

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Coral Desert Rehabilitation and Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1490 East Foremaster Drive St. George, UT 84790	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility did not ensure that the interdisciplinary team had determined that the resident's right to self administer medications was clinically appropriate. Specifically, for 1 out of 37 sampled residents, a resident had a medication stored on the bed side table and the resident had not been evaluated to determine if they were safe to self administer medications. Resident identifier: 108.</p> <p>Findings included:</p> <p>Resident 108 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, spinal stenosis lumbar region, type two diabetes mellitus, cognitive communication deficit, anxiety disorder, mood affective disorder, scoliosis, and fall on same level.</p> <p>On 11/19/24 at 8:56 AM, an observation was conducted of resident 108's room. A bottle of AREDS 2 eye vitamin and mineral supplement was observed on resident 108's bedside table.</p> <p>Resident 108's medical record was reviewed on 11/19/24 through 11/21/24.</p> <p>An admission Minimum Data Set assessment dated [DATE], documented that resident 108 had a Brief Interview for Mental Status (BIMS) score of 15. A BIMS score of 13 to 15 would suggest intact cognition.</p> <p>There were no current physician's orders indicating that resident 108 was to be administered AREDS 2 eye vitamin and mineral supplement.</p> <p>There were no assessments located indicating that resident 108 was safe for self administration of medications.</p> <p>On 11/20/24 at 11:01 AM, an interview was conducted with Licensed Practical Nurse (LPN) 1. LPN 1 stated if a resident requested to self administer their medications the staff had an assessment form they would complete. LPN 1 stated she would go over the medications with the resident if the resident was okay to self administer. LPN 1 stated there were no residents on her hall that self administered their medications.</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
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/24 at 1:13 PM, an interview was conducted with resident 108. Resident 108 stated that she had not requested to self administer her medications. Resident 108 stated that she was legally blind and took the AREDS eye vitamin and mineral supplement twice a day. Resident 108 stated that the facility did not have the AREDS available. Resident 108 stated that her daughter brought the bottle of AREDS to the facility.</p> <p>On 11/20/24 at 1:40 PM, a follow up interview was conducted with LPN 1. LPN 1 stated if a resident was taking AREDS eye vitamin and mineral supplement there would need to be a physician's order and the okay from the physician to administer the medication.</p> <p>On 11/20/24 at 2:27 PM, an interview was conducted with the Director of Nursing (DON). The DON stated if a resident requested to self administer their medications the staff would need to complete the self medication administration assessment. The DON stated If the resident was competent the staff would get a physician's order and care plan the self administration</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility did not ensure that each resident's drug regimen was free from unnecessary drugs and was provided adequate monitoring of those drugs. Specifically, for 1 out of 37 sampled residents, a resident taking a medication used as a hypnotic was not monitored for the number of hours of sleep each night. Resident Identifier: 46.</p> <p>Findings included:</p> <p>Resident 46 was admitted to the facility on [DATE] with diagnoses which included, but were not limited to, displaced midcervical fracture of right femur, depression, and chronic kidney disease.</p> <p>Resident 46's medical record was reviewed on 11/18/24 through 11/21/24.</p> <p>A physician's order dated 11/2/24, documented Hydroxyzine HCL [hydrochloride] Oral Tablet 25 MG [milligrams] Give 1 tablet by mouth at bedtime for Sleep.</p> <p>There were no physician's orders located for staff to monitor for the amount of sleep resident 46 obtained each night.</p> <p>The Medication Administration Record (MAR) and Treatment Administration Record were reviewed for the month of November 2024. There was no documentation of the amount of sleep resident 46 obtained each night.</p> <p>The progress notes were reviewed for the months of October 2024 and November 2024. There was no documentation of the amount of sleep resident 46 obtained each night.</p> <p>On 11/20/24 at 9:37 AM, an interview was conducted with Licensed Practical Nurse (LPN) 1. LPN 1 stated that resident 46 was prescribed Hydroxyzine for sleep. LPN 1 stated that the amount of sleep resident 46 obtained each night should be documented in the monitoring section of the resident's MAR. LPN 1 verified with her manager over the phone that hours of sleep would be documented in the monitoring section of the MAR.</p> <p>LPN 1 reviewed resident 46's MAR for the month of November 2024 and confirmed that resident 46's hours of sleep were not being documented.</p> <p>On 11/20/24 at 10:23 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that resident 46's hours of sleep should have been documented on the resident's MAR. The DON stated that there should be an option on the MAR for staff to click and document the amount of sleep the resident obtained.</p>		