Kretisk July

PRINTED: 04/22/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	COMPLETED	
		555398	B. WING		04/08/2015
	PROVIDER OR SUPPLIER	RE CENTER OF HAYWARD	2	TREET ADDRESS, CITY, STATE, ZIP CODE 5919 GADING ROAD IAYWARD, CA 94544	
(X4) ID PREFIX TAG	· (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 000	California Departm recertification surv 3/26/15 and Exter	TS ects the findings of the nent of Public Health during the ey visit from 3/23/15 through anded Survey visit from 4/6/15	F-000	"Preparation and/or execut of this plan of correction, do not constitute admission or agreement by the provider, the truth of the facts alleged the conclusions set forth in	oes of lor
	through 4/8/15. The resident cens 90. Representing the I Health Facilities E 16538 32718 34236 35287 35388	valuator Nurse(s):	EVE 107 2015	statement of deficiencies. To plan of correction is preparand/or executed solely beca it is required by the provisi of Health and Safety code fice section 1280 and 42CFR et	his ed use ons
F 281 SS=D	483.20(k)(3)(i) SE PROFESSIONAL The services prov	ided or arranged by the facility	F 281	This Plan of Correction constitutes the facility's creation of compliance.	edible
	This REQUIREME by: Based on intervie failed to assure ac by the pharmacy f (Resident 14). Th missed administra respiratory medica	ENT is not met as evidenced w and record review, the facility imission orders were received or one of twenty-two residents is failure resulted in two days of ation (Spiriva), which had the difficulty breathing for Resident		F 281 483.20(k)(3)(i) Services Provided Meet Professional Standards It is the practice of this facility to provide services that meet professional standards. How Corrective Action will be accomplished for residents affected Resident 14 has been discharged.	e ged
<u>.</u>	indicated he was a diagnoses that inc	nical record for Resident 14 admitted on 1/10/15, with cluded chronic airway		from the facility prior to survey	•
ABORATOR	Y DIRECTOR'S OR PROV	IDER/SUPPLIER REARESENTATIVE'S SIG	NATURE L	→ 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.

Event ID: 46T911

EEE200		
555398 B. WING	04/08/2015	
NAME OF PROVIDER OR SUPPLIER WINDSOR POST ACUTE CARE CENTER OF HAYWARD STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD HAYWARD, CA 94544		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	BE COMPLETION	
F 281 Continued From page 1 F 281		
obstruction (a lung condition that causes difficulty with breathing), congestive heart failure, and high blood pressure. A review of physician 's orders dated 1/10/15, indicated Resident 14 was to receive the inhaled respiratory medication, Spiriva, once a day, for the chronic ainway obstruction. A review of the Medication Administration Record (MAR) for Resident 14, indicated Spiriva was not given 1/11/15 or 1/12/15. A review of Resident 14's "Progress Notes, "dated 1/11/15, indicated licensed nursing staff believed pharmacy was in the process of delivering the admission medications. A note dated 1/11/15, at 12:11 p.m., by Licensed Vocational Nurse 2 (LVN 2), indicated, "following Pharmacy for pending meds." A note dated 1/11/15, at 9:57 p.m., by Registered Nurse 1 (RN 1) indicated, "Med is not available. Waiting for pharmacy delivery." During a phone interview on 4/3/15, at 10 a.m., the Pharmacy Compliance Supervisor (PCS) stated a face sheet (a form that includes resident data such as name, birthdate, diagnosis, and payment source) had been received by the pharmacy on 1/11/15. She stated the face sheet was faxed back to the facility with a request for medication orders on 1/11/15, but that no fax was received until 1/12/15 at 12:21 a.m., when the medication orders were received by the pharmacy. A review of a copy of a fax to the pharmacy titled, "New Admissions Only," indicated a date of 1/12/15 Register 14/" a p.me, "name," and 1/12/15 Register 14/" a p.me, "name, of the process by the bright and indicated a date of 1/12/15 Register 14/" a p.me, "name, and the process by the pharmacy of process including calling the pharmacy on 1/11/15, at 12:21 a.m., when the medication orders on 1/11/15, but that no fax was received until 1/12/15 Register 14/" a p.me, "name, and the process of the facility of the pharmacy.	the i on 5, ical the g hen me sing as nd and d by / the isor	

