

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2021
NAME OF PROVIDER OR SUPPLIER The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 43830 10th Street West Lancaster, CA 93534	
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 - Actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42943</p> <p>Based on interview and record review, the licensed nursing staff failed to meet professional standards of quality care for one of three sampled residents (Resident 1) by:</p> <ol style="list-style-type: none"> 1. Failing to notify Resident 1's physician of abnormal labs of elevated blood sugar level, elevated sodium (an electrolyte and mineral, it is also important in how nerves and muscles work) level, and elevated levels of both Blood Urea Nitrogen (BUN- measures the amount of nitrogen in the blood that comes from the waste product) and Creatinine (blood test that measure of how well the kidneys are performing their job of filtering waste from the blood). 2. Failing to monitor Resident 1's blood pressure a total of seven occurrences out of 30 for April 2020 as required prior to the administration of blood pressure medication. 3. Failing to notify Resident 1's physician of the resident's refusal of blood pressure medication and hypoglycemic (low blood sugar) medication. <p>These deficient practices resulted in a delay of care and services for Resident 1. The resident was admitted to the General Acute Care Hospital (GACH) for Diabetic Ketoacidosis (serious complication of diabetes that occurs when your body produces high levels of ketones [blood acids]), severe hypernatremia (very high blood sodium level and associated with high mortality rate), renal failure (a condition in which kidneys can't filter waste from the blood), and placed the resident at risk for death.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of the Admission Record indicated the facility originally admitted Resident 1 on 4/15/2019 with diagnoses including diabetes mellitus (uncontrolled sugar levels in the blood), dementia (memory loss that gets worse over time) and hypertension (high blood pressure). <p>A review of Resident 1's Minimum Data Set (MDS-a standardized assessment and care planning tool) dated 1/22/2020 indicated the resident has moderately impaired cognition (mental action of acquiring knowledge and understanding through thought and the senses). Resident 1 needed extensive assistance with one-person physical assist for bed mobility, toilet use, and personal hygiene.</p> <p>A review of Resident 1's Laboratory Report dated 4/9/2020 indicated the following:</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555904	Facility ID: 555904 If continuation sheet Page 1 of 5

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>1. Blood glucose level of 395 milligrams per deciliter (mg/dL-unit of measure) (normal blood sugar levels are between 60-110 mg/dL)</p> <p>2. Sodium level of 157 Milliequivalents per liter (mEq/L-unit of measure) (normal blood sodium level is between 135 and 145 mEq/L)</p> <p>3. BUN level of 49 mg/dL (normal BUN levels are between 7 to 20 mg/dL)</p> <p>4. Creatinine of 2.3 mg/dL . (normal levels of creatinine in the blood is 0.6 to 1.2 mg/dL).</p> <p>During a concurrent interview and record review on 6/10/2021 at 11:22 a.m. with the Director of Nursing (DON), Resident 1's skilled nursing facility medical record was reviewed. After reviewing Resident 1's medical record, DON stated that she could not find documented evidence that Resident 1's laboratory report from 4/9/2020 was reported to the physician. DON stated that licensed nurses should have documented in the progress notes or on the actual laboratory result that the physician was notified. DON stated that failure to report abnormal lab values such as a blood glucose level of 395 mg/dl places the resident at risk for Diabetic Ketoacidosis.</p> <p>During a telephone interview on 6/21/2021 at 12:45 p.m., the Attending Physician (MD 1) stated that if there were no documented evidence in Resident 1's medical record indicating that the physician was made aware of the abnormal lab report dated 4/9/2020, that means he was not notified. MD 1 stated that if he had been notified of Resident 1's lab report which indicated a blood sugar of 357 mg/dl, sodium level of 157 mEq/L, BUN level of 49mg/dl, and a creatinine level of 2.3 mg/dl, he would have ordered to have licensed nurses conduct blood sugar checks (a procedure that measures the amount of sugar, or glucose in your blood) four times per day. MD 1 also stated that he would have ordered for intravenous fluid (liquids given to replace water, sugar, and salt that you might need) and reorder laboratory test to ensure its effectiveness. MD 1 stated that by not informing him about these results, this placed the Resident at risk for dehydration and Diabetic ketoacidosis.</p> <p>A review of Resident 1's Change of condition form dated 4/16/2020 indicated that Resident 1 was transferred to the General Acute Care Hospital (GACH). Resident 1 was having altered level of consciousness (state of being awake), decreased consciousness, and needed more assistance with Activities of Daily Living (ADLs- a term used to collectively describe fundamental skills that are required to independently care for oneself).</p> <p>A review of Resident 1's GACH emergency room Documentation dated 4/16/2020, indicated that Resident 1 had a diagnosis of severe hyponatremia with sodium of 180 mEq/L, renal failure and Diabetic Ketoacidosis. Resident 1's blood sugar level was 469 mg/dl.</p> <p>A review of the facility's policy and procedure titled Blood Glucose Monitoring with revised date of 11/1/2017, indicated that the attending physician will be notified of blood sugar levels lower than 70 or higher than 350, unless otherwise indicated in the plan of care.</p> <p>A review of the facility's policy and procedure titled Laboratory, Diagnostic and Radiology Services with revised date of 1/1/2017, indicated that the ordering practitioner will be notified of results that fall outside of clinical reference or expected normal ranges per the ordering practitioner's order. It also indicated that the licensed nurse would document the time when results were reported to the ordering practitioner and the ordering practitioner's response or additional orders, if any.