

POC Accepted on 4/4/2025 by Team

PRINTED: 03/25/2025
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER TARZANA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5650 RESEDA BLVD TARZANA, CA 91356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The following reflects the findings of the California Department of Public Health during a relicensing survey conducted from 3/10/2025 to 3/12/2025. The resident census at the time of the survey was 159.	C 000	Tarzana Health and Rehab submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action of proceeding against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party.	
C 835	T22 DIV5 CH3 ART3-72311(a)(2) Nursing Service--General (a) Nursing service shall include, but not be limited to, the following: (2) Implementing of each patient's care plan according to the methods indicated. Each patient's care shall be based on this plan. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement a patient's care plan (a document that summarizes a patient's needs, goals, and care/treatment) by failing to ensure both side rails were up for one of one patient (Patient 5) while Patient 5 was in bed. This deficient practice had the potential to result in Patient 5 falling out of bed and sustaining an injury or experiencing reduced mobility while in bed. Findings: A review of Patient 5's Admission Record indicated that the facility admitted Patient 5 on 12/18/2022 and readmitted the patient on 3/16/2023 with diagnosis of type two (2) diabetes mellitus (a chronic condition that affects the way the body processes blood glucose [sugar]) with diabetic ophthalmic complication (eye problems due to high blood sugar levels damaging blood	C 835		

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE
Administrator

(X6) DATE
04/03/2025

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C 835	<p>Continued From page 1</p> <p>vessels and other tissues in the eye, potentially leading to vision loss), human immunodeficiency virus (a virus [small germ that can infect you and make you sick] that attacks and weakens the body's immune system), and dependence on renal dialysis (a medical treatment that filters and cleans the blood when the kidneys [organ that filters blood] are unable to do so adequately, effectively acting as an artificial kidney).</p> <p>A review of Patient 5's Minimum Data Set (MDS - a resident assessment and care screening tool), dated 2/26/2025, indicated Patient 5 was able to understand others and make himself understood. The MDS indicated Patient 5 was dependent on staff for bathing, dressing, and toileting.</p> <p>A review of Patient 5's Order Summary Report indicated an order for one fourth side rails up while in bed as enabler for positioning and turning assistance, ordered on 11/27/2024.</p> <p>A review of Patient 5's Fall Risk Assessment, dated 2/26/2025, indicated Patient 5 was legally blind (having very poor eyesight, even with glasses or contacts, so they can only see clearly from a very short distance) and was a high risk for falls.</p> <p>A review of Patient 5's Bed Rails Assessment, dated 2/26/2025, indicated prior to installation of bed rails, an alternate of lowering the bed to the floor was attempted. The bed rails assessment further indicated the bed rails were for mobility and transfer purposes.</p> <p>A review of Patient 5's Activities of Daily Living (ADL - activities related to personal care) Care Plan (CP - a document that summarizes a patient's needs, goals, and care/treatment),</p>	C 835	<p>C835: T22 DIV5 CH3 ART3-72311(a)(2) Nursing Service - General</p> <p>Corrective action for resident found to have been affected by this deficiency.</p> <p>On 3/10/2025, both rails were verified to be up by DSD for resident 5.</p> <p>Identify any other residents who may have been affected by the deficient Practice.</p> <p>On 3/10/25, ADONs and DSD performed rounds of the entire facility to ensure that any patients that had orders for side rails were following MD orders and adhering to care plan. There were none other issues identified.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/10/2025, DSD initiated in-servicing of CNA and licensed nursing staff regarding ensuring side rails are being utilized in accordance with physician's orders and patient plan of care. (To continue page 3 of 25)</p>	

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C 835	<p>Continued From page 2</p> <p>initiated on 1/10/2025, indicated an intervention for one fourth side rails up while in bed as enabler for positioning and turning assistance.</p> <p>During an observation on 3/10/2025 at 1:07 p.m., in Patient 5's room, observed Patient 5 lying in bed with the bed in the highest position and the left one fourth side rail down. Patient 5 declined to be interviewed.</p> <p>During a concurrent observation and interview on 3/10/2025 at 1:10 p.m., in Patient 5's room with Certified Nursing Assistant 2 (CNA 2), CNA 2 confirmed by stating Patient 5's bed was up too high and the left one fourth side rail was down and should have been up. CNA 2 stated Patient 5 needed the side rails to move around in bed and to keep him from falling off the bed.</p> <p>During an interview on 3/12/2025 at 1:32 p.m., with Registered Nurse 3 (RN 3), RN 3 stated beds should never be left in a high position unattended to prevent injuries. RN 3 further explained staff should follow the care plan and Patient 5's one fourth side rails must remain up while the patient is in bed for mobility and to prevent falls.</p> <p>A review of the facility's policy and procedure (P&P) titled, "Comprehensive Care Plan," revised on 1/30/2025, indicated the facility develop and implement a comprehensive care plan with patient specific interventions that reflect the patient's needs.</p>	C 835	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/10/25, DSDs will perform weekly rounds of all in house patients to ensure that if side rails are ordered that they are in place as per MD orders and plan of care. These audits will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by DSD at the monthly QA meeting.</p> <p>Date of corrective action would be completed.</p> <p>04/03/25</p>	4/3/25
C 900	<p>T22 DIV5 CH3 ART3-72313(a)(2) Nursing Service--Administration of Medication</p> <p>(a) Medications and treatments shall be</p>	C 900		

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C 900	<p>Continued From page 3</p> <p>administered as follows: (2) Medications and treatments shall be administered as prescribed.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a patient did not receive insulin lispro (a fast-acting medication that works quickly, starting to lower blood sugar within minutes after being given) before it was due for one (Patient 7) of nine sampled Patients.</p> <p>This deficient practice resulted in receiving medications before they are due, could have resulted in severe health complications such as hypoglycemia (low blood sugar with symptoms such as dizziness and loss of consciousness).</p> <p>Findings:</p> <p>A review of Patient 7's Admission Record (front page of the chart that contains a summary of basic information about the patient) indicated the Patient was admitted to the facility on 7/26/2023 with diagnoses that included diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>A review of Patient 7's Minimum Data Set (MDS, a federally mandated Patient assessment tool), dated 1/10/2025, indicated Patient 7 was cognitively (the process of acquiring knowledge</p>	C 900	<p>C900: T22 DIV5 ART3-72313(a)(2) Nursing Service – Administration of Medication</p> <p>Corrective action for resident found to have been affected by this deficiency.</p> <p>On 3/10/2025, DON assessed Patient 7 for any adverse reactions related to the early administration of insulin lispro. There was no change in condition noted.</p> <p>Identify any other residents who may have been affected by the deficient Practice.</p> <p>On 3/12/2025, MRD audited the last 7 days of insulin administration to ascertain if any other patients had been given insulin before it was due. There were none other issues identified.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/10/2025 initiated in-servicing of licensed nurses regarding the proper timing and administration of insulin. (To continue page 5 of 25)</p>	

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C 900	<p>Continued From page 4</p> <p>and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated Patient 7 required setup or clean-up assistance for eating and moderate assistance (helper does less than half the effort) for oral hygiene and personal hygiene.</p> <p>A review of Patient 7's Physician's Orders indicated an order for insulin lispro (normal reference range for blood sugar is 70 - 100 milligrams per deciliter [mg/dL, a unit of measure]) inject as per sliding scale:</p> <ul style="list-style-type: none"> - If 71 - 149 mg/dL then give (=) 0 units - If 150 - 200 mg/dL = 2 units - If 201 - 250 mg/dL = 4 units - If 251 - 300 mg/dL = 6 units - If 301 - 350 mg/dL = 8 units - If 351 - 400 mg/dL = 10 units - Greater than (>) 400 mg/dL = 12 units - Call the physician if less than 70 mg/dL or > 400 mg/dL <p>subcutaneously (into the fat underneath the skin) before meals and at bedtime for DM, give 15 minutes before meals, dated 11/08/2024.</p> <p>A review of Patient 7's Care Plan for Diabetes, initiated 8/03/2023, indicated a goal that the patient will be free from any signs or symptoms of hypoglycemia through the review date. The care plan indicated an intervention to give diabetes medication as ordered by the doctor.</p> <p>A review of Patient 7's Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a Patient) for the month of 3/2025, dated 3/01/2025 to 3/11/2025, indicated</p>	C 900	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/12/2025, MRD will spot check insulin administrations of 5 patients per week to ensure they are not being administered before they are due. These weekly audits will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by MRD at the monthly QA meeting. Date of corrective action would be completed.</p> <p>04/03/25</p>	4/3/25

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C 900	<p>Continued From page 5</p> <p>Patient 7 received 8 units lispro insulin on 3/10/2025 before dinner for a blood sugar of 301 mg/dL.</p> <p>A review of Patient 7's Location of Administration Report (a record that indicates the location of the body insulin is administered and the exact time given) dated 3/01/2025 to 3/11/2025, indicated Patient 7 was given lispro insulin on 3/10/2025 at 4 p.m.</p> <p>During an observation and interview with Patient 7 on 3/10/2025 at 4:10 p.m., Patient 7 stated Licensed Vocational Nurse 1 (LVN 1) had just given the patient insulin lispro. Patient 7 stated he thought the medication was given too early but did not say anything to LVN 1 when LVN 1 gave the insulin.</p> <p>During an interview with LVN 1 on 3/10/2025 at 4:12 p.m., LVN 1 stated she had just given Patient 7 his insulin lispro that was to be given before dinner. LVN 1 stated the insulin could be given one hour before the due time. LVN 1 stated Patient 7 could receive a snack to ensure the patient would not experience hypoglycemia.</p> <p>During an observation and interview with the Director of Nursing (DON) on 3/10/2025 at 5:28 p.m., observed Patient 7 without a dinner tray. Patient 7 stated he was doing okay. The DON confirmed that Patient 7 had not yet received the dinner meal. When notified that LVN 1 had given the insulin lispro at 4:05 p.m., the DON stated the medication was given too early because the onset time (the time it takes for insulin to start lowering blood glucose levels after it's been injected) for lispro insulin was 15 to 30 minutes after being given. The DON stated Patient 7 could be at risk for hypoglycemia.</p>	C 900		

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C 900	<p>Continued From page 6</p> <p>During an observation and interview with Certified Nursing Assistant 1 (CNA 1) on 3/10/2025 at 5:34 p.m., observed CNA 1 pass the dinner tray to Patient 7. CNA 1 stated she gave Patient 7 their dinner tray.</p> <p>During an interview with LVN 1 on 3/10/2025 at 5:36 p.m., when asked LVN 1 did not provide Patient 7 with a snack before dinner, LVN 1 stated she was busy with other patients and checking patients' blood sugars before meals.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration," last reviewed 1/30/2025, indicated medications are to be administered as ordered in accordance with manufacturer specifications.</p> <p>A review of the facility's policy and procedure titled, "Timely Administration," last reviewed 1/30/2025, indicated all insulin will be administered in accordance with physician's orders.</p>	C 900		
C 945	<p>T22 DIV5 CH3 ART3-7231(a)(6) Nursing Service--Administration of Medication</p> <p>(a) Medications and treatments shall be administered as follows: (6) Medications shall be administered as soon as possible, but no more than two hours after doses are prepared, and shall be administered by the same person who prepares the doses for administration. Doses shall be administered within one hour of the prescribed time unless otherwise indicated by the prescriber.</p> <p>This Statute is not met as evidenced by:</p>	C 945	<p>C945: T22 DIV5 CH3 ART3-7231(a)(6) Nursing Service – Administration of Medication.</p> <p>Corrective action for resident found to have been affected by this deficiency.</p> <p>On 3/10/2025, RN assessed Patient 2 for any adverse reactions related to the late administration of morning medications. There was no change in condition noted. On 3/10/2025, RN notified the attending physician of Patient 2 of the late administration with no new orders obtained. (To continue page 8 of 25)</p>	

