STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555747	A. Building B. Wing	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Murrieta Health and Rehabilitation Center	24100 Monroe Avenue Murrieta, CA 92562

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** 46509 Based on observation, interview, and record review the facility failed to ensure physician orders were followed for two (Resident A and Resident B) out of six residents. This failure delayed care for for Resident A and Resident B and had the potential to cause further complications with their existing comorbidities (two or more diseases or medical conditions in a patient). Findings: On March 20, 2024, at 10:15 a.m., an unannounced visit was made to the facility for an investigation of two complaints. A review of Resident A ' s medical record indicated Resident A was admitted to the facility on [DATE], with diagnoses which included a fractured (broken bone) left femur (large leg bone), hypertension (blood pressure higher than 130/80), hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), and hyperlipidemia (high levels of fat particles in the blood). A physician order, dated October 15, 2023, indicated Resident A was to receive Foley Catheter (a type of tube, drainage port, and bag, the tube is inserted through the urethra [the opening in which urine leaves the body] into the bladder and held in place with a balloon) care every shift (7:00 a.m.-3:00 p.m., 3:00 p.m.-11:00 p.m., and 11:00p.m.-7:00 a.m.). A review of Resident A ' s Treatment Administration Record (TAR), dated October 2023, indicated no documentation of foley care for the 3:00 p.m.-11:00 p.m. shift on October 18th, October 25th, October 30th, and October 31, 2023; no documentation was found for the 11:00 p.m.-7:00 a.m. shift on October 17th, October 25th, and October 27, 2023. (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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(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	A review of Resident A ' s Change in Condition Evaluation, dated October 29, 2023, at 12:36 a.m., indicated Resident A had .sediment (urinary sediment which causes encrustation and blockage of the catheter) in foley catheter tubing and drainage bag .this started on 10/28/2023 .requesting urine culture (a test which checks urine for germs that cause infections) .Recommendations of primary (main) clinician(s):U/A (urinalysis-a test which analysis urine) with C&S (culture and sensitivity) Keflex (antibiotic) 500mg (milligram-a unit of measure) 1(one) tab (tablet) p.o. (by mouth) Q (every) 6 hours x 5 days D5 1/2 NS (a solution given intravenous [through a vein] Dextrose [sugar] 5% and Sodium Chloride 0.45%) at 75cc (cubic centimeter-a unit of measure)/hr (hour) x 2 Liters (a unit of measure) . On April 4, 2024, at 12:00 p.m., an interview with the Director of Staff Development (DSD) was conducted. The DSD stated, a blank space on the treatment record, where initials should be, indicates the treatment was not done. [NAME] stated, if foley care is not performed as ordered, and there is an infection present, the resident may experienceincreased pain or further infections due to his compromised state, foley care should have been performed. A review of Resident B ' s medical record indicated, resident B was admitted to the facility on [DATE] with diagnoses which included heart failure (a condition in which the heart does not pump blood as well as it should), respiratory failure with hypoxia (an absence of enough oxygen in the tissues to sustain bodily functions), and Diabetes Mellitus Type 2 (a condition in which the body has trouble controlling blood sugar and using it for energy). A review of Resident B ' s Order Summary Report, dated March 21, 2024, indicated: -Humulin 70/30 (a long-acting insulin) subcutaneous (under the skin) 100 units (a type of measure)/ml (milliliter- a unit of measurement), inject 95 units every breakfast - Humulin 70/30 subcutaneous 100 units/ml, inject 95 units every lunch -Blood Glucose Level with sliding scale coverage before meals and at bedtime for diabetes mellitus. Bs at 11:30 -Advair diskus inhalation aerosol powder breath activator 250-50 MCG (microgram-a unit of measurement)/ACT (asthma control test) 1 (one) puff every 12 hours for SOB (shortness of breath). -Anora Ellipta inhalation aerosol powder breath activated 62.5-25 MCG/ACT 1 (one) spray inhale orally daily for SOB. -Furosemide 40mg (milligrams-type of measurement) one tablet two times a day for BLE (bilateral lower extremity-both legs) edema (swelling) -Spironolactone tablet 50 mg by mouth two times a day for BLE edema. -Assess (evaluate) edema every shift three times a day. (continued on next page)