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STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
•	•	555398	B. WING			04/	08/2015	
	PROVIDER OR SUPPLIE	RECENTER OF HAYWARD		25	STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD HAYWARD, CA 94544			
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F-281	send ASAP. " C physician 's adm were attached to During an intervie Pharmacy Consupharmacy would of a resident face admission orders pre-admitted residelayed or cance During an intervie Regional Clinical usually sent physicae sheet to the also stated the face of admission faxe A review of Medl National Institute patients and thei "Tiotropium [chee (accessed 4/14/1 to prevent wheel coughing, and che chronic obstructi group of disease airways) Tiotr not cure it. It may feel the full bene take tiotropium e taking tiotropium [http://www.nlm.r	Please see attached orders and opies of three pages of dission orders for Resident 14 the fax copy. ew on 4/8/15, at 11:45 a.m., the altant 1 (PC 1) stated the not be concerned about receipt a sheet without accompanying as, because sometimes dents would have admission		281	4. If any medication is not a or administered as required pharmacy will be asked to require a station and cause analysis, and make a action as required. Identification of Resident Potential to be Affected: All new admissions have the potential to be affected. The following process will followed for all new admissions are now being by the Haward Pharmacy than the East location. Delihave been rerouted so that will receive orders early in delivery run rather than last 2. Charge Nurses will order medications from the pharmacy of the phar	the research do root corrective research do root corrective research the research the research rather iveries at facility the st.		
		acility policy titled, "Physician g, Transcribing, and	-					

Facility ID: CA020000071

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		GOMPLETED .					
	•	555398	B. WING			04/0	8/2015
	PROVIDER OR SUPPLIER	RE CENTER OF HAYWARD	1	25	REET ADDRESS, CITY, STATE, ZIP CODE 1919 GADING ROAD AYWARD, CA 94544		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL- LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TD BE .	(X5) COMPLETION DATE
F 281	Continued From p	ag e 3	F	281	,·		
:	8/12/14, indicated, Fax all new med changes/discontin A review of the fac Receipt of Routine	uations to the pharmacy" ility policy titled, "Delivery and Deliveries," dated May 2010,			 a) Call the pharmacy to che on delivery time or use Omniview to verify that script has been receive processed and schedul delivery. b) Using the e-kit as 	a d and	
	ordered is not rece communication sli communication ex medication or item should contact Ph	indicated, "2.5. If any item eived, check for a p indicating:any other plaining the reason a was not delivered. Facility armacy if Facility requires an emissing items or medications		į	appropriate for meds available in the e-kit c) Notify the Director of N that medication has no received and to admini medication as ordered physician.	t been ster by the	
F 309 SS=G	l	CARE/SERVICES FOR BEING	F	309	d) If the medication canno delivered by the next d time, the nurse will not physician for further or	osage ify the	
	provide the necest or maintain the hig mental, and psych	st receive and the facility must sary care and services to attain phest practicable physical, cosocial well-being, in the comprehensive assessment			e) DON will track any delication issues using a QAPI to Measures to Prevent Recurrent. Licensed Nurses have been educated regarding Medication Ordering and Processing on 3/	very pol ence: re-	
	by: Based on observative review, the facility the pain levels and medications for two 17) resulting in the without relief and were ordered for cresident (24) resu	entrology is not met as evidenced ation, interview and record failed to adequately assess diprovide the prescribed pain to of 22 sampled residents (15, e residents experiencing pain failed to ensure arm splints one additionally sampled liting in a delay of treatment for pal tunnel syndrome.			3/25/15, 3/27/15, 4/15/15, and 4/16/15 by the Regional Clinical Director, Director of Nursing and Omnicare Pharmacy Nurse. 2. DON and/or Nursing Super will verify that all meds have be delivered and administered in timely manner daily as a part of Daily Stand Up Meeting Mondariday. Any irregularities will be immediately corrected and trace	visor een a of the ay- oe	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER R POST ACUTE CAF	RE CENTER OF HAYWARD		259	REET ADDRESS, CITY, STATE, ZIP CODE 919 GADING ROAD AYWARD, CA 94544			
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F 309	failed to ensure the (Morphine ER 100 ordered for Resident the resident's physical available resulting unrelieved pain. 2. For Resident 15 scheduled pain menarcotic pain relieved discomfort from symedication. 3. For Resident 24 that arm splints we relief for the reside syndrome (numbrobecause of pressurist). Findings: 1. On 3/24/15 at 8 record showed Resident a left and splints we record showed Resident at a left and showed Resident at a left and showed Resident and showed Resi	age 4 "'s chronic pain, the facility at they had the pain medication milligrams[mg.] orally) as ent 17's pain and failed to notify sician when Morphine was not in Resident 17 experiencing 5, the facility failed to provide edication (Oxycodone, a ver) on eleven occasions, that uate pain control and ymptoms due to not getting the ere ordered to provide pain ent's bilaleral carpal tunnel less, pain, weakness in hands are on the median nerve of the esident 17 was admitted on this replacement. The tory of bilateral (both) hips	F	309	using Medication QAPI tool for days. 3. If any medication is not rece or administered as required, the pharmacy will be asked to reset the missing medication and do cause analysis, and make correction as required and commufindings with the DON for follow. This information will be recorded the QAPI Tool. Monitoring Corrective Action Responsibility: 1. DON will report the findings QAPI tool and any trends to the QA&A Committee for recommendation and follow-up. Consultant Pharmacist will as part of the Monthly Drug Reflexiew and will include recommendations in the Month Pharmacy Consultant Report. Date of compliance: 5/08/2015	eived le earch root rective inicate w-up. ed on n and s of the le review egimen		
	osteoarthritis (bon and spinal stenosis (Spinal stenosis is spine (backbone) spinal cord and ne Physician's order following: a. Pain monitoring	te joints disease and swelling) is of the lumbar spine is the narrowing of spaces in the which causes pressure on the erves.) dated 3/18/15, included the pain every shift:			F309 483.25 Provide Care/ Services for Highest Well Be This facility is committed to prall our residents necessary ca services to attain and maintain highest practicable overall we	oviding re and n the		