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C 945	<p>Continued From page 7</p> <p>Based on observation, interview and record review, the facility failed to ensure that the patient's medications were administered within one hour of the prescribed time for one of three patients (Patient 2) reviewed for medication administration.</p> <p>This deficient practice may prevent the medication from maintaining its therapeutic level, potentially leading to ineffective management of the patient's seizures (sudden, uncontrolled electrical disturbances in the brain that can cause changes in behavior, movements, feelings or awareness).</p> <p>Findings:</p> <p>A review of Patient 2's Admission Record indicated that the facility originally admitted the resident on 03/02/2016 and readmitted on 02/26/2023, with diagnoses including hypertension (high blood pressure) and history of traumatic brain injury (brain dysfunction caused by an outside force, usually a violent blow to the head).</p> <p>A review of Patient 2's Minimum Data Set (MDS - a resident assessment tool) dated 2/17/2025, indicated that the patient's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was intact. The MDS indicated that Patient 2 required moderate assistance with shower, lower body dressing, putting on/talking off footwear, and personal hygiene.</p> <p>During a concurrent medication pass observation and interview on 03/10/2025 at 10:57 a.m., with Registered Nurse 2 (RN 2), RN 2 observed RN 2 administer the following medications to Patient 2:</p>	C 945	<p>Identify any other residents who may have been affected by the deficient Practice.</p> <p>On 3/12/2025, audited the last 7 days of medication administration to ascertain if any other patients had been administered routine medications late. There were none other issues identified.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/10/2025, DSD initiated in-servicing of licensed nurses regarding the proper timing and administration of medications.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/12/2025, MRD will spot check medication administrations of 5 patients per week to ensure they are not being administered after they are due. (To continue page 9 of 25)</p>	

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C 945	<p>Continued From page 8</p> <ol style="list-style-type: none"> Aspirin 81 milligram (mg) chewable one tablet by mouth in the morning for Cerebrovascular accident prophylaxis (measures taken to prevent stroke) Zyprexa 2.5mg, give 1.25 mg by mouth in the morning for schizoaffective disorder (a mental health condition that includes symptoms of both schizophrenia and mood disorders). Vit D 25 mcg (1000 units) 1 tablet by mouth in the morning for supplement Keppra 1000mg, give 1000 mg by mouth two times a day for seizure <p>RN 2 stated the medications administered were Patient 2's 9 a.m. medications. RN 2 stated that Patient 2's medications were given approximately an hour later than scheduled.</p> <p>During a concurrent interview and record review on 03/11/2025 at 9:48 a.m., with the Director of Nursing (DON), reviewed the Medication Administration Schedule and Patient 2's morning medications administered by RN 2. The DON stated that the schedule for medication orders administration is as follows:</p> <ol style="list-style-type: none"> Once a day= 9:00 a.m. Twice a day= 9:00 a.m. and 5:00 p.m. Three times a day= 9:00 a.m., 1:00 p.m., and 5:00 p.m., <p>The DON stated the medication schedule had to be followed but can be given one hour before and one hour after the scheduled time. The DON stated that it is important to administer the medication timely to maintain the medications' therapeutic dose. The DON stated that administering medications late could have negative outcomes, such as triggering a seizure, if Keppra, a seizure medication, is not given on time.</p> <p>A review of the facility's policy and procedure</p>	C 945	<p>These weekly audits will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by MRD at the monthly QA meeting.</p> <p>Date of corrective action would be completed. 04/03/25</p>	4/9/25

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C 945	Continued From page 9 titled "Medication Administration," last reviewed on 1/30/2025, indicated that 'Medications are administered by licensed nurse, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection ... administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician ..."	C 945	C1115: T22 DIV5 CH3 ART3-72315(m) Nursing Service – Patient Care Corrective action for resident found to have been affected by this deficiency. On 3/10/2025, RN placed the call light in reach of Patient 1. On 3/10/2025, RN answered the call light and attended to the needs of Patient 4. Identify any other residents who may have been affected by the deficient Practice. On 3/10/2025, ADONs and DSD made rounds of all in house patients to ensure all call lights are in place and within reach. There were none other issues identified. On 3/10/2025, ADONs and DSD made rounds of all units to ensure staff is not walking past call lights that are engaged and ensuring that all call lights have been answered. There were none other issues identified. (To continue page 11 of 25)	
C1115	T22 DIV5 CH3 ART3-72315(m) Nursing Service--Patient Care (m) Patient call signals shall be answered promptly. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to: 1. Ensure a patient's call light (a device used by a patient to signal his/her need for assistance from staff) was within reach and not on the floor under the bed for one of one patient (Patient 1). 2. Ensure a call light was answered promptly by a staff member walking by one of one patient's (Patient 4) room who was requiring assistance. These deficient practices had the potential to delay the provision of services and patients' needs not being met. Findings: a. A review of Patient 1's Admission Record indicated that the facility admitted the patient on	C1115		