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(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	On March 20, 2024, at 3:25 p.m., an interview was conducted with Resident B. Resident B stated there is no consistency in her insulin dosing, she does not always get insulin before her meals, and her other medications are sometimes late. Resident B stated there is a delay in her care at times and she has to advocate for herself, she is not a troublemaker and wants to keep the peace. A review of Resident B ' s Blood Glucose Monitoring, dated March 2024, indicated: -Humulin 70/30 SQ (subcutaneous) inject 95 units daily at breakfast at 9:00 a.m., no documentation insulin was given on March 12, 2024. -blood glucose level at 11:30 a.m. on March 12, 2024, no documentation noted. -Humulin 70/30 SQ inject 95 units daily at lunch at12:00 p.m., no documentation insulin was given on March 12, 2024. A review of Resident B ' s Medication Administration Record (MAR), dated March 2024, indicated: -Anoro Ellipta inhalation aerosol for SOB, at 9:00 a.m. on March 14, 2024, no documentation medication was given. -Advair Diskus for SOB, at 9:00 a.m. on March 14, 2024, no documentation. -Furosemide 40mg at 12:00 p.m. on March 12th and March 14, 2024, no documentation. -Spironolactone 50 mg at 12:00 p.m. on March 12th and March 14, 2024, no documentation. -Assess edema Q (every) shift at 9:00 a.m. and 12:00 p.m. on March 12th and March 14,2024, no documentation. On April 4, 2024, at 12:00 p.m., an interview and concurrent record review was conducted with the DSD. The DSD stated, if there is a blank space on the record where initials should be, that indicates the medications were not given. The DSD stated, if insulin is not given and blood glucose levels are not taken this can lead to complications with hyperglycemia (high sugar levels in the blood). The DSD stated, if a diuretic (Furosemide-promotes the production of urine) is not given as ordered and a resident is not checked for edema, the resident may experience fluid overload, increased hypertension (high blood pressure), and may need to be hospitalized . The DSD stated, if maintenance medication for asthma are not given as order, a resident can experience shortness of breath, and Resident B did experience shortness of breath in March. Review of the facility ' s policy titled Insulin Administration, dated September 2014, indicated .check blood glucose per physician order or facility protocol .notify the supervisor if the resident refuses the insulin . (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility ' s policy titled Diabetes-Clinical Protocol, dated November 20202, indicated .Physician and staff will identify significant comorbidities that may influence to approach to diabetes for that patient, as well as complications or risk of complications that may be related to diabetes .assess the impact of diabetes on the individual ' s function and quality of life .the Physician will order appropriate interventions .insulin . treatments should be consistent with applicable guidelines . Physicians will order appropriate lab tests .finger sticks .monitor glucose levels .3 to 4 times a day if on intense insulin therapy .The Physician will order desired parameters for monitoring and reporting information related to blood sugar management .staff will incorporate such parameters into the Medication Administration Record and care plan . Review of the facility ' s policy titled Administering Medication through a Metered Dose Inhaler, dated October 2010, indicated .for the safe administration of inhaled medications .follow the medication administration guidelines .Assess the resident .Lung sounds; Respiratory rate and depth; cough .presence of dyspnea; and Vital signs . Review of the facility ' s policy titled Administering Medications, dated April 2019, indicated .Medications are administered in a safe and timely manner .Medications are administered in accordance with prescribed orders, including any required time frame .Medications are administered within one (1) hour of their prescribed times .residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be ' flagged ' .the nurse will return to the missed resident to administer the medication. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for the drug and dose .As required or indicated for a medication, the individual administering the medication records in the resident ' s medical record .any results achieved and when those results were observed . Based on interview and record review the facility failed to ensure physician orders were followed for two (Resident A and Resident B) of six sampled residents. This failure delayed care for for Resident A and Resident B and had the potential to cause further complications with their existing comorbidities (two or more diseases or medical conditions in a patient). Findings: On March 20, 2024, at 10:15 a.m., an unannounced visit was made to the facility for an investigation of two complaints. A review of Resident A's medical record indicated Resident A was admitted to the facility on [DATE], with diagnoses which included a fractured (broken bone) left femur (large leg bone), hypertension (blood pressure higher than 130/80), hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), and hyperlipidemia (high levels of fat particles in the blood). A physician order, dated October 15, 2023, indicated Resident A was to receive Foley Catheter (a type of tube, drainage port, and bag, the tube is inserted through the urethra [the opening in which urine leaves the body] into the bladder and held in place with a balloon) care every shift (7:00 a.m.-3:00 p.m., 3:00 p.m.-11:00 p.m., and 11:00p.m.-7:00 a.m.). (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident A's Treatment Administration Record (TAR), dated October 2023, indicated no documentation of foley care for the 3:00 p.m.-11:00 p.m. shift on October 18th, October 25th, October 30th, and October 31, 2023; no documentation was found for the 11:00 p.m.