

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 05A264	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER VISTA PACIFICA CENTER		STREET ADDRESS, CITY, STATE, ZIP 3674 PACIFIC AVENUE RIVERSIDE, CA 92509	
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 F 0684	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure [MEDICATION NAME] (medication to treat influenza (flu)) was administered timely as ordered by the physician, for one of three residents reviewed (Resident A). This failure resulted in a delay in treatment for [REDACTED]. In addition, this failure had a potential to result in Resident A transmitting the [MEDICAL CONDITION] to other residents. Findings: On March 4, 2020, at 9:30 a.m., an unannounced visit was conducted at the facility to investigate an influenza outbreak (at least two residents with influenza-like illness and at least one resident with confirmed influenza). On March 4, 2020, at 10:29 a.m., Resident A was observed walking and coming out of the group program. In a concurrent interview with Resident A, she stated she went to the hospital on February 29, 2020, due to fever with cough, and weakness. She stated she came back to the facility the same day she was transferred to the hospital (February 29, 2020). On March 4, 2020, Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The Progress Notes, dated February 29, 2020, at 2:43 p.m., indicated, Resident noted with elevated Temp (temperature) of 101.0 (F - fahrenheit, scale of temperature), at approx. (approximately) 1330 (1:30 p.m.) when resident observed to be lethargic with generalized weakness. Resident needing assistance to ambulate. She c/o (complained of) feeling cold. May send resident to ER (emergency room) hospital for further Eval (evaluation). The Progress Notes, dated February 29, 2020, at 9:47 p.m., indicated, Return From Hospital .New Diagnosis/Conditions .Influenza A .New Orders/Instructions .[MEDICATION NAME] capsules 75mg (milligram - unit of measurement) PO (by mouth) BID (twice a day) X (times) 5 (five) days . Resident A's hospital records, dated February 29, 2020, included a laboratory result, dated February 29, 2020, which indicated, Influenza A .detected . The document also included a list of medications administered to Resident A, which indicated, .Oseltamivir [MEDICATION NAME] ([MEDICATION NAME]) .75 MG .Last Admin (administered) .02/29 (February 29, 2020) 2038 (8:38 p.m.) . The Order Review Report, included a physician's order, dated February 29, 2020, which indicated, .[MEDICATION NAME] Capsule Give 75 mg by mouth two times a day for flu for 5 days .Start Date .03/01/2020 (March 1, 2020) .Stop Date .03/06/2020 (March 6, 2020) . The untitled document, dated February 29, 2020, indicated, .Flu .residents will have no further symptoms x5 days . Will administer medications as ordered by MD . On March 17, 2020, Resident A's record was further reviewed. The following progress notes indicated [MEDICATION NAME] was not available to be administered on the following dates and times: - March 1, 2020, at 6:13 p.m.; .medication is not available, waiting for pharmacy to deliver med (medication) ; - March 2, 2020, at 8:21 a.m.; .[MEDICATION NAME] .waiting delivery from pharmacy ; - March 2, 2020, at 5:38 p.m.; .medication is not available at this time, waiting for pharmacy to deliver medication ; - March 3, 2020, at 10:27 a.m.; .[MEDICATION NAME] .unable to administer due to not on hand; waiting for deliver (sic) ; - March 3, 2020, at 5:42 p.m.; .Medication not available ; - March 4, 2020, 9:34 a.m.; .[MEDICATION NAME] .awaiting delivery from pharmacy ; - March 5, 2020, at 9:55 a.m.; .Medication in route from pharmacy ; and - March 5, 2020, at 4:32 p.m.; .Medication not available . The Medication Administration Record [REDACTED]. On March 17, 2020, at 10:37 a.m., Resident A's record was reviewed with the Director of Nursing (DON). In a concurrent interview, she stated the 9 in the MAR indicated [REDACTED]. She stated Resident A's MAR for March 2020, indicated [MEDICATION NAME] was not administered on the following dates and times due to unavailability of [MEDICATION NAME]: - March 1, 2020, at 5 p.m.; - March 2, 2020, at 9 a.m. and 5 p.m.; - March 3, 2020, at 9 a.m. and 5 p.m.; - March 4, 2020, at 9 a.m.; and - March 5, 2020, at 9 a.m. and 5 p.m. She stated she called the facility pharmacy on March 17, 2020, and talked to the pharmacist. She stated the pharmacist told her Resident A's [MEDICATION NAME] was delivered to the facility on [DATE], at 4:56 a.m. She stated there was no documentation the supply of [MEDICATION NAME] for Resident A was followed up with the pharmacy which the facility should have done. On March 17, 2020, at 11:18 a.m., the DON was interviewed. She stated she talked to two of the licensed nurses who were scheduled to administer [MEDICATION NAME] to Resident A on March 7 to 11, 2020. She stated the two licensed nurses told her they administered [MEDICATION NAME] to Resident A on the days they were scheduled from March 7 through March 11, 2020 (started seven days after Resident A started having flu like symptoms). She stated the licensed nurses told her they did not obtain a physician's order for [MEDICATION NAME] to be administered to Resident A starting March 7, 2020. She stated there was no physician's order for [MEDICATION NAME] to be administered to Resident A starting March 7, 2020. She stated the licensed nurse should have notified the physician about Resident A's [MEDICATION NAME] being just delivered on March 7, 2020, to get a physician's order for [MEDICATION NAME]. On March 18, 2020, at 8:34 a.m., the DON was interviewed. She stated she interviewed the other licensed nurses scheduled to administer medications to Resident A between March 7 to 11, 2020. She stated all the licensed nurses scheduled to administer medications to Resident A on the days they were scheduled between March 7 to 11, 2020 without a physician's order. She stated the physician was not notified Resident A's [MEDICATION NAME] was not administered as ordered due to its unavailability. She stated there could have been a potential outcome of progression or worsening of Resident A's flu symptoms and development of possible complications related to influenza when [MEDICATION NAME] was not administered timely to Resident A. The web article titled, .Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities, published by Centers for Disease Control and Prevention (CDC), dated November 18, 2019, was reviewed. The article indicated, .All long-term care facility residents who have confirmed or suspected influenza should receive [MEDICAL CONDITION] (medications to treat infection caused by [MEDICAL CONDITION]) treatment immediately .[MEDICAL CONDITION] treatment works best when started within the first 2 (two) days of symptoms . The web article titled, Influenza [MEDICAL CONDITION] medications: [REDACTED]. The article indicated, .[MEDICAL CONDITION] treatment is recommended as early as possible for any patient with confirmed or suspected influenza who .is at higher risk for influenza complications .Clinical benefit is greatest when [MEDICAL CONDITION] treatment is administered early, especially within 48 hours of influenza illness onset .People at Higher risk for Influenza Complications Recommended for [MEDICAL CONDITION] Treatment .people with .renal (kidney) . and metabolic disorders (including diabetes mellitus) .residents of nursing homes and other chronic care facilities . The web article titled, Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment .and Institutional Outbreak Management of Seasonal Influenza, published by Oxford University Press for the Infectious Diseases Society of America, dated October 5, 2018, was reviewed. The article indicated, .Clinicians should start [MEDICAL CONDITION] treatment as soon as possible for adults and children with documented or suspected influenza who meet the following criteria .Outpatients who are at higher risk of complications from influenza, including those with chronic medical conditions . The facility policy and procedure titled, Administration of Medications and Treatments, revised on January 8, 2002, was reviewed. The policy indicated, .Medications and treatments shall be administered as prescribed .The time and dose of the drug or treatment administered to the patient shall be recorded in the</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.

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<p>F 0684</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>F 0755</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1) patient's individual medication record by the person who administered the drug or treatment .</p> <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure pharmaceutical services were provided to meet the needs of a resident when [MEDICATION NAME] (medication to treat influenza (flu)) was not available to be administered timely, for one of three residents reviewed (Resident A). This failure had the potential to result in a delay in the treatment and the development of complications for Resident A. Findings: On March 4, 2020, at 9:30 a.m., an unannounced visit was conducted at the facility to investigate an influenza outbreak (at least two residents with influenza-like illness and at least one resident with confirmed influenza). On March 4, 2020, at 10:29 a.m., Resident A was observed walking and coming out of the group program. In a concurrent interview with Resident A, she stated she went to the hospital on February 29, 2020, due to fever with cough, and weakness. She stated she came back to the facility the same day she was transferred to the hospital (February 29, 2020). On March 4, 2020, Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The Progress Notes, dated February 29, 2020, at 2:43 p.m., indicated, .Resident noted with elevated Temp (temperature) of 101.0 (F - fahrenheit, scale of temperature), at approx. (approximately) 1330 (1:30 p.m.) when resident observed to be lethargic with generalized weakness .Resident needing assistance to ambulate. She c/o (complained of) feeling cold .May send resident to ER (emergency room) hospital for further Eval (evaluation) . The Progress Notes, dated February 29, 2020, at 9:47 p.m., indicated, .Return From Hospital .New Diagnosis/Conditions .Influenza A .New Orders/Instructions .[MEDICATION NAME] capsules 75mg (milligram - unit of measurement) PO (by mouth) BID (twice a day) X (times) 5 (five) days . Resident A's hospital records, dated February 29, 2020, included a laboratory result, dated February 29, 2020, which indicated, .Influenza A .detected . The document also included list of medications administered to Resident A, which indicated, .Oseltamivir [MEDICATION NAME] ([MEDICATION NAME]) .75 MG .Last Admin (administered) .02/29 (February 29, 2020) 2038 (8:38 p.m.) . The Order Review Report, included a physician's orders [REDACTED],[MEDICATION NAME] Capsule Give 75 mg by mouth two times a day for flu for 5 days .Start Date .03/01/2020 (March 1, 2020) .Stop Date .03/06/2020 (March 6, 2020) . The untitled document, dated February 29, 2020, indicated, .Flu .residents will have no further symptoms x5 days .Will administer medications as ordered by MD . On March 17, 2020, Resident A's record was further reviewed. The following progress notes indicated [MEDICATION NAME] was not available to be administered on the following dates and times: - March 1, 2020, at 6:13 p.m.; .medication is not available, waiting for pharmacy to deliver med (medication) .; - March 2, 2020, at 8:21 a.m.; .[MEDICATION NAME] .waiting delivery from pharmacy .; - March 2, 2020, at 5:38 p.m.; .medication is not available at this time, waiting for pharmacy to deliver medication .; - March 3, 2020, at 10:27 a.m.; .[MEDICATION NAME] .unable to administer due to not on hand; waiting for deliver (sic) .; - March 3, 2020, at 5:42 p.m.; .Medication not available .; - March 4, 2020, 9:34 a.m.; .[MEDICATION NAME] .awaiting delivery from pharmacy .; - March 5, 2020, at 9:55 a.m.; .Medication in route from pharmacy .; and - March 5, 2020, at 4:32 p.m., .Medication not available . The Medication Administration Record [REDACTED] . On March 17, 2020, at 10:37 a.m., Resident A's record was reviewed with the Director of Nursing (DON). In a concurrent interview, she stated the 9 in the MAR indicated [REDACTED]. She stated Resident A's MAR for March 2020, indicated [MEDICATION NAME] was not administered on the following dates and times due to the unavailability of [MEDICATION NAME]: - March 1, 2020, at 5 p.m.; - March 2, 2020, at 9 a.m. and 5 p.m.; - March 3, 2020, at 9 a.m. and 5 p.m.; - March 4, 2020, at 9 a.m.; and - March 5, 2020, at 9 a.m. and 5 p.m. She stated she called the facility pharmacy on March 17, 2020, and talked to the pharmacist. She stated the pharmacist told her Resident A's [MEDICATION NAME] was delivered to the facility