

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC accepted 5/6/25  
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PRINTED: 04/29/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555854</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>MESA GLEN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>638 E COLORADO AVENUE GLEN DORA, CA 91740</b>	
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for three complaints and one Facility Reported Incidents.</p> <p>Complaint Numbers: CA00954341, CA00956640, CA00956699</p> <p>Facility Reported Incident Numbers: CA00954377</p> <p>The inspection was limited to the specific complaints and Facility Reported Incidents investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for complaints: CA00954341, CA00956699</p> <p>Deficiencies were issued for complaint: CA00956640 at F550, F656, F684, F726</p>	F 000		
F 550 SS=D	<p><b>Resident Rights/Exercise of Rights</b></p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that</p>	F 550	<p><b>F 550 Resident Rights</b></p> <p><b>Corrective Action:</b></p> <p>One-on-one In service provided to Receptionist 1 on 05/02/2025 and 05/07/25 by DON/Designee regarding the proper transferring of calls when resident's have a phone call.</p> <p>DON/DSD initiated in service on 05/02/2025 and 05/07/25 to all receptionists and staff regarding residents rights to receive calls from outside the facility and properly communicate residents concern.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



*Assistant Admin*

*05/07/25*

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.

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F 550	<p>Continued From page 1</p> <p>promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to allow communication with persons outside the facility when Receptionist 1 did not notify Resident 1 of incoming phone calls.</p> <p>This failure had the potential for Resident 1 to not receive important communication and worsen</p>	F 550	<p><b>Corrective Action Continued:</b></p> <p>Resident 1 is no longer in the facility.</p> <p><b>Other Residents Affected Identification:</b></p> <p>All residents have the potential to be affected by the deficient practice</p> <p># random residents who frequently received phone calls were interviewed on 04/30/25 and 05/07/25 by SSD/ Designee if there's any concerns about making or receiving phone calls.</p> <p>No other residents were affected by the deficient practice.</p> <p><b>Measures and Systemic Changes:</b></p> <p>Department Head room round form was updated on 05/07/2025 to include asking resident if they have any issues receiving calls.</p> <p>Any findings will be reported during stand up to Admin and DON 5x/week.</p> <p><b>Monitoring Performance:</b></p> <p>The DON/Designee will present the results to the QA Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.</p>		

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F 550	<p>Continued From page 2</p> <p>Resident 1's depression (a persistent mood disorder characterized by a pervasive feeling of sadness, loss of interest in activities, and difficulty with thinking, memory, and sleep).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on 2/20/2025 with diagnoses of hypertensive heart disease without heart failure (refers to heart problems caused by high blood pressure, where the heart is working harder but not necessarily experiencing the symptoms of heart failure) and depression (a mental health disorder characterized by sadness, loss of interest, and other symptoms that impact daily life). The AR indicated Family Member (FM) 1 was Resident 1 ' s responsible party.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P- a medical exam that involves a doctor gathering a patient ' s medical history and performing a physical exam), dated 2/21/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a resident assessment tool), dated 2/27/2025, the MDS indicated Resident 1's was cognitively intact (the ability to think and process information). The MDS indicated Resident had an active diagnosis of hypertension (HTN- high blood pressure) and depression. The MDS did not indicate Resident 1 had a diagnosis of coronary artery disease (CAD-a condition where the arteries that supply blood and oxygen to the heart become narrowed or blocked, often due to</p>	F 550		05/07/25	

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F 550	<p>Continued From page 3</p> <p>plaque buildup) related to atrial fibrillation (AFIB an irregular and often rapid heart rhythm that originates in the atria, the upper chambers of the heart).</p> <p>During an interview on 4/16/2025 at 12:54 pm with Resident 1, Resident 1 stated sometimes Receptionist 1 would not tell Resident 1 that FM 1 had called. Resident 1 stated Resident 1 knew this because FM 1 would tell Resident 1 that FM 1 had tried to call Resident 1 but never heard back from Resident 1.</p> <p>During an interview on 4/16/2025 at 11:13 with FM 1, FM 1 stated Receptionist 1 would refuse to get Resident 1 if Receptionist 1 could not see Resident 1 in the lobby. FM 1 stated messages would be left with Receptionist 1 for Resident 1 to call back, but never heard from Resident 1. FM 1 stated when FM 1 spoke with another receptionist (unknown), the receptionist would make sure to either get Resident 1 or FM 1 would hear back from Resident 1 right away.</p> <p>During an interview on 4/15/2025 at 3:13 pm and 3:47 pm with Receptionist 1, Receptionist 1 stated when someone called to speak to a resident (in general) she would look for the resident in the front lobby. If Receptionist 1 did not see the resident in the lobby, she would page the resident 's assigned certified nurse assistant (CNA). Receptionist 1 stated there were times the CNA was at lunch so she would not page anyone. Receptionist 1 stated she would not page the resident 's licensed vocational nurse (LVN) since they were busy. Receptionist 1 stated she would tell FM 1 she could not leave the desk to get Resident 1 and FM 1 would have</p>	F 550		

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F 550	Continued From page 4 to leave a message or call back. Receptionist 1 stated it is the right of the resident to have access to phone calls.  During an interview on 4/15/2025 at 4:11 pm with the Director of Nursing (DON), the DON stated when a family member calls to speak to a resident, the receptionist should page the CNA, LVN, or RN supervisor to notify them. The DON stated it is important for the resident ' s family member to be able to communicate with the resident and it is the resident ' s right to receive phone calls.  During a review of the facility ' s policy and procedure (P&P) titled, "Resident Use of Telephones," dated 2002, with a revision date of May 2017, the P&P indicated, "The resident will be given telephone messages when he or she is unable to take incoming calls."  During a review of the facility ' s P&P titled, "Resident Rights," dated 2001, with a revision date of February 2021, the P&P indicated, "Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to ...communication with and access to people and services, both inside and outside the facility."	F 550		05/03/25	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable	F 656	<b>F 656 Develop/ Implement Comprehensive Care plan</b>  <b>Corrective Action:</b>  Resident was discharged on 04/03/2025		

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F 656	Continued From page 5 objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.	F 656	<b>Corrective Action Continued:</b>  DON initiated in services to licensed nurses on 05/02/2025 regarding the importance of developing accurate care plan based on diagnosis and ensuring it reflects the related interventions.  <b>Other Residents Affected Identification:</b>  All residents have the potential to be affected by the deficient practice.  On 05/02/25, all residents with diagnosis of Hypertension were audited by DON/ Designee to ensure care plan is present and reflects current interventions that might include Blood Pressure Monitoring.  No other Residents were affected by the deficient practice.  <b>Measures and Systemic Changes:</b>  DON provided an in-service to MDS nurse on 05/02/25 to ensure care plan reflects residents' diagnosis with it's corresponding interventions. Care plan will be reviewed by MDS nurse upon admission and quarterly at minimum thereafter for accuracy.  DON initiated an in-service to Licensed Nurses on 05/02/25 regarding quality of care with an emphasis on the importance of monitoring BP and updating care plan based on physician's		

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F 656	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a care plan was developed and implemented for one of two sampled residents (Resident 1) who had a diagnosis of hypertensive heart disease without heart failure (refers to heart problems caused by high blood pressure, where the heart is working harder but not necessarily experiencing the symptoms of heart failure).</p> <p>This failure had the potential for Resident 1 to experience orthostatic hypotension (a condition where blood pressure drops significantly when a person stands up from a sitting or lying position) from not being monitoring for blood pressure (BP-the force exerted by blood against the walls of the arteries as it circulates throughout the body) as ordered by Resident 1's physician.</p> <p>Cross Reference: F684, F726, and F842</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on 2/20/2025 with diagnoses of hypertensive heart disease without heart failure (refers to heart problems caused by high blood pressure, where the heart is working harder but not necessarily experiencing the symptoms of heart failure) and depression (a mental health disorder characterized by sadness, loss of interest, and other symptoms that impact daily life).</p> <p>During a review of Resident 1 ' s Care Plan (CP), dated 2/20/2025, the CP indicated Resident 1</p>	F 656	<p><b>Corrective Action Continued:</b></p> <p><b>Monitoring Performance:</b> The DON/Designee will present the results to the QA Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.</p>		

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F 656	<p>Continued From page 7</p> <p>had a CAD related to AFIB. No care plan was developed, implemented, or provided for hypertensive heart disease without heart failure and the monitoring of Resident 1's BP.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P- a medical exam that involves a doctor gathering a patient ' s medical history and performing a physical exam), dated 2/21/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a resident assessment tool), dated 2/27/2025, the MDS indicated Resident 1's was cognitively intact (the ability to think and process information). The MDS indicated Resident had an active diagnosis of hypertension (HTN- high blood pressure) and depression. The MDS did not indicate Resident 1 had a diagnosis of coronary artery disease (CAD-a condition where the arteries that supply blood and oxygen to the heart become narrowed or blocked, often due to plaque buildup) related to atrial fibrillation (AFIB an irregular and often rapid heart rhythm that originates in the atria, the upper chambers of the heart).</p> <p>During a review of Resident 1's Physician Order Summary Report (POSR), dated 3/1/2025, the POSR indicated to monitor Resident 1 for orthostatic hypotension one time a day every Sat (Saturday), starting on 3/8/2025.</p> <p>During a concurrent interview and record review on 4/14/2024 at 4:00 pm with the Director of Nursing (DON), the facility's policy and procedure (P&amp;P) titled, "Care Plans, Comprehensive</p>	F 656		05/07/25	