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C1115	<p>Continued From page 10</p> <p>10/13/2023 with diagnoses including seizures (a sudden, temporary disruption in brain electrical activity that can cause involuntary changes in body movement, behavior, sensation, or awareness), muscle weakness, and history of traumatic brain injury (brain injury that is caused by an outside force).</p> <p>A review of Patient 1's Minimum Data Set (MDS - a resident assessment tool), dated 2/14/2025, indicated that the patient's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was severely impaired. The MDS indicated that Patient 1 was dependent on staff (helper does all the effort) for toileting hygiene, showering and bathing, lower body dressing, putting on/taking off footwear, and personal hygiene.</p> <p>During an observation on 3/10/2025 at 10:05 a.m., observed Patient 1 lying in bed and Patient 1's call light on the floor under the headboard.</p> <p>During a concurrent observation and interview on 3/10/2025 at 10:15 a.m., with Registered Nurse 1 (RN 1), observed Patient 1's call light on the floor under the headboard. RN 1 stated that call lights must be reachable by the patient so the patient can call for any assistance and help. RN 1 stated that if the patient is unable to reach the call light, there could be a delay in providing the patient's care needs. RN 1 verified by stating that Patient 1's call light is unreachable.</p> <p>A review of the facility's policy and procedure titled, "Call Lights: Accessibility and Timely Response," last reviewed on 1/30/2025, the policy indicated staff will ensure the call light is within reach of patient and secured, as needed ...the</p>	C1115	<p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/11/2025, DSD initiated in-servicing for CNA and licensed nursing staff regarding ensuring call lights are in place and in reach of patients as well as ensuring that call lights are not passed in the hallway without answering.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/11/2025, DSDs will make weekly rounds of all patient rooms to ensure call lights are in place and within reach as well as that staff is not walking past call lights that are engaged in the hallways. These rounds will continue for 1 month or until substantial compliance is obtained. Any ongoing noncompliance will be reported by DSD at the monthly QA meeting.</p> <p>Date of corrective action would be completed. 04/03/25</p>	4/3/25

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C1115	<p>Continued From page 11</p> <p>call system will be accessible to patients while in their bed or other sleeping accommodations within the patient's room.</p> <p>b. A review of Patient 4's Admission Record indicated that facility admitted Patient 4 on 2/28/2025 with diagnosis of fracture (broken bone) of unspecified part of neck of left femur (long bone located in the thigh), reduced mobility, weakness, and a history of falling.</p> <p>A review of Patient 4's History and Physical (H&P- a formal assessment by a healthcare provider that involves a patient interview, physical exam, and documentation of findings), dated 1/3/2025, indicated Patient 4 had the capacity to understand and make decisions.</p> <p>A review of Patient 4's MDS, dated 3/6/2025, indicated Patient 4 was able to understand others and make herself understood. The MDS indicated Patient 4 needed substantial assistance from staff for bathing, dressing, and toileting.</p> <p>A review of Patient 4's Fall Risk Assessment, dated 2/28/2025, indicated Patient 4 had a history of falls, chairbound (unable to walk) and was high risk for falls.</p> <p>A review of Patient 4's Risk for Falls Care Plan (CP - a document that summarizes a patient's needs, goals, and care/treatment), initiated on 3/1/2025, indicated a goal for the patient to remain free of falls through the review date. The CP interventions were to place the call light within reach and encourage the patient to use it for assistance as needed. The CP further indicated the patient "needs prompt response to all requests for assistance."</p>	C1115		

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C1115	Continued From page 12 During a concurrent observation and interview on 3/10/2025 at 10:14 a.m., in Patient 4's room, with Certified Nursing Assistant 3 (CNA 3) and Patient 4, observed Patient 4's call light on and Patient 4 stated she needed assistance with toileting. Observed CNA 3 walking towards Patient 4's room, looking up towards the top of the door where the call light is located and lit, but continued to walk past Patient 4's room without stepping inside to check on Patient 4. During an interview on 3/10/2025 at 10:16 a.m., with CNA 3, CNA 3 confirmed by stating CNA 3 saw Patient 4's call light but failed to answer it because she (CNA 3) was not her CNA that day. CNA 3 further stated she should have checked on Patient 4 just in case there was an emergency. CNA 3 stated any staff member can and should check on any patient that needs assistance. During an interview on 3/12/2025 at 1:36 p.m., with Registered Nurse 3 (RN 3), RN 3 stated according to the facility's policy, any staff member should answer the call lights as soon as they can. RN 3 further stated it is extremely important for staff to answer call lights promptly to prevent a delay in care and accidents. A review of the facility's policy and procedure (P&P) titled, "Call Lights: Accessibility and Timely Response," revised on 1/30/2025, indicated staff members who see or hear an activated call light are responsible for responding. The P&P further indicated if the staff member cannot provide what the patient desires, the appropriate personnel should be notified.	C1115		
C1245	T22 DIV5 CH3 ART3-72321(a) Nursing Service--Patients with Infectious Dis	C1245		

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C1245	<p>Continued From page 13</p> <p>(a) Patients with infectious diseases shall not be admitted to or cared for in the facility unless the following requirements are met:</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure nursing staff wore personal protective equipment (PPE- specialized clothing or equipment worn by an employee for protection against infectious materials) when delivering and removing the lunch tray from a patient who was on transmission-based precaution (steps taken to prevent spread of infection to others) for one of one patient (Patient 3).</p> <p>This deficient practice had the potential for the spread of infection among patients and staff.</p> <p>Findings:</p> <p>A review of Patient 3's Admission Record indicated that the facility admitted the patient on 2/28/2025 with diagnoses including shortness of breath and cellulitis (a common and potentially serious bacterial skin infection) of back.</p> <p>A review of Patient 3's Minimum Data Set (MDS - a resident assessment tool), dated 2/17/2025, indicated that the patient's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was intact. The MDS indicated that Patient 3 required supervision with eating, oral hygiene, toileting hygiene, shower, upper body and lower body dressing, putting on/off</p>	C1245	<p>C1245: T22 DIV5 CH3 ART3-72321(a) Nursing Service – Patients with infectious disease</p> <p>Corrective action for resident found to have been affected by this deficiency.</p> <p>On 3/10/2025, CNA 1 was provided 1:1 education regarding transmission-based precaution requirements and encouraged to perform prompt hand hygiene.</p> <p>Identify any other residents who may have been affected by the deficient Practice.</p> <p>On 3/10/2025, DSD and IP made rounds of all isolation rooms in facility to ascertain if there were any other staff members entering contact isolation rooms without proper PPE. There were none other issues identified.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/10/2025, IP initiated in-servicing to CNA and licensed nursing staff regarding proper PPE use as indicated when delivering or picking up meal trays. (To continue page 15 of 25)</p>	