-7:00 a.m. shift on October 17th, October 25th, and October 27, 2023. A review of Resident A's Change in Condition Evaluation, dated October 29, 2023, at 12:36 a.m., indicated Resident A had .sediment (urinary sediment which causes encrustation and blockage of the catheter) in foley catheter tubing and drainage bag .this started on 10/28/2023 .requesting urine culture (a test which checks urine for germs that cause infections) .Recommendations of primary (main) clinician(s):U/A (urinalysis-a test which analysis urine) with C&S (culture and sensitivity) Keflex (antibiotic) 500mg (milligram-a unit of measure) 1(one) tab (tablet) p.o. (by mouth) Q (every) 6 hours x 5 days D5 1/2 NS (a solution given intravenous [through a vein] Dextrose [sugar] 5% and Sodium Chloride 0.45%) at 75cc (cubic centimeter-a unit of measure)/hr (hour) x 2 Liters (a unit of measure) . On April 4, 2024, at 12:00 p.m., an interview with the Director of Staff Development (DSD) was conducted. The DSD stated, a blank space on the treatment record, where initials should be, indicated the treatment was not done. The DSD stated, if foley care is not performed as ordered, and there is an infection present, the resident may experience increased pain or further infections due to his compromised state, foley care should have been performed. A review of Resident B's medical record indicated, Resident B was admitted to the facility on [DATE] with diagnoses which included heart failure (a condition in which the heart does not pump blood as well as it should), respiratory failure with hypoxia (an absence of enough oxygen in the tissues to sustain bodily functions), and Diabetes Mellitus Type 2 (a condition in which the body has trouble controlling blood sugar and using it for energy). A review of Resident B's Order Summary Report, dated March 21, 2024, indicated: -Humulin 70/30 (a long-acting insulin) subcutaneous (under the skin) 100 units (a type of measure)/ml (milliliter- a unit of measurement), inject 95 units every breakfast - Humulin 70/30 subcutaneous 100 units/ml, inject 95 units every lunch -Blood Glucose Level with sliding scale coverage before meals and at bedtime for diabetes mellitus. Bs at 11:30 -Advair diskus inhalation aerosol powder breath activator 250-50 MCG (microgram-a unit of measurement)/ACT (asthma control test) 1 (one) puff every 12 hours for SOB (shortness of breath). -Anora Ellipta inhalation aerosol powder breath activated 62.5-25 MCG/ACT 1 (one) spray inhale orally daily for SOB. -Furosemide 40mg (milligrams-type of measurement) one tablet two times a day for BLE (bilateral lower extremity-both legs) edema (swelling) -Spironolactone tablet 50 mg by mouth two times a day for BLE edema. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Assess (evaluate) edema every shift three times a day. On March 20, 2024, at 3:25 p.m., an interview was conducted with Resident B. Resident B stated there is no consistency in her insulin dosing, she does not always get insulin before her meals, and her other medications are sometimes late. Resident B stated there is a delay in her care at times and she has to advocate for herself, she is not a troublemaker and wants to keep the peace. A review of Resident B's Blood Glucose Monitoring, dated March 2024, indicated: -Humulin 70/30 SQ (subcutaneous) inject 95 units daily at breakfast at 9:00 a.m., no documentation insulin was given on March 12, 2024. -blood glucose level at 11:30 a.m. on March 12, 2024, no documentation noted. -Humulin 70/30 SQ inject 95 units daily at lunch at12:00 p.m., no documentation insulin was given on March 12, 2024. A review of Resident B's Medication Administration Record (MAR), dated March 2024, indicated: -Anoro Ellipta inhalation aerosol for SOB, at 9:00 a.m. on March 14, 2024, no documentation medication was given. -Advair Diskus for SOB, at 9:00 a.m. on March 14, 2024, no documentation. -Furosemide 40mg at 12:00 p.m. on March 12th and March 14, 2024, no documentation. -Spironolactone 50 mg at 12:00 p.m. on March 12th and March 14, 2024, no documentation. -Assess edema Q (every) shift at 9:00 a.m. and 12:00 p.m. on March 12th and March 14,2024, no documentation. On April 4, 2024, at 12:00 p.m., an interview and concurrent record review was conducted with the DSD. The DSD stated, if there is a blank space on the record where initials should be, indicated the medications were not given. The DSD stated, if insulin is not given and blood glucose levels are not taken this can lead to complications with hyperglycemia (high sugar levels in the blood). The DSD stated, if a diuretic (Furosemide-promotes the production of urine) is not given as ordered and a resident is not checked for edema, the resident may experience fluid overload, increased hypertension (high blood pressure), and may need to be hospitalized . The DSD stated, if maintenance medication for asthma are not given as order, a resident can experience shortness of breath, and Resident B did experience shortness of breath in March. Review of the facility's policy titled Insulin Administration , dated September 2014, indicated .check blood glucose per physician order or facility protocol .notify the supervisor if the resident refuses the insulin . (continued on next page)

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