

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER VILLA RANCHO BERNARDO CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 15720 BERNARDO CENTER DRIVE SAN DIEGO, CA 92127	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to accurately document the care for one of three sampled residents (1). As a result, it was unknown if the facility had provided the care per the physician's orders [REDACTED].</p> <p>Per the facility's MAR (Medication Administration Record), dated 2/19 nursing staff signed that the [MEDICAL CONDITION] (continuous positive airway pressure to assist breathing) machine was off during the day, every day from 2/4/19 through 2/20/19. Per the facility's MAR, dated 2/19 nursing staff signed that the [MEDICAL CONDITION] machine was on, for all times-day and night from 2/11/19 through 2/13/19. Per the facility's MAR, dated 2/19 nursing staff signed that the [MEDICAL CONDITION] machine was on while taking a nap in the daytime, every day from 2/13/19 through 2/20/19. On 3/21/19 at 1:45 P.M., an interview was conducted with LN 1 (Licensed Nurse). LN 1 stated, Resident 1 used the [MEDICAL CONDITION] at night initially, then the order changed to all of the time while in bed. Per the document titled, admission orders [REDACTED]. Per Resident 1's Physician's Telephone Orders, dated 2/10/19, .C-PAP machine on at all times at desired setting, while in bed . Per Resident 1's Physician's Telephone Orders, dated 2/13/19, DC Current [MEDICAL CONDITION] order. Change to - May use [MEDICAL CONDITION] at bedtime and when taking a nap at daytime . On 12/6/19 at 1:50 P.M., a concurrent interview and record review was conducted with the UM (Unit Manager). The UM stated, once the physician gave updated [MEDICAL CONDITION] orders for Resident 1 on 2/11/19 and 2/13/19, the original order from 2/4/19 for [MEDICAL CONDITION] to be off during the day should have been discontinued on the MAR. The UM further stated, nursing staff had signed both of the conflicting [MEDICAL CONDITION] orders. On 12/10/19 at 3:40 P.M., a concurrent interview and record review was conducted with LN 2. LN 2 stated, when she signed the conflicting [MEDICAL CONDITION] orders on the MAR for Resident 1, she did not notice the orders were different. LN 2 further stated, the LN who received the updated order should have discontinued the original order. On 12/10/19 at 6 P.M., a phone interview was conducted with LN 3. LN 3 stated, he entered the updated [MEDICAL CONDITION] order on 2/10/19 per the physician's orders [REDACTED]. LN 3 further stated, he would only write what the physician ordered, and in order to replace an order the physician would have had to specifically tell him to discontinue the previous order. On 1/22/20 at 3:30 P.M., an interview was conducted with the DON (Director of Nursing). The DON stated, when an LN received an updated order, they should have discontinued the old order, and crossed it out on the MAR (Medication Administration Record). The DON further stated, the physician did not need to specifically state to discontinue the old order because a change in order implied the old order needed to be discontinued. Per the facility's policy, titled Disposal of Medications and Medication-Related Supplies, updated (NAME)2019, . The physician's orders [REDACTED].</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.