

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056261	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2020
NAME OF PROVIDER OF SUPPLIER MERRITT MANOR CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 604 E. MERRITT AVE. TULARE, CA 93274	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to update their Pill Pack (PP- a packet that contains a resident's specific medication) and their Controlled Drug Record (CDR) to reflect the current physician's orders [REDACTED]. This failure had the potential to contribute to medication errors and adverse consequences. Findings: During a review of Resident 1's Order Summary (OS), dated 1/27/20, the OS indicated, Resident 1's physician changed the [MEDICATION NAME] dosage from 0.25 milligrams (mg - a unit of measurement) twice a day to 0.25 mg once a day. During a concurrent interview and record review on 2/20/20, at 11:09 AM, with Licensed Vocational Nurse (LVN) 1, Resident 1's PP, dated 1/18/20 was reviewed. The PP indicated, [MEDICATION NAME] 0.25 mg by mouth is to be given twice a day. LVN 1 stated the PP did not match Resident 1's physician order [REDACTED]. During a concurrent interview and record review, on 2/20/20, at 12:50 PM, with Director of Nursing (DON), Resident 1's CDR, dated 1/2019 was reviewed. The CDR indicated Resident 1's [MEDICATION NAME] 0.25 mg was to be given twice a day. DON stated there should have been a change of order sticker placed to direct staff to check the most current physician order. During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 12/2012, the P&P indicated, Medications shall be administered in a safe and timely manner, and as prescribed. Medications must be administered in accordance with the orders, including any required time frame. The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication		
F 0825 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide therapy services in a timely manner as recommended by the Interdisciplinary team (IDT - a group of various professionals that meet to discuss resident needs) for one of three sampled residents (Resident 1). This failure had the potential for Resident 1's therapy needs to go unmet and contribute to his falls with injury. Findings: During a review of Resident 1's Progress Notes (PN), dated [DATE], at 9:50 AM, the PN indicated, Resident 1 had fallen on the floor. This fall was unwitnessed. Assistive staff stated resident was sitting on the bench in hallway and fell forward and hit his head on the floor. When charge nurse approached resident (1) he was laying in front of the bench on his back. During a review of Resident 1's status [REDACTED]. The SPARS indicated therapy evaluated Resident 1 eight days later on 2/14/20. The SPARS indicated, (Resident 1) would benefit from (Occupational Therapy and Physical Therapy) evaluation to assess deficits decreasing safety and influencing falls. During a review of Resident 1's PN, dated 2/10/20, the PN indicated, (Resident 1) was sitting at the nurses station on a bench, (Resident 1) fell forward and hit his head on the ground, heard a loud thump. The PN indicated Resident 1 had a laceration (a deep cut) to his left elbow and hematoma (swelling of clotted blood between the tissues) to his right eye. During a review of Resident 1's SPARS, dated 2/10/20, the SPARS indicated, Resident 1 need to be evaluated by therapy services. The SPARS indicated therapy evaluated Resident 1 four days later on 2/14/20 (same day as evaluation for the [DATE] fall). The SPARS indicated, (Resident 1) would benefit from (Occupational and Physical therapy) evaluation to assess deficits decreasing safety and influencing falls. During an interview on 2/20/20, at 11:36 AM, with Certified Occupational Therapist Assistant (COTA), COTA stated, a post fall assessment for a resident that fell needs to be done as soon as possible, hopefully by the next day by either a physical therapist or occupational therapist. COTA stated Resident 1 had still not started on therapy services as recommended despite being 14 days post his fall on [DATE]. COTA stated, I have no excuse. During a review of Therapist Weekly Schedule (TWS), dated 2/20/20, the TWS indicated, a physical therapist or occupational therapist was present in the facility on the following dates after Resident 1's fall- 2/5/20, [DATE], 2/7/20, 2/10/20, 2/11/20, 2/12/20, 2/13/20, 2/14/20. The TWS indicated there were seven missed opportunities for Resident 1 to be evaluated after his fall on [DATE]. During an interview on 2/20/20, at 11:50 AM, with Administrator, Administrator stated, the time line for therapy evaluation was too long.		

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

TITLE

(X6) DATE

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.