STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055242	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairmont Rehabilitation Hospital	950 S. Fairmont Avenue Lodi, CA 95240

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	Ensure that residents are free from significant medication errors. 50977 Based on interview and record review, the facility failed to ensure one of 16 sampled residents (Resident 412) was free from significant medication errors when vitamin D3 (supplement for low vitamin D levels in the blood) oral capsule 50,000 UT (UT-units is a unit of measurement) was administered daily from 10/26/24 to 12/26/24. This deficient practice placed Resident 412 at risk of vitamin D toxicity. Findings: During a review of Resident 412's physician order dated 10/25/2024, the order indicated, Vitamin D3 Oral Capsule 50,000 UT .Give one capsule by mouth one time a day .Every day. During a concurrent interview and record review on 1/15/25 at 1:17 PM with the pharmacy consultant (PC), the PC confirmed that a medication regimen review (MRR, reviewing medications of residents for effectiveness and safety) was done in October, November, and December 2024 for Resident 412. The PC further stated, If I had caught this in real time my recommendation would have been to reduce the dose and request labs for Vitamin D levels. The PC stated excess Vitamin D3 could cause nausea, vomiting, and potentially kidney issues. During an interview on 1/15/25 at 1:55 PM with the Medical Doctor (MD) of Resident 412, the MD stated that he was not aware the order for Vitamin D3 50,000 UT was for daily. The MD further stated, If taken daily potentially could experience nausea, vomiting, and hypercalcemia. I typically follow discharge orders from the hospital and review on admission. When vitamin D deficiency is indicated I would normally give vitamin D2 or D3 depending on the facility once a week and would recheck vitamin D levels and taper off once levels are within a normal range. During a concurrent interview and record review with the Director of Nursing (DON) on 1/15/25 at 3 PM, the DON reviewed Resident 412's Medication Administration Record (MAR) for October 2024 through December 2024. The DON confirmed Resident 412 received Vitamin D3 50,000 UT daily. The DON Stated it was her expectation of pharmacy to perform MRR for efficacy and safety of medications to the residents. The DON further stated that Vitamin D3 50,000 UT put Resident 412 at risk for hypercalcemia. During a review of Resident 412's record, Admission Order Clarification & Drug Regimen Review dated 10/24/24 under section, Medication Clarification Vitamin D3 50,000 UT daily was listed; the document was signed by the MD. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055242	A. Building B. Wing	01/16/2025

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(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	Review of the facility's policy and procedure titled, Physician Services revised December 2024, indicated. Review of orders for care and treatment . During a review of the facility's policy and procedure titled, Medication (Drug) Regimen Review (MRR) revised December 2024, the MRR indicated.the pharmacist reviews each resident's medication regimen .to identify irregularities and to identify clinically significant risks and/or adverse consequences resulting from or associated with medications .