| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555917 | A. Building<br>B. Wing | 10/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Veterans Home of California - West Los Angeles | 11500 Nimitz Avenue<br>Los Angeles, CA 90049 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49936<br><br>Based on observation, interview, and record review, the facility failed to follow their policy and procedure for unusable drugs when morphine sulfate (a prescription narcotic pain medication) with no active Physician's Order was not removed from the medication cart.<br><br>This failure resulted in the unauthorized administration of morphine sulfate without a physician's order to Resident 1.<br><br>Findings:<br><br>During a review of Resident 1's Face Sheet, the Face Sheet indicated, Resident 1 was admitted on [DATE] with diagnoses including osteoarthritis (chronic joint disease that can cause pain) of hip.<br><br>During a review of Resident 1's Morphine Sulfate Inventory Log, current as of [DATE], the log indicated Licensed Vocational Nurse (LVN) signed out dose #13 on [DATE] at 00:00 a.m.<br><br>During a review of Resident 1's Physician's Orders, dated [DATE], the orders indicated, Morphine sulfate 15 milligram tablet to be taken by mouth twice a day as needed for moderate to severe pain. The order indicated an end date of [DATE]. Facility unable to provide documentation of an active order for morphine sulfate on [DATE].<br><br>During an interview on [DATE] at 9:06 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated that if a medication order for a narcotic expired the medication nurse would notify the Charge Nurse (CN). LVN 2 stated the CN would get a new order or would take the narcotics to the pharmacy to be destroyed.<br><br>During an interview on [DATE] at 10:08 a.m. with Pharmacy Manager (PM), PM stated that medications with no active orders should not stay in the active medication stock.<br><br>(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 |
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| Veterans Home of California - West Los Angeles | 11500 Nimitz Avenue<br>Los Angeles, CA 90049 |

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|---|---|
| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a review of the facility's policy and procedure (P&P) titled, Expired-Unusable Meds, dated [DATE], the P&P indicated, Unusable drugs include those that are . Partially used by a patient and has been discontinued by the prescriber . Unusable drugs shall not be distributed or administered. Pharmacy, nursing, and other personnel who discover unusable drugs shall properly dispose of the drugs as listed below or keep the drugs segregated from usable stock in a separate, locked storage area until properly disposed of. In the case of controlled drugs, a zip lock bag labeled DO NOT USE may be utilized to segregate the unusable stock (along with its controlled drug record) from the active stock within the controlled drug storage compartment. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 555917 | A. Building<br>B. Wing | 10/31/2024 |

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| Veterans Home of California - West Los Angeles | 11500 Nimitz Avenue<br>Los Angeles, CA 90049 |

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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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49936<br><br>Based on interview and record review, the facility failed to ensure Resident 1 was free of any significant medication error when Resident 1 was administered morphine sulfate (a prescription pain medication) without a physician's order.<br><br>This failure resulted in the unauthorized administration of morphine sulfate.<br><br>Findings:<br><br>During a review of Resident 1's Face Sheet, the Face Sheet indicated, Resident 1 was admitted on [DATE] with diagnoses including osteoarthritis (chronic joint disease that can cause pain) of hip.<br><br>During a review of Resident 1's Morphine Sulfate Inventory Log, current as of 10/31/24, the log indicated Licensed Vocational Nurse (LVN) 1signed out dose #13 on 10/18/24 at 00:00 a.m.<br><br>During a review of Resident 1's Physician's Orders, dated 7/15/24, the orders indicated, Morphine sulfate 15 milligram tablet to be taken by mouth twice a day as needed for moderate to severe pain. The order indicated an end date of 10/12/24. The facility was unable to provide documentation of an active physicians order for morphine sulfate on 10/18/24.<br><br>During an observation and interview on 10/31/24 at 8:30 a.m. by room A311 with Registered Nurse (RN), RN was observed checking the Physician's Orders for the medications she was preparing to administer. RN stated that when preparing medications, the physician's order, medication's expiration date, and the medication's label must be checked.<br><br>During an interview on 10/31/24 at 9:21 a.m. with Supervisor Registered Nurse (SRN), SRN stated the licensed nurse administering the medication was expected to check the Physician's Orders before administering the medication. The SRN stated the LVN 1 administered the morphine sulfate without a physician's order.<br><br>During an interview on 10/31/24 at 10:26 a.m. with LVN 1, LVN 1 stated she remembered administering the morphine sulfate because the patient was complaining of pain, but she did not see the MD order.<br><br>During a review of the facility's policy and procedure (P&P) titled, Medication, Administration Standards, dated 6/21/24, the P&P indicated, Medications and treatments are administered only on the order of a physician or other person legally authorized to give such orders. The P&P also indicated, The licensed nurse in responsible to ensure the Six rights of medication administration are followed at all times: 1. Right Resident, 2. Right Medication, 3. Right Dose, 4. Right Route, 5. Right Time, 6. Right Documentation . |