I	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA . IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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F 309	b. Morphine Sulfat (narcotic pain relieved tablet by mouth ever management. Start. Facility's every eight was 6 a.m.; 2 p.m.; 2 p.m.; 2 p.m.; 2 p.m.; 3 p.m.; 2 p.m.; 3 p.m.; 2 p.m.; 4 p.m.; 2 p.m.; 4 p.m.; 2 p.m.; 5 p.m.; 2 p.m.; 2 p.m.; 3 p.m.; 3 p.m.; 2 p.m.; 3 p.m.;	pain date 3/18/15, 3:00 p.m. e ER (Extended Release) ver)100 milligram tablet. Give 1 ery 8 hours for pain t date 3/18/2015 at 22 (10 pm) nt hour medication schedule 10 p.m. eliever) tablet one tablet every d, for moderate pain. 2 tablets every 6 hours for a.m., during an interview, RN e 3) said he assisted RN 4 of Resident 17 between 5:00		309	being, in accordance with the comprehensive assessment and of care. How Corrective Action will be accomplished for residents affected: Resident 17 has been discharge from the facility. All pain medications are on board and resident was to participate in therapy and be discharged home per plan. Resident 15 is currently receiving medications as ordered from the physician. MD has been notified the need to sign written request from the pharmacy for refills of medication. Resident 24 has been provided the appropriate splint and is we the splint as desired. Identification of Residents with Potential to be Affected: All residents who experience participate the potential to be affected.	ed ations able able as with aring	
	During the interview physician was notif	vailable at that time. w, RN 4 was asked if the ied that Morphine was stated that she did not notify			this deficiency.		

