

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555915	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  The Springs Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 25924 Jackson Ave Murrieta, CA 92563	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure monitoring for one of three sampled residents (Resident 1), of the following:</p> <ol style="list-style-type: none"> <li>1. Behavior of anxiety (feeling of fear, dread, and uneasiness);</li> <li>2. Psychotic behavior (refers to the observable actions, thoughts, and expression of a person experiencing psychosis [mental state or condition itself, describing a range of symptoms including those that manifest as psychotic behavior]); and</li> <li>3. Side effects for use of psychotropic medications (drugs that affect the brain and nervous system, primarily used to treat mental health conditions).</li> </ol> <p>This failure had the potential for unnecessary medication use.</p> <p>Findings:</p> <p>On April 4, 2025, at 9:10 a.m., an unannounced visit was conducted at the facility.</p> <p>A review of Resident 1's admission Record, indicated Resident 1 was admitted to the facility on [DATE], under general in-patient hospice (a short-term, crisis-like level of care for hospice patients who need more intensive symptom management) care with diagnoses which included dementia (a loss of thinking, remembering, and reasoning skills), Parkinson's disease (a movement disorder of the nervous system that worsens over time) and uncontrolled behaviors, danger to self and others.</p> <p>A review of Resident 1's History and Physical Examination, dated March 19, 2025, indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Order Summary Report, dated April 4, 2025, indicated the following medications were ordered on March 19, 2025:</p> <ol style="list-style-type: none"> <li>a. Lorazepam Oral Concentrate 2 MG/ML (Lorazepam- psychotropic medication) Give 1 ml by mouth every 4 hours for Anxiety, restlessness, agitation, SOB (shortness of breath) .;</li> </ol> <p>(continued on next page)</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
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. .Quetiapine Fumarate Oral Tablet 50 MG (Quetiapine Fumarate- psychotropic medication) Give 1 tablet by mouth in the morning for Psychosis M/B Unprovoked Physical Behavior for 15 Days .;</p> <p>c. .Quetiapine Fumarate Oral Tablet 100 MG (Quetiapine Fumarate) Give 1 tablet by mouth in the afternoon for Psychosis MB Unprovoked Physical Behavior for 15 Days .</p> <p>There was no documented evidence that monitoring for the targeted behaviors of anxiety and psychosis and side effects from use of lorazepam and quetiapine fumarate was initiated before March 21, 2025 (two days after admission).</p> <p>On April 4, 2025, at 4:09 p.m., during a concurrent record review of Resident 1's medical record and an interview with Registered Nurse (RN) 1, RN 1 stated there was no monitoring of behaviors of anxiety and side effects. RN 1 stated behavior of anxiety and side effects from lorazepam use should have been monitored.</p> <p>On April 8, 2025, at 10:17 a.m., during a concurrent record review of Resident 1's medical record and an interview with the Assistant Director of Nursing (ADON), the ADON stated the monitoring for behavior and side effects of lorazepam and quetiapine fumarate should have been monitored on March 19, 2025.</p> <p>On April 8, 2025, at 1:05 p.m., during a telephone interview, Licensed Vocational Nurse (LVN) 1, LVN stated she did not recall Resident 1. LVN 1 stated she just started to be trained on the floor and to admissions, in March 2025 and Resident 1's physician's orders were the first one she had done. LVN 1 stated physician order for monitoring of side effects of psychotropic medication use and behaviors for anxiety and psychosis should have been obtained.</p> <p>On April 8, 2025, at 1:33 p.m., during an interview, the Director of Nursing (DON) stated she expected the nurses to obtain orders for monitoring behaviors and medication side effects when residents are on psychotropic medications.</p> <p>A review of the facility's policy and procedure titled DIGNITY AND RESPECT PSYCHOACTIVE MEDICATIONS, dated January 2025 indicated, .Facility staff will monitor for adverse side effects associated with the use of psychotropic medications .</p>		