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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555762 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY COMPLETED<br><br>C<br>06/02/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>SAMARKAND SKILLED NURSING FACILITY |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2566 TREASURE DR<br>SANTA BARBARA, CA 93105   |  |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  |  | (X5) COMPLETION DATE                              |
| F 000  | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health-Licensing and Certification during a Standard Abbreviated Survey.<br><br>Entity reported incident (ERI) CA00476451 - Substantiated.<br><br>Representing the Department:<br>35377 - HFEN   | F 000  | Preparation and/or execution of the Plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 405.1907.<br><br>This Plan of Correction shall constitute this facility's credible allegations of compliance.  |  |   |
| F 224  | 483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN<br><br>The inspection was limited to the investigation of the ERI and does not reflect the findings of a full inspection of the facility.<br><br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure residents home medications brought into the facility were accounted for and stored appropriately upon admission for two of four sampled residents (Resident 1 and 4), and returned upon discharge for one of four sampled residents (Resident 1).<br><br>These failures placed residents at risk for missed | F 224  | <p>F224<br/>483.13(c) Personal Medication Storage Resident #1</p> <p>1) Immediate Correction</p> <ul style="list-style-type: none"> <li>The Director of Nurses had the newly found medications returned to the discharged resident. 3/29/16</li> </ul> <p>Resident #4</p> <ul style="list-style-type: none"> <li>No longer resides at facility.</li> </ul> <p>2) Identification of Other residents at Risk 6/1/16</p> <ul style="list-style-type: none"> <li>The Assistant Director of Nurses inspected all medication carts and medication rooms for personal medications – none were found.</li> <li>The DSD inspected resident rooms for stored personal medications – none were found. 6/17/16</li> </ul> <p>3) Measure to Ensure Compliance 6/20/16</p> <ul style="list-style-type: none"> <li>The Director of Staff Development in-serviced the Licensed Nurses, CNA's and the Interdisciplinary team regarding the system for storing residents' personal medications.</li> </ul> |  |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Janice E. Connelly* TITLE *Administrator* (X6) DATE *6/17/16*

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.



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| F 224  | <p>Continued From page 1</p> <p>doses of medication, allowed unauthorized access to Resident 1 and 4's personal medications by facility staff.</p> <p>Findings:</p> <p>During an interview with Resident 1, on 3/29/16, at 3:10 p.m., she indicated her home medications had not been returned to her upon discharge from the facility. She indicated upon admission to the facility she brought in several home medications. These medications were not returned to her upon discharge from the facility. She indicated she had spoken with facility staff several times since discharge seeking the missing medications which included diltiazem (used to treat blood pressure, angina, and irregular heart rhythms) and a ProAir HFA inhaler (an inhaled medication used to treat difficulty breathing associated with asthma or COPD), and several vitamin supplements..</p> <p>During an observation and concurrent interview with the Director of Nursing (DON), on 3/29/16, at 3:30 p.m., two clear plastic bags containing medications and vitamins were found inside a torn brown paper sack in the medication storage room. Two prescription medications, diltiazem and ProAir HFA inhaler, were found in a drawer. Both medications were labelled with Resident 1's name on pharmacy printed labels. The DON indicated the prescription medications belonged to Resident 1 and stated Resident 1 "had been inquiring about the missing medications." The DON also indicated facility staff would have access to all medications being held in the medication storage room.</p> <p>During an interview with LN1, on 3/29/16, at 3:40 p.m., she indicated she had previously searched</p> | F 224  | <p>4) Monitoring</p> <ul style="list-style-type: none"> <li>Monthly, a Licensed Nurse Manager will perform an audit of medication carts, medication rooms and resident rooms and report findings to the Director of Nurses.</li> <li>Quarterly, the Director of Nurses will report audit findings to the Quality Assurance Committee.</li> </ul> |                      |   |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 224   | <p>Continued From page 2</p> <p>for Resident 1's home medications and was unable to locate them.</p> <p>During an interview with the social worker, on 3/29/16, at 3:50 p.m., she stated Resident 1 was "claiming we lost her medications". She confirmed that two of Resident 1's home medications had been found at the facility since Resident 1's discharge.</p> <p>During an observation and concurrent interview with LN1, on 3/29/16, at 4:10 p.m., LN1 searched the medication cart and found two plastic bags of Resident 4's home medication in the drawer. She indicated she had placed the bags of medications into the cart because they were previously unsecured in Resident 4's room. She also indicated she did not inventory Resident 4's personal medications prior to removing them from Resident 4's room and placing them into the medication cart for safe keeping.</p> <p>A review of Resident 1's medical record revealed there was no documentation in the admission, discharge or inventory list of home medications brought into the facility.</p> <p>A review of Resident 4's medical record revealed the inventory list, dated 3/29/16, did not include documentation of Resident 4's medications brought in from home.</p> <p>During an interview with the DON, on 3/29/16, at 4:28 p.m., she acknowledged there was no record of Resident 4's home medications on the Inventory list and indicated there was no system in place for recording and storage of home medications brought into the facility.</p> | F 224  |  |  |  |

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