STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	**05/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MONTEREY PALMS HEALTH CARE CENTER	**44610 MONTEREY AVENUE PALM DESERT, CA 92260**

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 ensure, for one of three sampled residents (Resident A), received necessary care consistent with the physician's orders [REDACTED]. [REDACTED]. Findings: On February 26, 2020, at 9:40 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to quality of care concerns. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The history and physical, dated January 10, 2020, indicated the resident was unable to make cognitive decision making. The physician's admission orders [REDACTED].[MEDICATION NAME] Time w/ (with) INR . - Start Date: [DATE] (January 7, 2020) . [MEDICATION NAME] .4 mg (milligrams) .1 tab (tablet) oral at bedtime . special instructions: AFIB ([MEDICAL CONDITION]) .have lab (laboratory) result available before administration of meds (medications) . The care plan titled, Risk for Bleeding secondary to anti-coagulant therapy ., dated January 6, 2020, indicated, .Approach . Lab. (laboratory test) as ordered and report to MD (PT/INR). There was no documented evidence the PT/INR laboratory test order was completed on January 7, 2020. The Medication Administration Record [REDACTED]. The PT/INR laboratory results, dated January 10, 2020, indicated the following: - PT result = H (high) 59.3 (normal reference range: 11.0 - 13.6 seconds); - INR result= CH (critically high) 4.75 (INR therapeutic range: 2.00-3.00). A physician's orders [REDACTED]. due to critical high INR . On February 26, 2020, at 1:07 p.m., Resident A's record was reviewed with the Minimum Data Set Nurse (MDSN) and confirmed there was no documented evidence the ordered PT/INR laboratory tests were completed on January 7, 2020. She confirmed the licensed staff administered [MEDICATION NAME] medications on January 7, 8, and 9, 2020, without having PT/INR results, as supposedly indicated in the physician's orders [REDACTED]. The facility's policy and procedure titled, Anticoagulant Therapy, dated July 31, 2020, indicated, Procedure . Confirm with the physician the desired INR/PT testing schedule and therapeutic range at the time of the anticoagulant therapy order . Initiate and order anticoagulant therapy labs per physician's orders [REDACTED]. Immediately after noting an order, the receiving licensed nurse transcribes it in permanent ink on the MAR indicated [REDACTED]. From the nursing journal titled, Nursing Times: Resources for the Nursing Profession, in its article titled, Safe Anticoagulant Management for Patients Taking [MEDICATION NAME], dated November 2019, it indicated: [MEDICATION NAME] is an oral anticoagulant that is commonly prescribed to people at high risk of developing blood clots, to reduce their chances of cardiovascular accident or [MEDICAL CONDITION] infarction ([MEDICAL CONDITION]). Patients taking [MEDICATION NAME] need regular international normalised ratio (INR) blood tests to ensure their blood levels remain within a set therapeutic range. Those who fall below this range are less protected from the risk of developing a venous [MEDICAL CONDITION] (formation in a blood vessel of a clot that breaks loose and is carried by the blood stream to plug another vessel), while patients who go above it are at greater risk of bleeding . Individual responses to the medication are highly variable and, when prescribing [MEDICATION NAME], there are many other factors that need to be considered, which can influence [MEDICATION NAME] response; these include a patient's diet, alcohol intake, body mass, drug interactions and concordance.
F 0770 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide timely, quality laboratory services/tests to meet the needs of residents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, for one of three sampled residents (Resident A), the laboratory services were provided, as ordered by the physician. This failure had the potential to result in delayed identification of medical problems or delayed necessary medical treatment for [REDACTED]. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The history and physical, dated January 10, 2020, indicated the resident was unable to make cognitive decision making. The physician's admission orders [REDACTED].Start Date: [DATE] (January 7, 2020) . Comp Metabolic Pnl (CMP- comprehensive metabolic panel; laboratory test done to measure and check blood sugar levels, electrolyte and fluid balance, kidney function, and liver function) . [MEDICATION NAME] Time (PT- a test used to help detect and diagnose a bleeding disorder or excessive clotting disorder) w/ (with) INR (international normalised ratio- calculated from a PT result and is used to monitor how well the blood-thinning medication [MEDICATION NAME]/[MEDICATION NAME] is working to prevent blood clots). The care plan titled, Risk for Bleeding secondary to anti-coagulant therapy ., dated January 6, 2020, indicated, .Approach . Lab. (laboratory test) as ordered and report to MD (PT/INR). There was no documented evidence the laboratory test orders (CMP and PT/INR) were completed on January 7, 2020. On February 26, 2020, at 3:10 p.m., Resident A's record was reviewed with the Director of Nursing and confirmed there was no documented evidence the ordered laboratory tests for Resident A were completed on January 7, 2020. When asked about the facility's process on laboratory tests and orders, she stated the licensed nurse receiving the physician's orders [REDACTED]. She further stated the admission nurse should have carried out the orders and created the laboratory requisition slip (a form for ordering laboratory tests for a resident) or endorsed it to the incoming shift nurse for follow-up. The facility's policy and procedure titled, Guidelines on Diagnostic/Laboratory Testing, dated August 15, 2016, indicated: .The Physician orders [REDACTED].The Licensed Nurse carries out the order and notifies the laboratory. .The Laboratory technician completes the procedure as ordered by the Physician. .The 11-7 shift (11 p.m. to 7 a.m.) Licensed Nurses will complete the 24-hour chart check to ensure that all the laboratory/diagnostic orders are carried out as ordered by the Physician and address accordingly.

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.