on [DATE], at 4:56 a.m. She stated the pharmacist told her there was a delay in the delivery of Resident A's [MEDICATION NAME] as the pharmacy was having a large volume of orders for [MEDICATION NAME]. She stated the pharmacist told her there was no documentation the pharmacy notified the facility Resident A's [MEDICATION NAME] was not available. She stated the pharmacy should have notified the facility Resident A's [MEDICATION NAME] would not be delivered timely. She stated the progress notes for Resident A indicated [MEDICATION NAME] was not administered to the resident on March 1, 2020 to March 5, 2020, as ordered by the physician due to unavailability. She stated there was no documentation the supply of [MEDICATION NAME] for Resident A was followed up with the pharmacy. She stated the facility should have followed up with the pharmacy on the status of Resident A's [MEDICATION NAME] delivery. On March 17, 2020, at 11:18 a.m., the DON was interviewed. She stated she expected medications to be delivered to the facility within 24 hours from the time the order was sent to the pharmacy. She stated Resident A's [MEDICATION NAME] was not delivered timely when it was delivered on March 7, 2020 (seven days after the order was initially placed to the pharmacy). She stated Resident A's [MEDICATION NAME] should have been delivered timely. She stated there could have potential outcome of progression or worsening of Resident A's flu symptoms and possible complications related to influenza related to the delay of the delivery of [MEDICATION NAME] for Resident A. On March 17, 2020, at 4:07 p.m., an untitled document was received from the facility via fax (electronic transmission). The document indicated Resident A's [MEDICATION NAME] was delivered to the facility on [DATE]. On March 18, 2020, at 9:14 a.m., the Pharmacy Supervisor (PS) was interviewed. She stated the pharmacy started processing orders as soon as they received the orders from the facility. She stated it would take one to two days for them to receive medications from their suppliers. She stated the delivery of the medications would be based on the availability of the medication. She stated the pharmacy should notify the facility if a medication would not be available for the facility to inform the physician for further orders. On March 18, 2020, at 3:22 p.m., a follow up interview was conducted with the PS. She stated [MEDICATION NAME] was out of stock at the time the facility ordered for Resident A. She stated they delivered Resident A's [MEDICATION NAME] on March 7, 2020. She stated Resident A's [MEDICATION NAME] was delivered late due to unavailability. She stated she could not find documentation the pharmacy notified the facility of the unavailability of [MEDICATION NAME] for Resident A. She stated the pharmacy should have notified the facility of the medication's unavailability. The web article titled, .Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities, published by Centers for Disease Control and Prevention (CDC), dated November 18, 2019, was reviewed. The article indicated, .All long-term care facility residents who have confirmed or suspected influenza should receive [MEDICAL CONDITION] (medications to treat infection caused by [MEDICAL CONDITION]) treatment immediately .[MEDICAL CONDITION] treatment works best when started within the first 2 (two) days of symptoms . The web article titled, Influenza [MEDICAL CONDITION] medications: [REDACTED]. The article indicated, .[MEDICAL CONDITION] treatment is recommended as early as possible for any patient with confirmed or suspected influenza who .is at higher risk for influenza complications .Clinical benefit is greatest when [MEDICAL CONDITION] treatment is administered early, especially within 48 hours of influenza illness onset .People at Higher risk for Influenza Complications Recommended for [MEDICAL CONDITION] Treatment .people with .renal (kidney) . and metabolic disorders (including diabetes mellitus) .residents of nursing homes and other chronic care facilities . The web article titled, Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, and Institutional Outbreak Management of Seasonal Influenza, published by Oxford University Press for the Infectious Diseases Society of America, dated October 5, 2018, was reviewed. The article indicated, .Clinicians should start [MEDICAL CONDITION] treatment as soon as possible for adults and children with documented or suspected influenza .who meet the following