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C1245	<p>Continued From page 14</p> <p>footwear and personal hygiene.</p> <p>During a concurrent observation and interview on 3/10/2025 at 1:10 p.m., observed Certified Nurse Assistant 1 (CNA 1) go into Patient 3's room to deliver the patient's lunch tray. Observed CNA 1 not wearing gloves and a gown when inside Patient 3's room. Upon exiting Patient 3's room, Patient 3 opened the door and handed an empty lunch tray to CNA 1. CNA 1 collected the tray from Patient 3 without gloves on. Upon interviewing and pointing out to CNA 1 the contact isolation (used when a patient has an infectious disease that may be spread by touching either the patient or other objects the patient has handled) sign on Patient 3's room, CNA 1 stated that Patient 3 is on contact isolation and any staff going into the room should wear complete PPE. CNA 1 stated that what she did was a breach of the contact isolation protocol and can cause a risk to other patients if her clothes or her hands came into contact with Patient 3's environment without gloves and gown and spread the infection.</p> <p>During an interview on 3/11/2025 at 9:48 a.m., with the Director of Nursing (DON), the DON stated that patients with methicillin-resistant staphylococcus aureus (MRSA- a bacterium that is resistant to several antibiotics) wound infection need to be placed on contact isolation. The DON stated that any staff going into the patient's room should wear complete protective equipment, including gowns and gloves. The DON stated that bringing in and taking out trays for a patient on contact isolation requires for the staff to wear complete PPE. The DON stated that it is important that the staff observe the infection protocol to prevent them from spreading the infection to other patients and staff. The DON</p>	C1245	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/10/2025, IP will perform weekly rounding of all isolation rooms to ascertain if staff is utilizing PPE as indicated. These rounds will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by IP nurse at the monthly QA meeting.</p> <p>Date of corrective action would be completed.</p> <p>04/03/25</p>	4/3/25

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C1245	Continued From page 15 stated that the staff that went to Patient 3's room without wearing gown and gloves had breach the infection control protocol and can cause a risk of spreading the infection. A review of the facility's policy and procedure titled, "Transmission Based Precaution," last reviewed on 1/20/2025, indicated that it is the facility's policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission ...the facility will have PPE readily available near the entrance of the patient's room and will don appropriate PPE before or upon entry into the environment of a patient on transmission-based precautions.	C1245		
C1930	T22 DIV5 CH3 ART3-72355(a)(1)(D) Pharmaceutical Service--Requirements (a) Pharmaceutical service shall include, but is not limited to, the following: (1) Obtaining necessary drugs including the availability of 24-hour prescription service on a prompt and timely basis as follows: (D) Refill of prescription drugs shall be available when needed. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that the medications, Lacosamide (brand name, Vimpat, medication to treat seizure [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness]) and Clobazam (medication to treat seizure) were available for administration as prescribed by the physician for one (Patient 8) of nine sampled patients.	C1930	C1930: T22 DIV5 CH3 ART3-72355(a)(1)(D) Pharmaceutical Service - Requirements Corrective action for resident found to have been affected by this deficiency. On 3/10/2025, DON ensured the Lacosamide and Clobazam was available for use for Patient 8. Identify any other residents who may have been affected by the deficient Practice. On 3/12/2025, MRD performed audit of all patients on seizure medications to ensure that the medications were available for use in the medication carts. There were none other issues identified. (To continue page 17 of 25)	

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C1930	<p>Continued From page 16</p> <p>This had the potential for Patient 7 to have seizures requirement additional treatment and hospitalization.</p> <p>Findings:</p> <p>A review of Patient 8's Admission Record (front page of the chart that contains a summary of basic information about the Patient), the document indicated the patient was admitted to the facility on 10/06/2023 with diagnoses that included epilepsy (a neurological disorder characterized by recurrent, unprovoked seizures).</p> <p>A review of Patient 8' s Minimum Data Set (MDS, a federally mandated Patient assessment tool), dated 12/24/2024, the MDS indicated Patient 8 was cognitively (the process of acquiring knowledge and understanding through thought, experience, and the senses) intact with skills required for daily decision making. The MDS indicated Patient 7 required setup or clean-up assistance for eating and moderate assistance (helper does less than half the effort) for personal hygiene.</p> <p>A review of Patient 8's Physician's Orders indicated the following orders: -Lacosamide (brand name, Vimpat, a medication to prevent seizures) 150 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), take two tablets two times a day for epilepsy, dated 6/27/2024. -Clobazam tablet (a medication to prevent seizures), 20 mg, give one tablet by mouth at bedtime for epilepsy, dated 9/23/2024.</p> <p>During an interview with Patient 8 on 3/10/2025 at</p>	C1930	<p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/10/2025, DSD initiated in-servicing of licensed nursing staff regarding prompt ordering of medications and strategies for follow up with pharmacy and physician to ensure prompt delivery.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/12/2025, MRD will perform audit of all patients on seizure medications to ensure that the medications are available for use in medication carts. These audits will continue weekly for 1 month. Any ongoing issues will be reported by MRD at the monthly QA meeting.</p> <p>Date of corrective action would be completed. 04/03/25</p>	4/2/25

