

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA HACIENDA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1311 EAST DATE STREET SAN BERNARDINO, CA 92404	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy and procedure when the facility was unable to provide the controlled drug destruction record for one of the three sampled residents (Resident A). This failure could lead to drug diversion and inappropriate use of Resident A's narcotic pain medication. Findings: An unannounced visit was conducted on January 27, 2020 at 11:15 AM, to investigate a complaint regarding quality of care. A review of Resident A's medical records, the form titled Nursing Facility and Hospice Collaborative Plan of Care, dated December 18, 2019, indicated senile degeneration of brain (progressive destruction of brain cells) as the terminal diagnosis (medical condition) for Resident A. The face sheet (a medical record indicating personal information) of Resident A, dated January 14, 2020 at 11:28 AM, indicated Resident A's discharged date of December 27, 2019 at 2:00 PM with a discharge status of Death in Facility. A review of Resident A's Physician order [REDACTED], between 7-9 or if there's moaning or grimacing exhibited by Resident A. Both of these medications are classified as Schedule II Drugs (drugs that have high potential for abuse) by the Controlled Substances Act. During an interview with the Director of Nursing (DON) on January 27, 2020 at 1:15 PM, she stated once the resident is discharged or a medication is discontinued, the staff needs to give her the discontinued medications where she puts it in a locked container. She stated they're (staff) supposed to give the narc (narcotic) meds to me as soon as possible. The DON stated the hospice nurse and a licensed vocational nurse can both destroy medications. During an interview with the DON on the same day at 3:35 PM and concurrent record review of the Controlled Drug Records from January 2019 to January 2020, the DON stated she does not have the records for [MEDICATION NAME] and [MEDICATION NAME] to show that both controlled medications were destroyed. She stated if the resident is under hospice care, their current practice is that the hospice nurse can destroy the medications with the facility's licensed personnel. She stated the hospice nurse has the controlled drug log book and she doesn't keep a copy of it. A review of the facility's Policy and Procedure titled, Disposal of Medications and Medication-Related Supplies dated January 2013, the policy indicated .A. The director or nursing and the consultant pharmacist are responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications .D. Schedule II-V controlled substances remaining in the facility after a resident has been discharged , or the other discontinued, are disposed of in the facility by the director of nursing or designated facility registered nurse in conjunction with the pharmacist .		
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.