STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555747	A. BUILDING _____ B. WING _____	**03/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MURRIETA HEALTH AND REHABILITATION CENTER	**24100 MONROE AVENUE MURRIETA, CA 92562**

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 staff maintained complete records for two of three sampled residents (Residents A and B) who were discharged from the facility. This failure increased the potential for residents and/or caregivers to be uniformed about the residents' care needs, and resulted in inaccurate, incomplete records. Findings: On January 7, 2020, at 10:07 a.m., an unannounced visit was made to the facility for the investigation of the complaint. On January 7, 2020, at 10:28 a.m., Resident A's record was reviewed and indicated Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The record indicated Resident A had problems with the Foley Catheter during his stay at the facility that included: Resident A disconnected and removed the catheter bag multiple times, urine leaked around the catheter, and sediment blocked the flow of urine. These problems required the staff to provide frequent cares and observations to maintain Resident A's catheter. The record indicated Resident A was discharged on [DATE], to an Assisted Living facility. Resident A's Post Discharge Plan of Care (used to document discharge instructions and copy given to resident and/or care giver at discharge), dated December 26, 2019, was reviewed. There was no documented indication of catheter care instructions for Resident A, or the problems that occurred with the catheter. There was no documented indication of the location Resident A was discharged to, his primary physician, when to follow-up, or special care instructions. There was no documented indication of the resident's discharge medications names, doses or instructions. There was no documented indication of contact information for post discharge home health or other agencies. The Notice of Transfer/Discharge form, dated December 26, 2019, was reviewed and had no documented indication of the person notified of the discharge, the address the resident was discharged to, or the telephone number for the resident to call if they needed assistance with a discharge appeal. The Discharge Summary/Comprehensive Assessment form, dated December 26, 2019, had no documented indication of Resident A's medical record number, history, weight, vital signs, diet needs, or lab results. The Physician's Discharge Summary form, dated December 30, 2019, had no documented indication of the location the resident was discharged to, [DIAGNOSES REDACTED]. The Physician's Report for Residential Care Facilities form (used to document the resident's health care needs for the residential care facility), dated December 20, 2019, was reviewed and indicated, .The information that you provide about this person is required by law to assist in determining whether the person is appropriate for care in this non-medical facility . The form indicated Resident A had mild cognitive impairment and a catheter in place for bladder impairment. There was no documented indication of the catheter care required, catheter problems, or the resident's behavior of disconnecting the bag from the catheter. The form indicated, .Can patient (Resident A) manage own treatment/medication/equipment .yes . The Inventory List (used to document the resident's personal belongings on admission and discharge), dated December 26, 2019, had no belongings listed when the resident was discharged from the facility. On January 7, 2020, at 11:30 a.m., Resident B's record was reviewed and indicated Resident B was admitted to the facility December 1, 2019, with [DIAGNOSES REDACTED]. The record indicated Resident B was ordered to have an indwelling Foley catheter for six weeks. The record indicated Resident B frequently refused blood sugar checks and medications during his stay at the facility. The record indicated Resident B was discharged from the facility on December 26, 2019. The Nurse's Notes, dated December 26, 2019, at 6:15 p.m., indicated the nurse gave discharge instructions to Resident B, but did not list specific care needs or medications the resident was instructed on. Resident B's Post Discharge Plan of Care, dated December 26, 2019, had no documented indication of Resident B's Foley catheter or instructions on how to care for the catheter. The area of the form used to list the resident's discharge medications and instructions was blank. There was no documented indication of contact information for home health or other agencies. Resident B's Treatment Administration (TAR), dated December 2019, was reviewed and indicated Resident B was ordered to have [MEDICATION NAME] ointment (a skin treatment) applied twice a day to his tailbone area. There was no documented indication whether the the treatment was completed or Resident B refused for 15 of 25 evening shifts. The TAR indicated Resident B was ordered to have the Foley catheter site cleaned (to prevent infection) each shift. There was no documented indication whether the treatment was completed or refused for 13 of 21 evening shifts and 5 of 21 night shifts. The Notice of Transfer/Discharge form, dated December 26, 2019, had no documented indication of the name of the person notified of the resident's discharge, the location the resident was discharged to, or the telephone number for the resident to call if they needed help to appeal the discharge. The Discharge Summary/Comprehensive Assessment form, undated, had no documented indication of Resident B's medical record number, history, weight, vital signs, diet needs, or lab results. The Inventory List had no belongings listed for Resident B at the time of discharge and the area of the form for the resident to sign to acknowledge their belongings were received at discharge was blank. On January 7, 2020, at 1:10 p.m., the Director of Staff Development (DSD) was interviewed and stated the Certified Nursing Assistants (CNA)s were supposed to check the resident's personal belongings inventory and document the items at discharge. On January 8, 2020, at 11:15 a.m., the Director of Nursing (DON) was interviewed and stated the discharge planner completed Resident A's Assisted Living form as the doctor talked, and was not able to answer why the form was incomplete. On February 13, 2020, at 2 p.m., Registered Nurse (RN) 1 was interviewed and stated catheter care and medications instructions were supposed to be written on the residents' discharge forms under special instructions and medications. RN 1 stated one copy of the forms was given to the residents at discharge and one copy went into the residents' records. The facility policy and procedure titled, Charting and Documentation last revised (NAME)2008, was reviewed and indicated, .All observations, medications .services performed .must be documented in the resident's clinical records .Documentation of .treatments shall include care-specific details . The facility policy and procedure titled, Transfer or Discharge Documentation undated, was reviewed and indicated, .Information pertaining to the transfer or discharge of a resident will be documented in the resident's record .Documentation must include .new location of the resident .summary of the resident's .medical condition .Disposition of personal effects .Disposition of medications .

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