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>2. A review of Resident 1's Medication Administration Record (MAR-flow sheet to document when each medication is given to a resident) for the month of April 2020, indicated that Resident 1's blood pressures were as follows:</p> <ol style="list-style-type: none"> 1. April 1, 2020 09:00 165/83 millimeters of mercury (mmHg-unit of measure) 5:00 p.m. 166/89 mmHg 2. April 2, 2020 09:00 155/68 5:00 mmHg p.m. 160/73 mmHg 3. April 3, 2020 09:00 a.m. 156/65 mmHg 5:00 p.m. 161/63 mmHg 4. April 4, 2020 09:00 a.m. 166/84 mmHg 5:00 p.m. 165/73 mmHg 5. April 5, 2020 09:00 a.m. 159/83 mmHg -5:00 p.m. 152/69 mmHg 6. April 6, 2020 09:00 a.m. 157/88 mmHg 5:00 p.m. 124/58 mmHg 7. April 7, 2020 09:00 a.m. 161/77 mmHg 5:00 p.m. 161/83 mmHg 8. April 8, 2020 09:00 a.m. 159/79 mmHg 5:00 p.m. 161/88 mmHg 9. April 9, 2020 09:00 a.m. 154/72 mmHg 5:00 p.m. none documented 10. April 10, 2020 09:00 a.m. none documented 5:00 p.m. none documented 11. April 11, 2020 09:00 a.m. 132/68 mmHg 5:00 p.m. 152/72 mmHg 12. April 12, 2020 09:00 a.m. 178/70 mmHg -5:00 p.m. none documented 13. April 13, 2020 09:00 a.m. 154/78 mmHg 5:00 p.m. none documented 14. April 14, 2020 09:00 a.m. none documented 5:00 p.m. 158/75 mmHg 15. April 15, 2020 09:00 a.m. 145/79 mmHg 5:00 p.m. none documented <p>During a concurrent interview and record review on 6/10/2021 at 12:25 p.m. with the DON, Resident 1's medical record was reviewed. DON reviewed the MAR dated April 2020 of Resident 1's blood pressure and confirmed the elevated blood pressure readings and missing blood pressure documentation for the month of 04/2020</p> <p>A review of the facility's policy and procedure titled Medication Administration dated 5/1/2021, indicated that when administration of the drug is dependent upon vital signs or testing, the vital signs/testing will be completed prior to administration of the medication and recorded in the medical record (i.e., blood pressure).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure titled Change of Condition Notification with revised date of 1/1/2017, indicated that an acute change of condition (ACOC) is a sudden, clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional domains. Clinically important means a deviation that, without intervention, may result in complications or death. It also indicated that members of the Interdisciplinary team are expected to report and document signs and symptoms that might represent an ACOC. The facility will promptly inform the resident, consult with the resident's attending physician, and notify the resident's legal representative when the resident endures a significant change in their condition, caused by, but not limited to a significant change in resident's physical, cognitive, behavioral or functional status. The attending physician will be notified timely with a resident's change in condition.</p> <p>3. A review of Resident 1's Physician order dated 4/17/2019, indicated that Resident 1 had an order for Amlodipine Besylate (blood pressure medication) 5 milligrams (mg-unit of measure), one tablet by mouth, once a day for hypertension. The order indicated to hold the medication if systolic blood pressure is less than 110 mmHg and heart rate less than 65 beats per minute (BPM).</p> <p>A review of Resident 1's MAR for month of April 2020 indicated that Resident 1 refused the blood pressure medication Amlodipine Besylate scheduled for 9:00 a.m. on the following dates: 4/10/2020 and 4/14/2020.</p> <p>A review of Resident 1's Physician order dated 4/17/2019 indicated that Resident 1 had an order for Metoprolol Tartrate (blood pressure medication) tablet 100 mg, one tablet by mouth, daily for hypertension. The order indicated to hold the medication if systolic blood pressure (SBP- the top number of a blood pressure reading referring to the pressure in your arteries [tubes that circulate blood] when your heart beats) is less than 110 and heart rate less than 60.</p> <p>A review of Resident 1's MAR for month of April 2020 indicated that Resident 1 refused the blood pressure medication Metoprolol scheduled for 9:00 a.m. on the following days: 4/9/2020, 4/10/2020, 4/12/2020, 4/13/2020, 4/15/2020 and 4/16/2020.</p> <p>A review of Resident 1's Physician order dated 6/12/2019 indicated that Resident 1 had an order of Januvia (medication to lower the blood sugar) 50 mg, give one tablet by mouth in the afternoon for diabetes.</p> <p>A review of Resident 1's MAR for the month of April 2020, indicated that Resident 1 refused his ordered medication of Januvia scheduled for 5:00 p.m. on the following dates: 4/9/2020, 4/10/2020, 4/12/2020, 4/13/2020 and 4/15/2020.</p> <p>During an interview on 6/10/2021 at 12:25 p.m. with the DON, DON stated that when a resident refuses medication such as hypoglycemic (medications that lower blood sugar) medications, the physician should be made aware.</p> <p>A review of Resident 1's Care plan titled Resident 1 has hypertension dated 4/17/2019, indicated that resident has hypertension and one of the interventions were to give anti-hypertensive medication as ordered and monitor for side effects and effectiveness of the medication.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>During a concurrent interview and record review on 6/10/2021 at 12:25 p.m. with the DON, Resident 1's skilled nursing facility medical record was reviewed. DON verified that there was no documentation that the physician was made aware of the resident's refusal of Amlodipine Besylate , Januvia and Metoprolol. DON stated that when a resident refuses medication such as blood pressure medications or hypoglycemic medication, the physician should be notified.</p> <p>A review of the facility's policy and procedure titled Medication Administration-General guidelines with updated date of 10/2019 indicated that if two consecutive doses of a vital medication are withheld, refused, or not available, the physician is notified.</p>		