

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056362</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MESA VERDE POST ACUTE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>661 CENTER STREET COSTA MESA, CA 92627</b>	
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 0757  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure each resident's drug regimen must be free from unnecessary drugs.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, and facility P&amp;P review, the facility failed to ensure one of two sampled residents (Resident 1) was free from unnecessary medications. The licensed nurse failed to document the administration of an [MEDICAL CONDITION] medication to Resident 1 resulting in another dose of the [MEDICAL CONDITION] medication was administered to the resident in four hours interval. This resulted in Resident 1 receiving unnecessary dose of the medication and experiencing adverse effects of dizziness and weakness. Findings: Review of facility's P&amp;P titled Medication Administration (undated) showed the medication will be administered directly by a licensed nurse and upon the order of a physician or licensed independent practitioner. The licensed nurse will chart the drug, time administered and initials his/her name with each medication administration and signs his/her full name, and title on each page of the Medication Administration Record. On 2/11/20 at 0920, an interview was conducted with Resident 1. Resident 1 stated on 1/24/20 at 0530 hours, a CNA (which she could not recall who) woke her up and told her she was having involuntary movements. Resident 1 stated LVN 1 was called and came in to administer her [MEDICATION NAME] ([MEDICAL CONDITION] medication). Resident 1 stated at around 0830 hours, LVN 2 administered another dose of [MEDICATION NAME]. Resident 1 stated LVN 2 was not aware she was administered the [MEDICATION NAME] tablet at 0530 hours by LVN 1. Resident 1 stated because of the extra dose of [MEDICATION NAME] she received at 0830 hours, she was in bed all day, felt dizzy and missed her therapy. Resident 1 stated the next day, she informed LVN 1 of the extra dose of [MEDICATION NAME] she received on 1/24/20. Resident 1 stated LVN 1 called the physician and got a PRN (as needed) order for [MEDICATION NAME] to cover up his mistake. Medical record review for Resident 1 was initiated on 2/11/20. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's Physician order [REDACTED]. Another order dated 1/25/20, showed to administer [MEDICATION NAME] 1500 mg one tablet by mouth twice a day PRN for [MEDICAL CONDITION] disorder. Review of the Medication Administration Record [REDACTED]. The [MEDICATION NAME] tablet was administered on 1/24/20 at 0900 hours. There was no documentation the [MEDICATION NAME] tablet was administered on 1/24/20 at 0530 hours. Review of Resident 1's Physical Therapy Treatment Encounter Notes showed an entry dated 1/24/20, showing Resident 1 reported having [MEDICAL CONDITION] in the morning and was feeling tired from the medication, and requested to be seen in her room. Review of Resident 1's Occupational Therapy Treatment Encounter Notes dated 1/24/20, showed Resident 1 was seen in bed and reported increased drowsiness due to the medication. On 2/11/20 at 1024 hours, an interview and concurrent medical record review was conducted with LVN 2. LVN 2 stated after he administered Resident 1's 0900 hours dose of [MEDICATION NAME] on 1/24/20 as ordered. LVN 2 stated after her administered the medication, Resident 1 told him she received the [MEDICATION NAME] tablet on 1/24/20 at 0530 hours. LVN 2 stated he did not call LVN 1 to confirm what Resident 1 had reported to him nor inform the supervisor and/or called the physician. LVN 2 stated he did not see any documentation the [MEDICATION NAME] was administered on 1/24/20 at 0530 hours to Resident 1. On 2/19/20 at 1101 hours, an interview and concurrent medical record review was conducted with the Director of Rehabilitation. The Director of Rehabilitation stated Resident 1's therapy treatments were usually done in the gym. However, on 1/24/20, Resident 1 felt dizzy so treatment was done while in bed. On 2/19/20 at 1434 hours, a telephone interview was conducted with LVN 3. LVN 3 stated she recalled LVN 1 informed her Resident 1 had a [MEDICAL CONDITION] episode on 1/24/20. However, LVN 3 stated LVN 1 called the physician and received an order from the physician to administer [MEDICATION NAME] 1500 mg 1 tab by mouth twice a day as needed for Resident 1 on 1/25/20. On 2/19/20 at 1504 hours, a telephone interview was conducted with LVN 1. LVN 1 stated on 1/24/20 at around 0530 hours, Resident 1 told LVN 1 she was going to have a [MEDICAL CONDITION]. LVN 1 stated he got scared and when he checked the Medication Administration Record, [REDACTED]. LVN 1 stated he administered the [MEDICATION NAME] at 0530 hours, but forgot to give a report to LVN 2 (incoming nurse). LVN 1 stated he did not know if he documented in the Medication Administration Record [REDACTED]. LVN 1 stated he did not call the physician before administering [MEDICATION NAME] tablet, but after he administered administered. LVN 1 verified he did not document all these in the medical record.</p>		

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.