

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER ROYAL OAKS MANOR-BRADBURY OAKS		STREET ADDRESS, CITY, STATE, ZIP 1763 ROYAL OAKS DRIVE DUARTE, CA 91010	
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 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</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 administer intravenous (IV, into the vein) antibiotics (medication treats infections) on time and as ordered for one of three sampled residents (Resident 1). Resident 1, who was receiving [MEDICATION NAME] (a medication used to treat infection) via intravenous (IV, medication or fluids administered via the venous), did not receive it on time on two different days. This deficient practice had the potential for a delay in healing and/or possible side effects of receiving the next dose too soon. Findings: A review of Resident 1's Detailed Summary (record of admission) indicated the resident admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 5/1/2020, indicated the resident had no impairment in cognitive skills. According to the MDS, Resident 1 required extensive assistance (resident involved in activity, staff provided weight-bearing support) from staff for dressing, and personal hygiene. A review of Resident 1's Physician order [REDACTED]. A review of Resident 1's, Medication Record for 5/2020, indicated [MEDICATION NAME] 2 gm IV was given on 5/9/2020 at 8:36 a.m. because there was no staff available to give the dose at 6 a.m. There was no documentation the physician was aware Resident 1's medication was given late. A review of Resident 1's Interdisciplinary Notes, dated 5/24/2020, indicated [MEDICATION NAME] 2 gm IV PB (intravenous piggyback) scheduled for 6 a.m. was given at 7:45 a.m. During a phone interview and record review, on 7/1/2020 at 6:30 p.m., the Director of Nurses (DON) stated Resident 1's Interdisciplinary Notes, dated 5/24/2020, indicated that [MEDICATION NAME] 2 gm IV was not administered at 6 a.m. as ordered and was given late at 7:45 a.m. The DON also stated that Resident 1's Medication Record for 5/2020 indicated that on 5/9/2020, Resident 1 did not receive [MEDICATION NAME] 2 gm IV at 6 a.m. and that it was given late at 8:36 a.m. The DON stated she was unable to find documentation the facility notified the resident's physician that the medication was not given on time. The DON stated the physician needed to be aware if medications were given late to make an informed decision on either to continue with the orders or change them. A review of the facility's policy and procedure titled, Administering Medications, with a revised date of 4/2019 indicated medications are administered in accordance with prescriber orders, including any required time frame. Medication re administered with one hour of their prescribed time, unless otherwise specified (for example, before and after meal order).</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.