

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY MANOR LA MESA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 5696 LAKE MURRAY BLVD LA MESA, CA 91942	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 1 of 4 sampled residents (1) was free from a medication error when a Licensed Nurse (LN) gave Resident 2's medication to Resident 1. These failure had a potential to put Resident 1's health and safety at risk. Findings: Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Medication Administration Record, [REDACTED].M., Resident 1 should have received four tablets of medication. [MED] (blood thinner) 2.5 milligram (mg) one tablet, [MED] Hydrochloride (medication to treat depression) 30 mg one tablet, [MEDICATION NAME] (medication to treat high blood pressure) 25 mg one tablet, and; Pregabalin (medication to treat nerve pain) 50 mg one capsule. A review of Resident 2's Medication Administration Record, [REDACTED].M., Resident 2 should have received one tablet of Carvedilol 3.125 mg (medication to treat high blood pressure), and; one tablet of Rosuvastatin Calcium (medication to lower cholesterol) 5 mg at 9 P.M. On 2/18/20 at 2:25 P.M., an interview was conducted with LN 1. LN 1 stated she prepared Resident 2's medications, got distracted, and gave the medications to Resident 1. LN 1 further stated Resident 1 received one tablet of Carvedilol 3.125 mg and one tablet of Rosuvastatin Calcium 5 mg. LN 1 stated she prepared the five o'clock dose and nine o'clock dose because some residents didn't like to be woken up at nine. LN 1 stated she made a medication error. On 2/18/20 at 5:15 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated an error was made by LN 1. The DON further stated the LNs should be careful when administering medications to the residents. Per the facility's policy and procedure, revised 12/12, titled Administering medications, Medications shall be administered in a safe and timely manner, and as prescribed .</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.