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C1930	<p>Continued From page 17</p> <p>12:30 p.m., Patient 8 stated there were multiple days when she did not receive her Vimpat and Clobazam.</p> <p>During a concurrent interview, record review, and observation on 3/10/2025 at 2:55 p.m. with Licensed Vocational Nurse 2 (LVN 2), reviewed medications Vimpat and Clobazam in Medication Cart Two. LVN 2 stated there were times in the past when she remembered that Patient 8's Vimpat was not available. LVN 2 stated she could not remember the exact dates.</p> <p>A review of Patient 8's Nursing Progress Notes, dated 7/26/2024 at 9 a.m., indicated LVN 2 documented that Patient 8's Vimpat was not available to be given.</p> <p>A review of Patient 8's Nursing Progress Notes, dated 8/17/2024 at 9 a.m., indicated LVN 2 documented that Patient 8's Vimpat was not available to be given.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON) on 3/12/2025 at 1:36 p.m. reviewed the following Medication Administration Records (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a Patient) and Controlled Drug Records (CDR, accountability record of medications that are considered to have a strong potential for abuse). The DON confirmed these dates the medications were not available in the facility to be given to Patient 8: The MAR, Code 6 means "Other/ see progress notes." In the MAR, code 2 means: HOLD/see progress notes. For the medication Vimpat the records indicated the following:</p>	C1930		

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C1930	<p>Continued From page 18</p> <ol style="list-style-type: none"> 1. Code 6 was documented in 7/2024 MAR for the date 7/26/24 at 9 a.m. There was no licensed nurse's signature on the CDR. The Nursing Progress Note for 7/26/24 at 9 a.m. indicated: "Med(ication) not available." 2. Code 6 was documented in 8/2024 MAR for the date 8/17/24 at 9 a.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note, dated 8/17/24 9 a.m., indicated: "Med not available." 3. Code 6 was documented in 10/2024 MAR for the date 10/14/2024 at 9 a.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note dated 10/14/24 9 a.m. indicated: Med not available, contacted pharmacy, waiting on physician authorization, requested to be faxed for nurse practitioner to sign. 4. Code 6 was documented in 10/2024 MAR for the date 10/14/2024 5 p.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note, dated 10/14/24 at 4:30 p.m. indicated: "Followed up with pharmacy." 5. Code 6 was documented in 11/2024 MAR, for the date 11/26/24 at 5 p.m., There was no licensed nurse's signature on CDR. The Nursing Progress Note, dated 11/26/24 at 5:44 p.m. indicated: "Followed up with pharmacy." 6. Code 2 was documented in 11/2024 MAR, for the date, 11/27/24 at 9 a.m.- No nurses signature on CDR. The Nursing Progress Note for 11/27/24 at 9:41 a.m. indicated: Medication not available, per pharmacy, medication will be getting delivered today. 	C1930		

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C1930	<p>Continued From page 19</p> <p>7. Code 6 was documented in 12/2024 MAR for the date 12/25/24 5 at p.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note, dated 12/25/24 at 4:34 p.m., indicated: "Called pharmacy it will get delivered today as STAT (or as soon as possible) not available, followed up with pharmacy."</p> <p>For the medication Clobazam, the records indicated the following:</p> <p>1. Code 6 was documented in 10/2024 MAR for the date 10/08/24 at 9 p.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note, dated 10/08/2024 at 9:31 p.m. indicated: "Followed up with pharmacy."</p> <p>2. Code 6 was documented in 1/2025 MAR for the date 1/16/25 at 9 p.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note, dated 1/01/2025 at 5:58 p.m. indicated: "Will send medication as soon as possible."</p> <p>3. Documented as given on the 3/2025 MAR for the date 3/2/25 at 9 p.m. (see interview below for LVN 3). There was no licensed nurse's signature on CDR.</p> <p>4. Code 6 was documented in 3/2025 MAR for the date 3/3/25 at 9 p.m. There was no licensed nurse's signature on CDR. The Nursing Progress Note dated 3/3/25 at 5:58 p.m. indicated: "Pharmacy said they will request for fill. An additional Nursing Progress Note, dated 3/3/2025 at 10:13 p.m. indicated: "Follow up with pharmacy."</p> <p>The DON stated since there was no licensed nurse's signature on the CDR and the Nursing</p>	C1930		

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C1930	<p>Continued From page 20</p> <p>Progress Notes indicated the medication was not available then the medications, Vimpat and Clobazam were not available in the facility to be given to Patient 8 during those dates and times. The DON stated this could have put Patient 8 at risk for seizures requiring further treatment.</p> <p>During a concurrent interview and record review with LVN 3 on 3/12/2025 at 4 p.m., reviewed Patient 8's 3/2025 MAR. LVN 3 stated he documented on the MAR on 3/2/2025 at 9 p.m. by mistake that the medication Clobazam was given. LVN 3 stated he did not sign the CDR because there was no Clobazam available at that time. LVN 3 stated he should have signed as not given and then place a nursing progress note indicating the medication was not available. LVN 3 stated this is important because Patient 8 could be at risk for seizures.</p> <p>A review of the facility's policy and procedure titled, "Medication Reordering," last reviewed 1/30/2025, indicated the following: -The facility will utilize a systemic approach to provide or obtain routine and emergency medications and biologicals in order to meet the needs of each Patient. -Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration," last reviewed 1/30/2025, indicated medications are to be administered as ordered in accordance with manufacturer specifications.</p>	C1930		
C4975	T22 DIV5 CH3 ART5-72543(f) Patients' Health Records	C4975		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C4975	<p>Continued From page 21</p> <p>(f) Patients' health records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each patient. Such records shall be filed and maintained in accordance with these requirements and shall be available for review by the Department. All entries in the health record shall be authenticated with the date, name, and title of the persons making the entry.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure health records were consistent with professional practice when Licensed Nurses failed to sign the Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a Patient) after removing the pain medication from the medication cart and signing the Controlled Drug Record (CDR, accountability record of medications that are considered to have a strong potential for abuse) for one of nine sampled patients (Patient 9).</p> <p>This deficient practice had the potential to provide inaccurate medication information to fully treat Patient 9.</p> <p>Findings:</p> <p>A review of Patient 9's Admission Record (front page of the chart that contains a summary of basic information about the Patient), indicated the patient was admitted to the facility on 12/08/2022 with diagnoses that included chronic pain syndrome (a condition characterized by persistent or recurring pain that lasts for at least three months).</p>	C4975	<p>C4975: T22 DIV5 CH3 ART5-72543(f) Patients' Health Records</p> <p>Corrective action for resident found to have been affected by this deficiency.</p> <p>On 3/11/2025, DON provided 1:1 in-servicing to LVN 4 regarding proper PRN controlled medication administration documentation and accountability.</p> <p>Identify any other residents who may have been affected by the deficient Practice.</p> <p>On 3/12/2025, MRD audited the last 7 days of PRN Norco administration for in house patients to ensure all documentation is complete. There were none other issues identified.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/11/2025, DSD initiated in-servicing for licensed nursing regarding proper documentation and signing for administration of controlled medications. (To continue 23 of 25)</p>	

