| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **055443** | A. BUILDING _____ B. WING _____ | **08/25/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **WEST VALLEY POST ACUTE** | **7057 SHOUP AVE WEST HILLS, CA 91307** |

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) |
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| F 0758<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**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.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on interview and record review, the facility failed to provide the necessary care and services, for one of three sampled residents (Resident 1) as evidenced by: 1. Failure for nursing staff to obtain an informed consent for Resident 1 prior to the administering a [MEDICAL CONDITION] medication, [MEDICATION NAME] (medication that treats depression as it improves mood and feelings of well-being). 2. Failure for Resident 1 to be assessed by the prescribing provider prior to increasing the medication dose of [MEDICATION NAME]. These deficient practices have the potential to result in the use of unnecessary medication and/or non-therapeutic use of [MEDICAL CONDITION] medication, [MEDICATION NAME]. Findings: A review of the Resident 1's Admission Record indicated an admission date of [DATE], with a readmission date of [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's MDS (Minimum Data Set - a standardized assessment and care screening tool), dated 6/21/2020, indicated Resident 1's cognitive (relating to the process of acquiring knowledge and understanding) status and decision-making skills was severely impaired. The MDS indicated Resident 1 required extensive assistance with bed mobility, dressing, eating, and personal hygiene. Resident 1 was totally dependent with toileting use. a. A review of Resident 1's Order Summary Report indicated [MEDICATION NAME] 15 mg (milligrams). The order indicated to give 1 tablet by mouth at bedtime for poor oral intake related to major [MEDICAL CONDITION], dated 6/15/20, with a start date of 6/16/20. The record indicated that the informed consent was obtained by MD (medical doctor) and RP (responsible party). A review of Resident 1's Informed Consent-Psychoactive Medication record indicated the medication was an anti-depressant medication. The record indicated that the date and time of the verbal consent was received on 6/14/2020 at 8:00 p.m. The record did not indicate a physician's signature and was left blank. The record was electronically signed by Licensed Vocational Nurse 1 (LVN 1) on 6/14/2020. A review of Resident 1's Medication Administration Record [REDACTED]. The record indicated to give 1 tablet by mouth at bedtime for poor oral intake related to Major [MEDICAL CONDITION]. The record indicated that the verified informed consent was obtained by MD and RP. The record indicated that the start date was 6/10/2020. The record indicated that it was administered on 6/10/2020, 6/11/2020, 6/12/2020, and 6/13/2020, before the informed consent was given to the resident. During a telephone interview and concurrent record review with LVN 1, on 8/13/2020, at 7:51 p.m., LVN 1 stated she spoke with the Medical Doctor (MD) on 6/9/2020 and received a new telephone order to increase [MEDICATION NAME] 7.5 mg to 15 mg. LVN1 stated she explained the reason for the medication changes to Resident 1's RP and obtained verbal consent. LVN1 confirmed the MD did not speak to Resident 1's RP prior to obtaining the consent. LVN 1 further stated that in the facility, the nurses obtain verbal informed consents from resident's RP. LVN 1 stated that the consent was prepared and signed at a later time when the MDs were in the facility. LVN1 stated a check mark on the MAR. indicated that the medication was given. During a telephone interview and concurrent record review with Director of Nursing (DON), on 8/18/2020, at 9:06 a.m., the DON confirmed no physician's signature on [MEDICATION NAME] consent. The DON stated the informed consents for the [MEDICAL CONDITION] medications should be obtained by the prescribing MD. The DON stated that the nursing staff should speak to the RP to verify that the consent was obtained. The policy and procedure titled Behavior Management, dated 12/31/2015, indicated whenever an order is obtained for [MEDICAL CONDITION] medication(s), the licensed nurse verifies that an informed consent has been obtained. b. During a telephone interview and concurrent record review with Licensed Vocational Nurse 1 (LVN1) at 7:51 p.m., the LVN1 stated she spoke with the MD on 6/9/2020 and received a new telephone order to increase [MEDICATION NAME] 7.5 mg to 15 mg. LVN1 confirmed that the MD was not in the facility to assess the resident prior to increasing the dose of [MEDICATION NAME]. The facility's policy titled Behavior Management, dated 12/31/2015, indicated it is the policy of this center to make reasonable efforts to ensure when a resident displays mental or psychosocial adjustment difficulties, that he/she receives appropriate treatment and served to address the identified problem. |

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.