STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555365	A. BUILDING _____ B. WING _____	**04/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PALM TERRACE CARE CENTER	**11162 PALM TERRACE LANE RIVERSIDE, CA 92505**

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 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure nursing documentation was complete and accurate, to include medication order transcription and allergies [REDACTED]. This failure increased the potential for harm and medication errors for Resident A. Findings: On March 12, 2020, at 9:45 a.m., an unannounced visit was made to the facility for the investigation of one complaint with quality of care concerns. On March 12, 2020, beginning at 11 a.m., Resident A's record was reviewed and indicated Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The History and Physical (H & P), dated February 4, 2020, indicated Resident A had a medication allergy to [MEDICATION NAME] (an opioid pain medication) and took [MEDICATION NAME] 70 (medication to treat [MEDICAL CONDITION]). The physician's orders [REDACTED]. (generic name for [MEDICATION NAME], 70 milligrams, one tablet daily, mg-milligram a unit of measure). The typed physician's orders [REDACTED].Alendronate Sodium 70 mg Tab 1 Tab Daily Weekly on Tues .starting on 2/11/20 . There was no clear documentation to indicate whether Resident A was supposed to be given the medication daily or weekly. The Medication Administration Record [REDACTED]. The MAR indicated [REDACTED].daily weekly on Tuesday .starting on 2/11/20 . -February 6, 2020, Alendronate Sodium, 70 mg one tablet, .daily weekly on Tuesday .starting on 2/11/20 .Start date .2/18/2020 . There was no clear documentation on the MAR indicated [REDACTED]. The MAR further indicated the medication was documented as M (missing) on February 11, 2020, and was not given on February 18, 2020. The PRN Results and Documentation Report (part of MAR used by nursing staff to document when a medication was held or not given and the reason why) was reviewed, and had no documented indication to explain the conflicting start dates transcribed on the MAR indicated [REDACTED]. On March 13, 2020, at 9:50 a.m., the Director of Nursing (DON) was interviewed and stated the typed copy of the physician's orders [REDACTED]. On March 13, 2020, Resident A's record was further reviewed. The Order Clarification Notes, dated February 6, 2020, indicated indicated The order for Alendronate Sodium was renewed with a comment, allergic reaction. The Nurse's Progress Notes, for February 2020, were reviewed. The Notes, dated February 6, 2020, at 3:24 p.m., indicated nursing staff took an order from Resident A's physician and Resident A was ordered to have, Alendronate 70 mg once a week. There was no documentation to indicate what type of allergic reaction Resident A may have had, to clarify the date the medication was supposed to be started, or the reason the medication was missing and not given as listed above. On April 24, 2020, at 11:25 a.m., the DON was further interviewed and stated stated residents' allergies [REDACTED]. The DON stated [MEDICATION NAME] 70 mg was supposed to be given weekly. According to PDR.net (Physicians' Desk Reference on-line drug reference), Alendronate Sodium was available in multiple strengths including 5 mg, 10 mg, 35 mg, and 70 mg, and the maximum dosage recommended for geriatric patients was 10 milligrams per day or 70 milligrams per week orally for [MEDICAL CONDITION]. The facility policy and procedure titled, Charting and Documentation undated, was reviewed and indicated, All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the .medical record .Entries may only be recorded .by licensed personnel .in accordance with state law and facility policy .All .changes .must be recorded .Documentation .shall include care-specific details .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE