

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VALLEY PALMS CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13400 SHERMAN WAY N HOLLYWOOD, CA 91605</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the licensed nursing staff failed to ensure proper medication administration for [MEDICATION NAME] (blood pressure medication) based on the parameters (a fixed limit) set on the physician's written order for one out of three sampled residents (Resident 1) . This deficient practice had the potential to result in unintended complications related to the management of blood pressure such as [MEDICAL CONDITION] (abnormally low blood pressure). Findings: A review of Resident 1's Admission Record (Face Sheet) indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. pumping chamber, is enlarged and weakened), diabetes mellitus (disease causes abnormally high levels of the sugar in the blood), and end stage [MEDICAL CONDITION] (medical condition in which a person's kidneys stop functioning permanently). A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 6/11/20, indicated Resident 1 had the ability to make self understood and had the ability to understand others. The MDS also indicated Resident 1 needed extensive assistance with activities of daily living (ADLs - term used in healthcare to refer to daily self-care activities). A review of Resident 1's Order Summary Report, dated 6/4/20, indicated for Carvedilol tablet 6.25 milligrams (mg-unit of measurement), by mouth in the evening for hypertension give with dinner (Hold if systolic blood pressure (SBP-The top number of blood pressure refers to the amount of pressure in your arteries during heart beat) less than 110 and pulse rate less than 60). A review of Resident 1's Medication Administration Record [REDACTED]. On 6/7/20 , Resident 1's blood pressure reading was 104/66 millimeters of mercury (mm of Hg- unit of blood pressure). 2. On 6/14/20, Resident 1's blood pressure reading was 106/78. 3. On 6/15/20, Resident 1's blood pressure reading was 102/68. 4. On 6/17/20, Resident 1's blood pressure reading was 102/64. Resident 1's MAR indicated [REDACTED]. During an interview and concurrent record review with Licensed Vocational Nurse 1 (LVN1), on 8/17/20 at 4:43 p.m., LVN 1 confirmed that he administered Carvedilol 6.25 mg at 5.30 p.m. on dates of 6/7/20, 6/14/20, 6/15/20, and 6/17/20. LVN 1 stated he should have held Carvedilol tablet because Resident 1's SBP was less than 110. LVN 1 further stated it was important to hold the Carvedilol tablet in order to prevent [MEDICAL CONDITION] (abnormally low blood pressure). During an interview with Director of Nursing (DON), on 8/17/20 at 4:50 p.m., he stated that LVN 1 should hold Carvedilol on dates of 6/7/20, 6/14/20, 6/15/20 and 6/17/20 at 5.30 p.m. by following the physician's holding parameters. The DON also stated it was important to hold the Carvedilol tablet according to physician orders [REDACTED]. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication. Medications are administered in accordance with written orders of the attending physician.</p>		
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.