

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Anaheim Point Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3415 W Ball Road Anaheim, CA 92804	

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 0761</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36872</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to ensure the medications were stored properly for one nonsampled resident (Resident E) when a medication bubble pack was observed at the counter of the nursing station. This failure had the potential for the unauthorized staff and visitors to have access to the medications.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Medication Storage in the Facility dated April 2008 showed the medications and biologicals are stored safely, securely, and properly following the manufacturer's recommendations or those of the supplier.</p> <p>Medical record review for Resident E was initiated on 10/16/24. Resident E was admitted to the facility on [DATE].</p> <p>Review of Resident E's Order Summary Report showed a physician's order dated 9/30/24, for potassium chloride extended release (potassium supplement medication) 20 mEq by mouth in the morning for supplement.</p> <p>On 10/16/24 at 0957 hours, during the facility tour, a bubble pack of potassium chloride extended release 20 mEq with 14 tablets and labeled with Resident E's name was observed at the nursing station counter.</p> <p>On 10/16/24 at 1003 hours, a female staff was observed walking toward the nursing station and stated she was LVN 2 and verified the medications at the counter. LVN 2 stated this medication belonged to Resident E who was at Station 6. LVN 2 stated she did not know why the medications were at the counter and stated it should be stored inside the medication cart.</p> <p>During the interview with LVN 2, the ADON came to the nursing station, LVN 2 handed the medications to the ADON. The ADON acknowledged the above findings.</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
---	-------	-----------