STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555492	A. BUILDING _____ B. WING _____	**05/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MIRAVILLA CARE CENTER	**9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223**

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 0758 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure [MEDICAL CONDITION] (any drug that affects brain activities associated with mental processes and behavior) and antipsychotic (a class of drugs used to treat severe mental disorders) medications were ordered and administered safely for one of three residents reviewed (Resident 1) when ABHR Cream (a compounded cream made uniquely and individually by a pharmacist of the medications [MEDICATION NAME] ([MEDICAL CONDITION]), [MEDICATION NAME] (antipsychotic) and [MEDICATION NAME] - used to treat agitation) was: 1. Administered without indicated dosages for the medications; and 2. Ordered on an as needed (PRN) basis for three consecutive months. These failures increased the potential for Resident 1 to receive excessive dosages of [MEDICAL CONDITION] and antipsychotic medications and the potential for Resident 1 to experience adverse side effects of [MEDICATION NAME] and [MEDICATION NAME], including excessive drowsiness, dizziness, weakness, ineffective breathing, shaking, difficulty speaking, difficulty swallowing, and abnormal or uncontrolled body movements. Findings: On February 26, 2020, at 1:50 p.m., an unannounced visit was made to the facility to investigate one facility reported incident. On February 26, 2020, Resident 1's record was reviewed. The record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. 1. The document titled, Order Summary Report, for the month of February 2020, was reviewed. The document included physician's orders dated January 28, 2020, indicating: .ABHR Cream apply 1 (one) ml (milliliter) topical (on the skin) .every 8 (eight) hours . .ABHR Cream apply 1 ml .every 6 (six) hours as needed . The physician's orders did not include dosages for the [MEDICATION NAME], and [MEDICATION NAME] medications in the ABHR cream. On February 26, 2020, at 4:30 p.m., an interview and review of Resident 1's record were conducted with the Director of Nurses (DON). The DON confirmed Resident 1 had physician's orders for ABHR Cream 1 ml every 8 hours routinely and every 6 hours as needed. The DON confirmed she did not know what dosages of [MEDICATION NAME], or [MEDICATION NAME] Resident 1 received. The DON confirmed the physician's order for ABHR Cream did not include dosages for the medications. The DON stated, .There should be dosages. In a concurrent interview, the DON stated Resident 1 had a physician's order for ABHR Cream prior to the order dated January 28, 2020. On February 27, 2020, the document titled, Telephone Orders, dated November 27, 2019, at 2:30 p.m., was reviewed. The physician's order indicated, .Administer ABHR Cream 1 ml topical .every 8 hours routine .ABHR Cream 1 ml topical .every 6 hours (hours) prn . The order did not include dosages for the [MEDICATION NAME], and [MEDICATION NAME] medications in the ABHR Cream. ABHR Cream was administered to Resident 1 with no indicated dosages for three consecutive months. The undated facility policy titled, MEDICATION ORDERING ., was reviewed. The policy indicated, .All drug orders .The .dosage .shall be specified . 2. The document titled, Order Summary Report, for the month of February 2020, was reviewed. The document included a physician's order dated January 28, 2020, indicating: .ABHR Cream apply 1 ml .every 6 hours as needed . On February 26, 2020, at 4:30 p.m., an interview and review of Resident 1's record were conducted with the DON. The DON confirmed Resident 1 had physician's orders dated January 28, 2020, for ABHR Cream 1 ml every 6 hours PRN. The DON stated, It (the physician's order for ABHR Cream) should have only been for 14 days. The DON further stated Resident 1 had a physician's order for ABHR Cream prior to the order dated January 28, 2020. On March 17, 2020, an untitled document dated November 21, 2019, was reviewed. The document indicated, .Order Date .11/21/2019 .Order Summary .ABHR Cream apply 1 ml .every 6 hours as needed for agitation . Subsequent physician's orders indicated the PRN ABHR Cream was ordered continuously from November 21, 2019, to February 26, 2020. On March 17, 2020, an interview was conducted with the DON. The DON stated the order for PRN ABHR Cream for Resident 1 was ordered continuously from November 21, 2019, to February 26, 2020 (over three months). The facility was unable to provide a policy indicating the requirement to limit PRN [MEDICAL CONDITION] and antipsychotic medications to no more than 14 days.

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