

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER INLAND VALLEY CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 W. ARTESIA STREET POMONA, CA 91768	
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	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow physician's orders for two of 35 sampled residents (Resident 134 and Resident 162). a. The facility failed to follow Resident 134's physician's orders for a urologist (a doctor who specializes in the study or treatment of [REDACTED]). For Resident 162, the facility failed to follow the physicians order to administer insulin as ordered sliding scale. This deficient practice had the potential for the resident's care needs will not be met that could affect resident's health status and well being. Findings: a. On 3/3/20 at 9:50 am, during an observation, Resident 134 was observed in bed, his indwelling Foley catheter (a tube that removes urine from the bladder to a collection bag) bag hanging on the residents bed frame. A review of a face sheet indicated Resident 134 was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of a Minimum Data Set (MDS, a resident assessment and care-screening tool) dated 1/24/20, indicated Resident 134 was totally dependent (full staff performance) with one-person support with bed mobility (moves to and from lying position and turns) eating and toilet use. A record review of Resident 134's physicians orders dated 12/16/19, indicated for a urologist consult - reason for consult 1. Chronic use of indwelling Foley catheter and 2. Urethral trauma. A record review of a care plan dated 2/17/20, indicated Resident 134 was taking antibiotics due to a Urinary Tract Infection. On 3/4/20 at 10:12 am, during an interview and record review, Registered Nurse 2 (RN 2) reviewed Resident 134's chart and stated there was no documentation regarding the resident's urology consult ordered on [DATE]. RN 2 also stated Resident 134 has a history of UTI and had an episode of hematuria (blood in the urine) on 2/20/20, the urologist should have been called in to address the residents recurring urinary issues. RN 2 further stated it was important to follow physicians orders if further treatments are necessary or not. There was no policy and procedure regarding following physicians orders was provided when requested.</p> <p>b. A review of Resident 162's Admission Record (Face Sheet) indicated he was readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 162's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 2/4/20, indicated he was cognitively (a mental action of acquiring knowledge and understanding) intact, he required total assistance with a mobility, activities of daily living (ADLs) and toileting use, and supervision with eating. A record review of the Physician Orders Recapitulation (summary), dated 3/2020, indicated to give [MEDICATION NAME] R 100 units/ml vial subcutaneously (applied under the skin), before meals (ac) and at bedtime (hs) per sliding scale if blood sugar level is as follows: 200-250= 2 units. A record review of the Medication Administration Record [REDACTED]. On 3/3/20 and 3/7/20, Resident 162's blood glucose was 200 and he was not administered 2 units of insulin as sliding scale dosage indicated. During an interview and concurrent record review, on 3/9/20, at 3:58 p.m., with licensed vocational nurse (LVN 4) she stated the policy was to rotate sites when administering insulin to residents. She stated the injection site should be rotated for each injection. During an interview and concurrent record review, on 3/9/20, at 4:12 p.m., with LVN 4, she stated on 3/3/20 and 3/7/20 the resident's blood glucose measured 200. A review of the MAR, dated 3/2020, indicated the resident was to be given 2 units [MEDICATION NAME] R, subcutaneously ac and hs per the sliding scale if blood glucose level is between 200-250. She stated the MAR indicated [REDACTED]. She stated based on the sliding scale, Resident 162 should have been administered 2 units of insulin and the MAR indicated [REDACTED]. She stated Resident 162's blood glucose was 200-250 and indicated 2 units of insulin be given. The ADON stated the MAR indicated [REDACTED]. She stated the licensed nurse did not indicate the reason why she did not give it. The ADON stated, I do not why she held it. ADON stated not administering the insulin when indicated on the sliding scale could make the blood sugar higher. ADON stated she did not follow the doctor's order. A record review of the facility's policy and procedure, revised 9/2014, titled, Insulin Administration, indicated injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). Check the order for the amount of insulin. Double check the order for the amount of insulin.</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.