STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055845	A. BUILDING _____ B. WING _____	**07/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LEISURE GLEN POST ACUTE CARE CENTER	**330 MISSION ROAD GLENDALE, CA 91205**

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 0755 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**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 crush medications individually for resident medication administration for one of two sampled residents (Resident 1). This deficient practice had the potential for adverse drug-to-drug interaction. Findings: During an observation and interview with a Transitional Care Nurse 1 (TCN 1), on 6/2/20 at 9:55 a.m., a Licensed Vocational Nurse 1 (LVN 1) was observed with a pill crusher pouch in hand with a pink and a white powdery substance inside. LVN 1 stated that she crushed two medications together. LVN 1 stated she did not check if the medications had a drug-to-drug interaction. TCN 1 stated that medications should not be crushed together. During a follow up interview on 7/10/20 at 2:46 p.m., LVN 1 stated the two medications that she crushed together were [MEDICATION NAME] (a medication to treat and prevent blood clots- the pink powder) and [MEDICATION NAME] (a medication used to treat a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior, the white powder). LVN 1 stated an in-service was provided to her regarding medication administration. A review of Resident 1's Face Sheet (a 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 6/12/20, indicated the resident had moderate impairment in cognitive skills. Resident 1 required total dependence (full staff performance every time) from staff in activities in daily living (ADLs such as transferring, dressing, eating, and toileting). A review of Resident 1's physician's orders [REDACTED]. [MEDICATION NAME] 40 mg PO twice a day (BID). A review of the facility's policy and procedure titled, Medication Administration- General Guidelines, dated 10/2017, indicated the following: 1. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing. 2. Crushed medications should not be combined and given all at once, either orally (for example, added in pudding or other similar food) or via feeding tube.
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 to document accurately on the Medication Administration Record [REDACTED]. Resident 1 did not have documentation that [MEDICATION NAME] (a medication used to prevent blood clots) was administered. (Cross reference F755). This deficient practice had the potential for the resident to not receive the medication accurately. Findings: A review of Resident 1's Face Sheet (a 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 6/12/20, indicated the resident had moderate impairment in cognitive skills. Resident 1 required total dependence (full staff performance every time) from staff in activities in daily living (ADLs such as transferring, dressing, eating, and toileting). A review of Resident 1's physician's orders [REDACTED]. MAR (EMAR). A review of the facility's policy and procedure titled, Documentation of Medication Administration, dated 4/2007 indicated a nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's MAR.

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.