Informed Consent, dated 11/24/2025, the Facility Verification of Informed Consent indicated: Ativan 0.5 mg every eight hours for 14 days, as needed for anxiety m/b hitting and biting herself. The Facility Verification of Informed Consent indicated the consent was obtained by a licensed nurse by calling Resident 1 ' s Family Member 1 (FM 1) by phone on 11/26/2025. During a review of Resident 1 ' s Facility Verification of Informed Consent dated 10/29/2024, the Facility Verification of Informed Consent indicated: Ativan oral tablet one mg for anxiety disorder m/b agitation leading to resistance to care. The Facility Verification of Informed Consent indicated the consent was obtained by a licensed nurse by calling FM 1 on the phone on 10/29/2025. During a review of Resident 1 ' s Facility Verification of Informed Consent, dated 10/30/2024 the Facility Verification of Informed Consent indicated: Zyprexa oral tablet 2.5 mg for schizophrenia m/b striking out without cause. The Facility Verification of Informed Consent indicated the consent was obtained by a licensed nurse by calling FM 1 on the phone on 10/29/2025. During a review of Resident 1 ' s Facility Verification of Informed Consent, dated 10/30/2024 the Facility Verification of Informed Consent indicated: Divalproex Sodium oral tablet 125 mg for schizophrenia m/b agitation during ADLs. The Facility Verification of Informed Consent indicated the consent was obtained by a licensed nurse by calling FM 1 on the phone on 10/29/2025. During an interview on 4/23/2025 at 9:52 a.m., FM 1 stated no one at the facility told him what medications Resident 1 was taking, and they were administering two psychotropic medications (drugs that affect mental functions, behavior, and experience [Zyprexa and Divalproex]) without his knowledge or consent. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/25/2025 at 4:49 p.m., Resident 1 ' s Nurse Practitioner ([NP] an advanced practice Registered Nurse who can diagnose and treat illnesses, prescribe medications, and manage patient care often performing many of the same duties as physicians) 1 stated, if a resident does not have the capacity to make a decision, they will reach out to the next of kin. NP 1 stated, she recalls speaking to FM 2 in 11/2024 when she ordered Ativan 0. 5mg for Resident 1 and stated she did not speak to FM 1 (Resident 1 ' s RP). NP 1 stated licensed nurses can obtain informed consents by educating the residents regarding medication if they (the licensed nurses) feel comfortable doing so. NP 1 stated the licensed nurses can have the residents sign the informed consent, and then they (physician, NP) will cosign the informed consent. b. During a review of Resident 5 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including vascular dementia (decline in mental ability caused by reduced blood flow to the brain), schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 5 ' s H&P dated 12/22/2024, the H&P indicated Resident 5 had the capacity to make medical decisions. During a review of Resident 5 ' s MDS dated [DATE], the MDS indicated Resident 5 ' s cognitive skills were mildly impaired. During a review of Resident 5 ' s Order Summary Report (Physician ' s Order), the Physician ' s Order indicated the following: 12/20/2024 - Prozac (medication used to treat depression) oral capsule 10 mg, one time daily for unspecified depression m/b verbalization of sadness. 12/20/2024 - Seroquel (medication used to treat schizophrenia and depression) oral tablet 50 mg, one time daily for schizoaffective disorder m/b unprovoked agitation towards staff. During a review of Resident 5 ' s Facility Verification of Informed Consents dated 12/22/2024, the Facility Verification of Informed Consent indicated Resident 5 ' s Responsible Party (RP) 5 consented for the administration of Prozac 10 mg once a day for unspecified depression m/b verbalization of sadness and Seroquel 50 mg once a day (200 mg at bedtime/50 mg daily) for schizoaffective disorder m/b unprovoked agitation towards staff on. During a review of Resident 5 ' s Medication Administration Record ([MAR] a daily documentation record used by a licensed nurse to document medications and treatments given to a resident)dated 12/1/2024 through 12/31/2024, the MAR indicated Prozac oral capsule 10 mg and Seroquel oral tablet 50 mg was administered to Resident 5 on 12/21/2024, prior to the consent being obtained on 12/22/2024. During an interview on 4/24/2025 at 11:21 a.m., the Assistant Director of Nursing (ADON) stated for psychotropic medications, the psychiatrist should obtain the informed consent from the resident or the resident ' s RP, then the licensed nurses speak to the resident or call the family to verify the physician obtained the informed consent by reviewing the medication and side effects with the resident or RP. The ADON stated informed consents should be obtained prior to administering psychotropic medications. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/24/2025 at 12:49 p.m., after reviewing Resident 5 ' s MAR dated 12/1/2024 through 12/31/2024, the ADON stated the MAR indicated Prozac oral capsule 10 mg and Seroquel 25 mg was administered to Resident 5 on 12/21/2024. The ADON stated the informed consent for Prozac was dated 12/22/2024 after the medication was administered to Resident 5 and should have been obtained prior to the administration of the medications. c. During a review of Resident 6 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 6 was admitted to the facility on [DATE] with diagnoses including dementia, and schizophrenia. During a review of Resident 6 ' s H&P dated 2/19/2025, the H&P indicated Resident 6 was not capable of making medical decisions. During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 ' s cognitive skills were mildly impaired. During a review of Resident 6 ' s Physician ' s Order, the Physician ' s Order indicated the following: 2/18/2025 - Divalproex Sodium oral tablet delayed release 500 mg, give 1 tablet at bedtime for schizophrenia m/b mood swings. 2/18/2025 - Quetiapine Fumarate oral tablet 25 mg, give 1 tablet two times a day for schizophrenia m/b agitation leading to noncompliance with care. 3/1/2025 - Quetiapine Fumarate oral tablet 25 mg, give 1 tablet at bedtime for schizophrenia m/b agitation leading to noncompliance with care. During a review of Resident 6 ' s Facility Verification of Informed Consent dated 4/15/2025, the Facility Verification of Informed Consent indicated Quetiapine (dose unspecified) for schizophrenia m/b agitation leading to noncompliance with care was obtained from Resident 6 ' s RP on 3/1/2025 and signed by the provider on 4/15/2025. Continued review of Resident 6 ' s clinical record indicated there were no informed consents obtained for Divalproex Sodium 500 mg at bedtime ordered on 2/18/2025 or Quetiapine Fumarate 25 mg two times a day ordered on 2/18/2025. During a review of Resident 6 ' s MAR dated 2/1/2025 through 2/28/2025, the MAR indicated both Divalproex Sodium oral tablet delayed release 500 mg at bedtime and Quetiapine Fumarate oral tablet 25 mg 2 times a day were administered on 2/19/2025, without an informed consent being obtained prior to administration of the medications. During a review of Resident 6 ' s MAR dated 3/1/2025 through 3/31/2025, the MAR indicated Quetiapine Fumarate oral tablet 25 mg 1 tablet at bedtime was administered on 3/1/2025, prior to the consent being obtained. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/25/2025 at 3:43 p.m., and subsequent interviews at 4:33 p.m., and 4:37 p.m., after reviewing Resident 6 ' s Informed Consents the Director of Nursing (DON) stated the dosage, and date was not documented on Resident 6 ' s informed consent for Quetiapine and the providers signature was dated 4/15/2025 when the medication was ordered on 3/1/2025 and the first dose of the medication was administered on 3/1/2025. The DON stated any changes to Resident 6 ' s psychotropic medication order would need a new informed consent. During an interview on 4/25/2025 at 4:37 p.m., after reviewing Resident 6 ' s MAR dated 2/1/2025 through 2/28/2025, the DON stated the MAR indicated Quetiapine Fumarate oral tablet 25 mg by mouth two times a day and the Divalproex Sodium 500 mg at bedtime, both ordered on 2/18/2025 were administered to Resident 6 on 2/19/20025 with a verbal consent from the physician. The DON stated there should have been an informed consent completed by the licensed nurses and signed by the physician prior to administration of the medications. During a review of the facility ' s Policy and Procedure (P&P) titled, Psychotropic Medication Use revised on 2/2025, the P&P indicated prior to initiating the use of, increasing the dose of, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: a. non-pharmacological alternatives. b. the indications and rationale for the recommendation. c. the potential risks and benefits (including possible side effects, adverse consequences, and black box warnings); and d. the resident's/representative's right to accept or decline the treatment. During a review of the facility ' s P&P titled, Psychoactive/Psychotropic Medication Use revised on 7/2024, the P&P indicated the prescribing clinician will obtain informed consent from the resident (or, as appropriate, the resident representative) for use of a Psychotropic medication. Prior to administration of a Psychotropic medication, the prescribing clinician will obtain informed consent from the resident (or as appropriate, the resident representative), and document the consent in the medical record. The resident or resident representative has the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. Prior to prescribing a Psychotropic medication, the prescribing clinician must personally examine the resident. Prior to the administration of a Psychotropic medication, the prescribing clinician will obtain informed consent from the resident (or as appropriate, the resident representative), and document the consent in the medical record. A licensed nurse must verify informed consent has been obtained from the resident or the resident's representative prior to administering psychotropic medication.