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F 656	Continued From page 8 Person-Centered," undated was reviewed. The DON stated the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs are developed and implemented for each resident. The P&P indicated, the comprehensive, person-centered care plan:  a. includes measurable onjectives and timeframes'  b. describes the services that are to be furnished to attain ormaintain the resident's highest practicable physical, mental, and psychosocial well-being [...]  c. includes the resident's stated goals upon admission and desired outcomes  The DON stated the care plan was not updated with the order of monitoring Resident 1's blood pressure checks as indicated in Resident 1's physician ordered dated 3/1/2025.	F 656		<b>05/07/25</b>	
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684	<b>F6841Quality of Care</b>  <b>Corrective Action:</b>  Resident 1 was discharged on 04/03/2025  LVN 4 is no longer employed at the facility  <b>Other Residents Affected Identification:</b>  On 5/2/2025, IP Nurse reviewed residents with Blood Pressure monitoring orders. All Blood Pressure Monitoring reflecting on MAR are all being done and documented as ordered by MD. There are no other residents affected by the deficient practice.		

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F 684	<p>Continued From page 9</p> <p>Based on interview and record review the facility failed to ensure one of two sampled residents (Resident 1) was monitored for blood pressure (BP- the force exerted by blood against the walls of the arteries as it circulates throughout the body) on 3/8/2025 as ordered by Resident 1's primary physician.</p> <p>This failure had the potential for Resident 1's BP to be low (hypotension [HTN]- a condition where the force of blood pushing against artery walls is too low).</p> <p>Cross Reference: F656, F726, and F842</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on 2/20/2025 with diagnoses of hypertensive heart disease without heart failure (refers to heart problems caused by high blood pressure, where the heart is working harder but not necessarily experiencing the symptoms of heart failure) and depression (a mental health disorder characterized by sadness, loss of interest, and other symptoms that impact daily life).</p> <p>During a review of Resident 1's Care Plan (CP), dated 2/20/2025, the CP indicated Resident 1 had a CAD related to AFIB. No care plan was developed, implemented, or provided for hypertensive heart disease without heart failure and the monitoring of Resident 1's BP.</p> <p>During a review of Resident 1's History and Physical (H&amp;P- a medical exam that involves a</p>	F 684	<p><b>Measures and Systemic Change:</b></p> <p>MRD/Designee will initiate a weekly audit on 05/02/25 of all residents with Blood Pressure Monitoring to ensure it is done and documented on the MAR per MD's order.</p> <p><b>Monitoring Performance:</b></p> <p>The DON/Designee will present the results to the QA Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>MESA GLEN CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>638 E COLORADO AVENUE GLENDORA, CA 91740</b>	
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F 684	<p>Continued From page 10</p> <p>doctor gathering a patient ' s medical history and performing a physical exam), dated 2/21/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a resident assessment tool), dated 2/27/2025, the MDS indicated Resident 1's was cognitively intact (the ability to think and process information). The MDS indicated Resident had an active diagnosis of hypertension (HTN- high blood pressure) and depression. The MDS did not indicate Resident 1 had a diagnosis of coronary artery disease (CAD-a condition where the arteries that supply blood and oxygen to the heart become narrowed or blocked, often due to plaque buildup) related to atrial fibrillation (AFIB an irregular and often rapid heart rhythm that originates in the atria, the upper chambers of the heart).</p> <p>During a review of Resident 1's Physician Order Summary Report (POSR), dated 3/1/2025, the POSR indicated to monitor Resident 1 for orthostatic hypotension one time a day every Sat (Saturday), starting on 3/8/2025.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR- provides a comprehensive, organized record of each medication administered to a patient), dated 3/8/2025, at 6:00 a.m., the MAR indicated to monitor Resident 1 for orthostatic hypotension one time a day every Sat, with start date 3/8/2025. The MAR indicated there was no documentation of monitoring on 3/8/2025 for Resident 1.</p>	F 684		05/07/25

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F 684	Continued From page 11 During an interview on 4/14/2024 at 12:40 pm with LVN 1, LVN 1 stated LVN 4 was assigned to Resident 1 on 3/8/2025 and was responsible for assessing and documenting Resident 1's BP. LVN 1 stated LVN 4 did not assess or document Resident 1's BP in Resident 1's MAR. LVN 1 stated if there was no documentation, then the assessment was not done. LVN 1 stated medical records should be accurate and completed.	F 684		<b>05/07/25</b>	
F 726 SS=D	During a review of the facility's policy and procedure (P&P) titled, "Acute Condition Changes- Clinical Protocol," revised 3/2018 indicated the nurse shall assess and document/report the following baseline information including vital signs (heart rate, blood pressure, temperature, and oxygenation saturation [the percentage of hemoglobin in the blood that is carrying oxygen]).  Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)  §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.  §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents'	F 726	<b>F 726 Competent Nursing Staff</b>  <b>Corrective Action:</b>  LVN 4 is no longer employed at facility.  <b>Other Residents Affected Identification:</b>  There are no other residents affected by this deficient practice.  <b>Measures and Systemic Change:</b>  DON/Designee initiated skills competency (on 05/02/25 regarding accurate blood pressure monitoring for all Licensed Nurses on 05/02/2025.  DSD to ensure all new hires have a skills competency prior to starting .		

