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	05/16/2024

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422 Based on interview and record review, the facility failed to ensure the physician was notified when one of the three sampled residents (Resident 1), refused a medication ordered by the physician. Resident 1 refused lactulose (medications used to treat constipation and used to treat or prevent certain conditions of the brain that are caused by liver failure) three times when it was ordered by the physician on February 27, 2024. This failure has the potential to result in the physician not being aware of the resident's condition which could affect the treatment plan for Resident 1. Findings: On April 18, 2024, at 9:51 a.m., an unannounced visit to the facility was conducted to investigate a quality care issue. A review of Resident 1's medical records indicated she was admitted on [DATE], and transferred to the hospital on March 1, 2024, with diagnoses which included effusion (an abnormal collection of fluid in hollow spaces or between tissues of the body) of the right knee, age-related osteoporosis (causes bones to become weak and brittle), chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), and severe protein-calorie malnutrition (the state of inadequate intake of food as a source of protein, calories, and other essential nutrients). A review of Resident 1's Order Summary, dated February 27, 2024, indicated: - Lactulose Encephalopathy Oral Solution 10 GM/15ML Phone (Lactulose (Encephalopathy)) Give 30 ml by mouth two times a day for hold for loose stool A review of Resident 1's Medication Administration Record, dated February 2024, indicated: - .Lactulose Encephalopathy Oral Solution 1OGM/15ML (Lactulose (Encephalopathy) Give 30 ml by mouth two times a day for hold for loose stool -Order Date- 02/27/2024 1541 -D/C, [discontinue] Date- 02/27/2024 2241 . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On February 27, 2024, at 5 p.m., the dose had a one, (Resident Refused) documented with the nurses' initials. A review of Resident 1's medical record had no documentation of a change of condition or that the doctor was notified that Resident 1 had refused the lactulose. On May 7, 2024, at 3:12 p.m., during a phone interview with the Director of Nursing (DON), she stated in review of the records for Resident 1, the resident refused lactulose three times. On May 8, 2024, at 10:57 a.m., during a telephone interview with the DON, the DON stated when a resident refused the medication there should have been documentation that the physician was notified. The DON stated that there was no assessment, change of condition, or progress notes in Resident 1's records. A review of the facility's policy and procedure titled Change in a Resident's Condition or Status revised February 2021, indicated .Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.) . 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): . f. refusal of treatment or medications two (2) or more consecutive times); . 8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422 Based on interview and record review, the facility failed to ensure laboratory (lab) tests were completed as ordered by the physician, for one of three residents reviewed (Resident 1). The physician ordered for a stat (without delay) laboratory work up on March 1, 2024, were not completed. This failure had the potential to result in a delay of diagnosis and necessary treatment for Resident 1. Findings: On April 18, 2024, at 9:51 a.m., an unannounced visit to the facility was conducted to investigate quality care issues. A review of Resident 1 ' s medical records indicated she was admitted on [DATE], and transferred to the hospital on March 1, 2024, with diagnoses which included effusion (an abnormal collection of fluid in hollow spaces or between tissues of the body) of the right knee, age-related osteoporosis (causes bones to become weak and brittle) chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), severe protein-calorie malnutrition (the state of inadequate intake of food as a source of protein, calories, and other essential nutrients),major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), fall, atrial fibrillation (irregular heartbeat), hypo-osmolality (a condition where the levels of electrolytes, proteins, and nutrients in the blood are lower than normal), and hyponatremia (occurs when the concentration of sodium in the blood is abnormally low). A review of Resident 1 ' s Order Summary, dated March 1, 2024, indicated .UA [urinalysis] with C/S [culture and sensitivity], CBC [complete blood count], CMP [comprehensive metabolic panel], CRP [C-reactive protein] stat . A review of Resident 1 ' s Progress Notes dated March 1, 2024, at 1:30 p.m., indicated called [name] lab for estimated time for STAT labs spoke with .stated approximately 4-6 hours A review of Resident 1 ' s SNF [Skilled Nursing Facility]/NF [Nursing Facility] to Hospital Transfer Form dated March 1, 2024, at 5:55 p.m., indicated .Date Transferred to hospital: 03/01/2024 18:00 [6:00 p.m.] . A review of Resident 1 ' s medical record indicated there were no results for the laboratory that was ordered. On April 18, 2024, at 1:38 p.m., an interview was conducted with the Registered Nurse (RN). The RN stated that stat laboratory orders should be drawn as soon as possible. The RN stated that a stat laboratory order should have been drawn within six hours of the order. On April 18, 2024, at 2:06 p.m., an interview was conducted with the Licensed Vocational Nurse (LVN). The LVN stated that a stat laboratory order should have been drawn within four to six hours. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On April 22, 2024, at 4:18 p.m., a telephone interview was conducted with the facility ' s Director of Nursing (DON). The DON stated that Resident 1 had stat laboratory orders on March 1, 2024, at 11:31 a.m. The DON stated that there was a note in Resident 1 ' s chart that the lab was notified on March 1, 2024, at 1:30 p. m., to inquire when the labs would be drawn, and the note indicated it would be four to six hours. The DON stated Resident 1 was transferred to the hospital on March 1, 2024, at 6:00 p.m., and the labs were not drawn. A review of the facility ' s policy and procedure titled Lab and Diagnostic Test Results - Clinical Protocol revised July 2016, indicated .Assessment and Recognition . 1. The physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. 2. The staff will process test requisitions and arrange for tests . A review of the facility ' s policy and procedure titled Laboratory Services undated, indicated .All STAT orders must be called into the laboratory dispatch and mentioned as STAT. Nurse must clearly mark STAT on the requisition for expedited processing . The facility must call the call center laboratory to request lab work after the routine lab hours . Additional charges will apply for all after hour pickups and draws .

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422 Based on interview and record review, the facility failed to ensure medical records reflected the reasons why medications were ordered by the physician for one of the three sampled residents (Resident 1). The medical record reflected two medications (lactulose and dicyclomine) were ordered by the physician on February 27, 2024. This failure has the potential for the medical records not to fully reflect an accurate status of Resident 1's treatment while at the facility. Findings: On April 18, 2024, at 9:51 a.m., an unannounced visit to the facility was conducted to investigate a quality care issue. A review of Resident 1 ' s medical records indicated she was admitted on [DATE], and transferred to the hospital on March 1, 2024, with diagnoses which included effusion (an abnormal collection of fluid in hollow spaces or between tissues of the body) of the right knee, age-related osteoporosis (causes bones to become weak and brittle), chronic obstructive pulmonary disease (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), and severe protein-calorie malnutrition (the state of inadequate intake of food as a source of protein, calories, and other essential nutrients). A review of Resident 1 ' s Order Summary dated February 27, 2024, indicated: - Lactulose Encephalopathy Oral Solution 10 GM/15ML Phone (Lactulose (Encephalopathy)) Give 30 ml by mouth two times a day for hold for loose stool A review of Resident 1 ' s Medication Administration Record, dated February 2024, indicated: - .Lactulose Encephalopathy Oral Solution 1OGM/15ML (Lactulose (Encephalopathy) Give 30 ml by mouth two times a day for hold for loose stool -Order Date- 02/27/2024 1541 -D/C, [discontinue] Date- 02/27/2024 2241 . - Dicyclomine HCL oral tablet 20 mg .Give 1 tablet by mouth every 6 hours for Irritable bowel syndrome for 7 days. A review of records did not indicate why Lactoluse and Dicyclomine was ordered for Resident 1 on February 27, 2024. A review of Resident 1 ' s medical record had no documentation of a change of condition or that the doctor was notified that Resident 1 had refused the lactulose. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On May 8, 2024, at 10:57 a.m., during a telephone interview with the DON, the DON stated there should be documentation on why a medication was started and a 72 hours evaluation if the medication was working. She stated she could not see any labs or issues on bowel movement to correlate with the medications ordered on February 27, 2024. A review of the facility ' s policy and procedure titled Change in a Resident's Condition or Status revised February 2021, indicated .Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.) . 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): . f. refusal of treatment or medications two (2) or more consecutive times); . 8. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status .