criteria . Outpatients who are at higher risk of complications from influenza, including those with chronic medical conditions . The pharmacy policy and procedure titled, Drug Supply Shortages, dated March 17, 2020, was reviewed. The policy indicated, .Drug product shortages can adversely affect drug therapy, compromise or delay medical procedures, result in medication errors, and cause patient harm . The purpose of these policies and procedures is to minimize the impact of drug shortage on the quality of care .Operational Procedures .Contact the Director of Nursing, Administrator or a charge nurse to inform them about the shortage and offer alternative medication if possible .Therapeutic Procedures .Identify therapeutic alternative that are available (Done by pharmacist contacting MD (physician) .</p>		
<p>F 0842</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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 maintain an accurate and complete record of the treatment</p>		

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<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 2)</p> <p>provided to Resident A when: 1. The record indicated [MEDICATION NAME] was documented as administered on the days the medication was not available; and 2. There was no documentation [MEDICATION NAME] was administered to Resident A on several days. These failures resulted in an inaccurate record for Resident A which may increase the potential for medication errors for Resident A. Findings: On March 4, 2020, at 9:30 a.m., an unannounced visit was conducted at the facility to investigate an influenza outbreak (at least two resident with influenza-like illness and at least one resident with confirmed influenza). On March 4, 2020, at 10:29 a.m., Resident A was observed walking and coming out of the group program. In a concurrent interview with Resident A, she stated she went to the hospital on February 29, 2020, due to fever with cough, and weakness. She stated she came back to the facility the same day she was transferred to the hospital (February 29, 2020). On March 4, 2020, Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The Order Review Report, included a physician's orders [REDACTED].[MEDICATION NAME] Capsule Give 75 mg by mouth</p> <p>two times a day for flu for 5 days .Start Date .03/01/2020 (March 1, 2020) .Stop Date .03/06/2020 (March 6, 2020) . The untitled document, dated February 29, 2020, indicated, .Flu .residents will have no further symptoms x5 days .Will administer medications as ordered by MD . Resident A's hospital records, dated February 29, 2020, included a laboratory result, dated February 29, 2020, which indicated, .Influenza A .detected . On March 17, 2020, Resident A's record was further reviewed. The Progress Notes, on March 1 through 5, 2020, indicated [MEDICATION NAME] was not available to be administered. The Medication Administration Record [REDACTED]. On March 17, 2020, at 10:37 a.m., Resident A's record was reviewed with the Director of Nursing (DON). In a concurrent interview, she stated the 9 in the MAR indicated [REDACTED]. She stated Resident's A MAR for March 2020, indicated [MEDICATION NAME] was not administered on the following dates and times: - March 1, 2020, at 5 p.m.; - March 2, 2020, at 9 a.m. and 5 p.m.; - March 3, 2020, at 9 a.m. and 5 p.m.; - March 4, 2020, at 9 a.m.; and - March 5, 2020, at 9 a.m. and 5 p.m. She stated the pharmacist informed her Resident A's [MEDICATION NAME] was delivered to the facility on [DATE]. On March 18, 2020, at 8:34 a.m., a follow up interview was conducted with the DON. She stated there was no documentation [MEDICATION NAME] was administered to Resident A after March 5, 2020. She stated she had asked all of the licensed nurses scheduled to administer medication to Resident A on March 7 through 11, 2020, who informed her [MEDICATION NAME] was administered to Resident A on those dates. She stated the licensed nurses should have documented on Resident A's record when [MEDICATION NAME] was administered to Resident A on March 7 through 11, 2020. The facility policy and procedure titled, Administration of Medications and Treatments, revised on January 8, 2002, was reviewed. The policy indicated, .Medications and treatments shall be administered as prescribed .The time and dose of the drug or treatment administered to the patient shall be recorded in the patient's individual medication record by the person who administered the drug or treatment .</p>		