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C4975	<p>Continued From page 22</p> <p>A review of Patient 8' s Minimum Data Set (MDS, a federally mandated Patient assessment tool), dated 12/24/2024, indicated Patient 8 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Patient 8 required setup or clean-up assistance for eating and moderate assistance (helper does less than half the effort) for eating.</p> <p>A review of Patient 42's Physician's Orders, indicated an order for Norco 10-325 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give one tablet by mouth as needed for severe pain 7-10/10 (numeric pain scale in which a Patient's pain is indicated with zero being no pain and 10 for the worst pain imaginable), give one tab 30 minutes before therapy, dated 12/17/2024.</p> <p>A review of Patient 9's CDR, the CDR indicated the medication Norco was removed from the blister pack (or called bubble pack, a card that packages doses of medication within small, clear, plastic bubbles [or blisters] that is punched out to administer to a Patient) on 3/03/2025 at 1 p.m.</p> <p>A review of Patient 9's MAR for the month of 3/2025, did not indicate Patient 8 was given Norco on 3/03/2025 at 1 pm.</p> <p>A review of Patient 9's CDR, indicated the medication Norco was removed from the blister pack on 3/04/2025 at 9 p.m.</p> <p>A review of Patient 9's MAR for the month of 3/2025, did not indicate Patient 8 was given Norco on 3/04/2025 at 9 pm.</p>	C4975	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/12/2025, MRD will perform weekly audits of the last 7 days of PRN Norco administration for in house patients to ensure all documentation is complete. These audits will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by MRD at the monthly QA meeting.</p> <p>Date of corrective action would be completed. 04/03/25</p>	4/3/25

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C4975	<p>Continued From page 23</p> <p>During a medication cart observation and concurrent record review with Licensed Vocational Nurse 4 (LVN 4) on 3/11/2025 at 7:31 a.m., observed the contents of Medication Cart 4. Reviewed Patient 9's CDR for Norco which indicated Norco was signed out to be given to Patient 9 on 3/3/2025 at 1 p.m. and 3/04/2025 at 9 p.m. However, there was no corresponding entry in Patient 9's 3/2025 MAR. LVN 4 stated they was the licensed nurse that did not document Patient 9's pain on those two dates. LVN 4 stated the process is that when a controlled drug is removed from the bubble pack, the licensed nurse is to sign the controlled drug record, give the medication to the Patient, and then sign the MAR. LVN 4 stated she should have signed the MAR after giving the medication. LVN 4 stated this process is important so that a patient's physician knows how much medication is being given and will indicate whether a patient's pain relief is achieved.</p> <p>During an interview and concurrent record review with the Director of Nursing (DON) on 3/11/2025 at 9:15 a.m., the DON stated the process is that when a controlled drug is removed from the bubble pack, the licensed nurse is to sign the controlled drug record, give the medication to the Patient, and then sign the MAR. The DON stated she thought the pain medications removed for Patient 9 that was documented on the CDRs were given to them. The DON stated it is important to sign the MAR because for pain medication there is a pain level documented and if not signed in the MAR, then there is no assessment or reassessment of the effectiveness of the pain medication. The DON stated this had the potential to result in a patient's pain not relieved. The DON stated if there was no documentation on the MAR, then the pain was</p>	C4975		

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C4975	<p>Continued From page 24</p> <p>not assessed for those times.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration," last reviewed 1/30/2025, indicated to sign the MAR after medication is administered.</p> <p>A review of the facility's policy and procedure titled, "Controlled Substance Administration & Accountability, last reviewed 1/30/2025, indicated the following:</p> <ul style="list-style-type: none"> -The controlled drug record serves the dual purpose of recording both narcotic disposition and patient administration. -The controlled drug record is a permanent medical record document and in conjunction with the MAR is the source for documenting any patient-specific narcotic dispensed from the pharmacy. 	C4975		

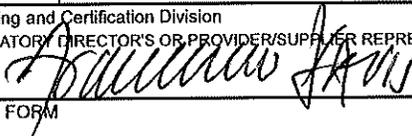
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A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a relicensing survey conducted from 3/10/2025 to 3/12/2025.</p> <p>The resident census at the time of the survey was 159.</p>	A 000		
A 029	<p>1254.7(b) Health & Safety Code 1254</p> <p>(b) Every health facility licensed pursuant to this chapter shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The health facility shall ensure that pain assessment is performed in a consistent manner that is appropriate to the patient. The pain assessment shall be noted in the patient's chart in a manner consistent with other vital signs.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure patients' pain was assessed before and after administration of pain medication for one of nine sampled Patients (Patient 9) when the licensed nurse failed to sign the Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a Patient) after removing the pain medication from the medication cart and signing the Controlled Drug Record (CDR- accountability record of medications that are considered to have a strong potential for abuse).</p> <p>This deficient practice resulted in Patient 9's pain not being assessed or re-assessed in these instances. This had the potential for Patient's 9 pain to not be relieved.</p>	A 029	<p>Tarzana Health and Rehab submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action of proceeding against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party.</p>	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administration

