STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555877	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgecrest Regional Transitional Care and Rehabili	1081 North China Lake Boulevard Ridgecrest, CA 93555

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 37797

Based on interview and record review, the facility failed to provide pharmaceutical services to meet the needs of one of four residents (Resident 1) when the facility did not provide a prescribed dose of Insulin Glargine (a medication to control blood sugar) and three prescribed doses of Potassium (a supplement for the prevention of kidney stones - a small, hard deposit that forms in the kidneys and is often painful when passed) for one of three sampled residents (Resident 1). These failures had the potential for Resident 1 to experience adverse health outcomes.

Findings:

During a review of Resident 1's Physician Orders , dated 1/1/25-1/31/25, the Physician Orders indicated Resident 1 was admitted to the facility on [DATE], had diagnoses including diabetes mellitus (a condition affecting blood sugar levels). The Physician Orders indicated the following medication orders:

a) 1/24/25 (Insulin Glargine) BASAGLAR KWIKPEN.50 units subcutaneous TWICE DAILY AT 0900 & 2200

b) 5/2/24 (Potassium Citrate) POTASSIUM CITRATE 10 MEQ TABLET, EXTENDED RELEASE 1 TAB ORAL 3 TIMES DAILY for prophylactic [preventive] measures .for MANAGEMENT OF RENAL [kidney] STONES.

During an interview on 1/29/25 at 1:50 p.m. with Resident 1, Resident 1 stated she had missed her morning dose of Insulin Glargine on 1/29/25, had not been given two doses of Potassium on 1/27/25, and also missed Potassium doses in other days in January (2025). Resident 1 stated she missed those doses because the facility ran out of the medications.

During a review of Resident 1's Medication Administration Record (MAR-where licensed nurses document medications given to residents), dated 1/1/25-1/31/25, the MAR indicated a blank space in the administration field for the Insulin Glargine dose scheduled for 1/29/25 at 9 a.m. The MAR also indicated H [held] for the Potassium doses scheduled for 1/27/25 at 9 a.m. and 12 p.m. and 1/13/25 at 9 a.m.

During a review of Resident 1's Order History (where licensed nurses document medication administration variances), for the Potassium order for the period 1/1/25-1/31/25, the Order History indicated the Potassium doses scheduled for 1/27/25 at 9 a.m. and 12 p.m. and 1/13/25 at 9 a.m. were not given because Medication not available.

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555877	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/29/25, at 2:10 p.m., with Licensed Nurse A (LN) A, LN A stated she was Resident 1's nurse and had administered her medications on 1/29/25. LN A stated Resident 1 was not given her morning dose of Insulin Glargine on 1/29/25 because the facility ran out of the medication and the pharmacy did not deliver a new Insulin Glargine pen on time for the 9 a.m. dose. During an interview on 1/29/25, at 2:40 p.m., with Director of Nursing (DON), DON stated Resident 1 had missed the morning dose of Insulin Glargine on 1/29/25 and the Potassium doses on 1/27/25 at 9 a.m. and 12 p.m. and 1/13/25 at 9 a.m. During an interview on 2/27/25, at 3:02 p.m. with DON, DON stated, The responsibility to ensure residents' medications are available are the floor nurses [LVN's] who pass meds [medications]. If they [LVNs] notice a resident's medication supply is running low, they [LVNs] are responsible for reordering that medication before it [medications] runs out. During a review of facility policy and procedure (P&P) titled, Administering Medication, Revised April 2019, the P&P indicated, Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescribed orders, including any required time frame.