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F 726	<p>Continued From page 12 needs, as identified through resident assessments, and described in the plan of care.</p> <p>§483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure Licensed Vocational Nurse (LVN) 4 and Registered Nurse (RNs) had the competency (the capability to apply or use the knowledge, skills, and abilities required to successfully perform tasks in the work setting) to follow through with one of two sampled residents (Resident 1) physician orders blood pressure assessment.</p> <p>This failure had the potential for Resident 1 BP to be low (hypotension [HTN]- a condition where the force of blood pushing against artery walls is too low).</p> <p>Cross Reference: F656, F684, and F842</p> <p>Findings:</p> <p>During a review of Resident 1 's Admission Record (AR), dated 4/15/2025, the AR indicated Resident 1 was admitted to the facility on</p>	F 726	<p><b>Monitor Performance:</b></p> <p>The DON/Designee will present the results to the QA Committee for monthly review for the next 3 months and quarterly thereafter or until substantial compliance is achieved.</p>	

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F 726	<p>Continued From page 13</p> <p>2/20/2025 with diagnoses including toxic encephalopathy (brain dysfunction caused by exposure to harmful substances) and depression (a mental health disorder characterized by sadness, loss of interest, and other symptoms that impact daily life). The AR indicated Family Member (FM) 1 was Resident 1 ' s responsible party.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P- a medical exam that involves a doctor gathering a patient ' s medical history and performing a physical exam), dated 2/21/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a resident assessment tool), dated 2/27/2025, the MDS indicated Resident 1's was cognitively intact (the ability to think and process information).</p> <p>During a review of Resident 1 ' s care plans (CP), Resident 1 did not have a care plan for Resident 1's diagnosis of hypotension.</p> <p>During a review of Resident 1's Physician Order Summary Report (POSR), dated 3/1/2025, the POSR indicated to monitor Resident 1 for orthostatic hypotension one time a day every Sat (Saturday), starting on 3/8/2025.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR- provides a comprehensive, organized record of each medication administered to a patient), dated 3/8/2025, at 6:00 a.m., the MAR indicated to monitor Resident 1 for orthostatic hypotension</p>	F 726		05/07/25	

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F 726	<p>Continued From page 14</p> <p>one time a day every Sat, with start date 3/8/2025. The MAR indicated no documentation of monitoring on 3/8/2025.</p> <p>During a concurrent interview and record review on 4/14/2024 at 12:40 pm with LVN 1, the facility's "Job Description, LVN" dated 3/12/2021 were reviewed. LVN 1 stated LVN 4 did not follow the facility's job description. The Job Description indicated LVN s are responsible for providing direct nursing care to the residents and supervision of nursing activities performed by nursing assistants in accordance with current federal, state, and local standards, guidelines and regulations and company policies and procedures to ensure that the highest degree of quality care is maintained at all times. LVN 1 stated the Job Description indicated to perform documentation responsibilities in accordance with company requirements. The Job Description indicated to LVNs (in general) were to completes accurate, thorough and timely admission records, routine resident observations/transfer notes, death/discharge summaries and changes in resident condition in accordance with facility policies and procedures. LVN 1 stated LVN 4 by not document Resident 1's BP. LVN 1 stated if there was no documentation, then the assessment was not done.</p> <p>During a concurrent interview and record review on 4/15/2025 at 4:00 pm with the DON, the facility's "Job Description, RN" dated 3/12/2021 were reviewed. The DON stated the RNs (in general) did not follow the job description by not completing the documentation and not providing Resident 1 with the order given by physician for orthostatic BP every Saturday starting 3/8/2025.</p>	F 726		

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F 726	Continued From page 15 The DON stated the Job Description indicated RNs are to plan and deliver nursing care to residents in skilled nursing in accordance with current company, federal, state and local standards, guidelines and regulations to ensure that the highest degree of quality care and dignity is maintained at all times. The DON stated the Job Description indicated RNs are to perform documentation duties as required and in accordance with company charting and documentation policies and procedures and government regulations. The DON stated the Job Description indicated RNs were to ensure documentation is accurate, timely and descriptive of resident ' s condition, nursing care provided and resident ' s response to care. The DON stated LVN 4 and RN 1 needed more training.	F 726		05/07/25	