(X6) DATE

04/03/2025

California Department of Public Health

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A 029	<p>Continued From page 1</p> <p>Findings:</p> <p>A review of Patient 9's Admission Record (front page of the chart that contains a summary of basic information about the Patient), indicated the patient was admitted to the facility on 12/08/2022 with diagnoses that included chronic pain syndrome (a condition characterized by persistent or recurring pain that lasts for at least three months).</p> <p>A review of Patient 9's Minimum Data Set (MDS, a federally mandated patient assessment tool), dated 12/24/2024, indicated Patient 8 was moderately impaired in cognition (the process of acquiring knowledge and understanding through thought, experience, and the senses) with skills required for daily decision making. The MDS indicated Patient 9 required setup or clean-up assistance for eating and moderate assistance (helper does less than half the effort) for eating.</p> <p>A review of Patient 42's Physician's Orders, indicated an order for Norco 10-325 milligrams (mg, metric unit of measurement, used for medication dosage and/or amount), give one tablet by mouth hours as needed for severe pain 7-10/10 (numeric pain scale in which a patient's pain is indicated with zero being no pain and 10 for the worst pain imaginable), give one tab 30 minutes before therapy dated 12/17/2024.</p> <p>A review of Patient 9's CDR, the CDR indicated the medication Norco was removed from the blister pack (or called bubble pack, a card that packages doses of medication within small, clear, plastic bubbles [or blisters] that is punched out to administer to a Patient) on 3/03/2025 at 1 p.m.</p> <p>A review of Patient 9's MAR for the month of</p>	A 029	<p>A029: 1254.7(b) Health & Safety Code 1254</p> <p>Corrective action for resident found to have been affected by this deficiency.</p> <p>On 3/11/2025, DON provided 1:1 inservicing to LVN 4 regarding proper PRN controlled medication administration documentation and accountability.</p> <p>On 3/11/2025, RN assessed Patient 9's pain to ensure pain was well managed.</p> <p>Identify any other residents who may have been affected by the deficient Practice.</p> <p>On 3/12/2025, MRD audited the last 7 days of PRN Norco administration for in house patients to ensure all documentation is complete. There were none other issues identified.</p> <p>On 3/12/2025, MRD performed audit of the last 7 days of PRN Norco administration for in house patients to ascertain if their pain levels were documented at time of PRN medication administration. There were none other issues identified.(To continue page 3 of 5)</p>	

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A 029	<p>Continued From page 2</p> <p>3/2025, did not indicate any documentation that Patient 9's pain was assessed on 3/03/2025 at 1 p.m.</p> <p>A review of Patient 9's CDR, indicated the medication Norco was removed from the blister pack on 3/04/2025 at 9 p.m.</p> <p>A review of Patient 9's MAR for the month of 3/2025, did not indicate any documentation that Patient 9's pain was assessed on 3/04/2025 at 9 p.m.</p> <p>During a medication cart observation and concurrent record review with Licensed Vocational Nurse 4 (LVN 4) on 3/11/2025 at 7:31 a.m., observed the contents of Medication Cart 4. Reviewed Patient 9's CDR for Norco which indicated Norco was signed out to be given to Patient 9 on 3/3/2025 at 1 p.m. and 3/04/2025 at 9 p.m. However, there was no corresponding entry in Patient 9's 3/2025 MAR. LVN 4 stated she was the licensed nurse that did not document Patient 9's pain on those two dates. LVN 4 stated the process is that when a controlled drug is removed from the bubble pack, the licensed nurse is to sign the controlled drug record, give the medication to the patient, and then sign the MAR. LVN 4 stated she should have signed the MAR after giving the medication. LVN 4 stated this process is important so that a patient's physician knows how much medication is being given and will indicate whether a patient's pain relief is achieved.</p> <p>During an interview and concurrent record review with the Director of Nursing (DON) on 3/11/2025 at 9:15 a.m., the DON stated the process is that when a controlled drug is removed from the bubble pack, the licensed nurse is to sign the</p>	A 029	<p>Measures that will be put into place to ensure that this deficiency does not recur.</p> <p>Beginning 3/11/2025, DSD initiated in-servicing for licensed nursing regarding pain assessment, proper documentation, and signing for administration of controlled medications.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Beginning 3/12/2025, MRD will perform weekly audits of the last 7 days of PRN Norco administration for in house patients to ensure all documentation is complete and that pain has been assessed. These audits will continue for 1 month or until substantial compliance is obtained. Any ongoing issues will be reported by MRD at the monthly QA meeting.</p> <p>Date of corrective action would be completed.</p> <p>04/03/25</p>	4/9/25

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A 029	<p>Continued From page 3</p> <p>controlled drug record, give the medication to the patient, and then sign the MAR. The DON stated she thought the pain medications removed for Patient 9 and documented on the CDRs were given to them. The DON stated it is important to sign the MAR because for pain medication there is a pain level documented and if not signed in the MAR, then there is no assessment or reassessment of the effectiveness of the pain medication. The DON stated this had the potential to result in a patient's pain not relieved. The DON stated if there was no documentation on the MAR, then the pain was not assessed for those times.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration," last reviewed 1/30/2025, indicated to sign the MAR after medication is administered.</p> <p>A review of the facility's policy and procedure titled, "Controlled Substance Administration & Accountability, last reviewed 1/30/2025, indicated the following:</p> <ul style="list-style-type: none"> -The controlled drug record serves the dual purpose of recording both narcotic disposition and patient administration. -The controlled drug record is a permanent medical record document and in conjunction with the MAR is the source for documenting any patient-specific narcotic dispensed from the pharmacy. <p>A review of the facility's policy and procedure titled, "Pain Management," last reviewed 1/30/2025, indicated the following:</p> <ul style="list-style-type: none"> -Consider evidence-based practice tools to assist in the assessment of the Patient's pain. 	A 029		

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A 029	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Reassess and adjust the medication dose to optimize the Patient's pain relief while monitoring the effectiveness of the medication and work to minimize or manage side effects. -Facility staff will reassess Patient's pain management regularly for effectiveness and/or adverse consequences. 	A 029		