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F 309	indicated that pair 3/18/15 at 11:38 gadmission. The area Resident 17 verband was assessed severe pain. On 3/26/15 at 9:26 (Licensed Voca assigned to take night shift, stated given to her by the licensed nurse was tablets were unay pharmacy. Resident 17's pair documentation dipain level was asswere administered Review of Resident 17's during the afternoshift. Morphine wat 5:00 a.m. elever On 3/26/15 at 9:38 Resident 17 desident 17 de	nt 17's admission record in assessment was done on o.m., several hours after assessment indicated that ally described his pain intensity did at level 7. Resident 17 was in 6 a.m. during an interview, LVN tional Nurse 6), who was care of Resident 17 on 3/19/15 that the report and instructions e afternoon shift (3/18/15) as that Resident 17's Morphine vailable and not delivered by the lent 17 missed his 10:00 p.m. a. LVN 6 gave Resident 17 two for his pain at 1:30 a.m. on ime according to LVN 6, n level was 8 (severe pain). The d not show that Resident 17's sessed after Percocet tablets		809	Physician orders will be util determine resident who have potential to be affected. Residents with current pain medication orders were revensure pain assessments, Medication Administration Fand care plans were compleany identified issues were das needed. Residents physician orders reviewed to ensure therapy were all communicated to the therapy department. 1. All medications for new admissions are now being play the Harmacy than the Badislocation. Deliving the procedure orders early in the delivery run rather than last the last and the pharmacy including any wrise soon as practical following the admission using Omnicare procedures and will fax order pharmacy including any wrise for controlled substated dispensing. Refills will be on a timely manner to ensure a continuous supply of controlled cations to treat Reside	iewed to Records eted and corrected were orders he orocessed rather veries facility he hacy as the ordering ers to the tten inces for rdered in a		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 309	Percocet tablets. Resident 17 said to persistent pain recontinues for a promore than interminanagement at hor He explained that Morphine he cannot percocet medication between his docuring the intervietold him Morphine a.m., (3/19/15) the but they did not gitime yet. The nuruntil 5 a.m. On 4/8/15 at 11:00 of the facility phar PC2), confirmed to was delivered on confirmed by revieton and the facility phar prescribed morph that when the facility phar prescribed morph that when the facility phares of the attent physician so that appropriate instruction and the facility phares of the facility p	chat he was on "chronic pain" ifers to a pain state that clonged period of time or recurs itently for months or years) if ome and prior to his surgery, when he misses a dose of inot manage his pain and the ion is only for breakthrough pain	F 309	The following steps will be com when a medication is not deliver time for the required dosage time. a) Call the pharmacy to clear on delivery time or use Omniview to verify that script has been received processed and scheduled delivery. Inform the pharmacy of need for one by next dose time. b) Using the e-kit as appropriate for meds available in the e-kit. c) Notify the Director of Nother that medication has not received and to admin medication as ordered physician. d) If the medication cannot delivered by the next of time, the nurse will not physician for further one e) DON will track any delivered by the next of time, the nurse will not physician for further one e) DON will track any delivered by the next of time, the nurse will not physician for further one of DON will track any delivered by the next of time, the nurse will not physician for further one of DON will track any delivered by the next of time, the nurse will not physician for further one of DON will track any delivered by the next of time, the nurse will not physician for further one of DON will track any delivered by the next of time, the nurse will not physician for further one of DON will track any delivered by the next of time, the nurse will not physician for further one of DON will track any delivered by the next of time, the nurse will not physician for further or time, the nurse will not physician for further or time, the nurse will not physician for further or time, the nurse will not physician for further or time, the nurse will not physician for further or time.	ered in ne: heck a ed and led for drug lurses, by theen ister by the dosage tify the rders. livery bool. ence n re-n /16/15, lal
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F 309	Continued From	page 8	F (309	•	:	
	2. A review of the indicated he was with diagnoses th syndrome, infection (paralysis of one Data Set (MDS, at to guide care) data 15 understood was able to be unders Mental Status social assessment tool time, and capaciting, assistance to get wheelchair. The 15 was on schedinad occasional profone to ten (with A review of the plated January 20 medication regimm (milligrams) to around the clock; (skin) patch that chour, to be changed Morphine Sulfate hours, if needed 1 monitor and recovery shift on the Record (MAR), Pindicated a 0-10 simple severe pain; A review of the capacitic systems of the capacitic systems.	e clinical record for Resident 15 admitted to the facility 7/8/14, at included chronic pain on of the brain, and hemiplegia side of the body). The Minimum resident assessment tool used sed 7/18/14, indicated Resident as what said to him, and was tood, with a Brief Interview for ore of 10. (BIMS, an for a resident's orientation to by to remember. The BIMS 5, with zero the most impaired. In indication of moderate sident 15 required extensive out of the bed or use a MDS further indicated Resident alled pain medication, but still ain at a level of eight on a scale on ten the worst pain). The sident 15, indicated the following pain en of: 1) Oxycodone, 10 be given orally every 6 hours 2) Fentanyl via transdermal delivered 25 micrograms per sed every three days, and 3) 2 mg to be given every four for pain. Nursing staff was to red Resident 15's level of pain "Medication Administration ain Monitoring Scale." The MAR scale was to be utilized: d pain; 4-6=moderate pain;			2. Licensed Nurses were reducated regarding Pain Management and Controlled Derocedures on 3/16/15, 3/25/13/27/15, 4/15/15, and 4/16/15 Regional Clinical Director, Dir	oy the potential of the sector of armacy all stration and the sector of the sector of armacy all stration and the sector of the	

Facility ID; GA020000071

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN-OF CORRECTION IDENTIFICATION NUMBER:		•	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 309	indicated the first medication as ord [hours], Fentanyl needed]." During review of 15, the MAR, dat indicated 8 doses ordered: 1/1/15 at 1/2/15 at midnigh noon, and 6 p.m. missed on 1/1/15 gap without oxyciby administration (1/2/15 at 6 p.m., at 6 a.m.), followed two missed doses. The MAR further time period, Resifor pain" medicat times: two doses and three doses and three doses 28 days of Janua of ten doses of morphine doses one at 6 p.m.), the p.m. During an interview Registered Nurse	in Pain Medication Therapy," intervention as, "Administer dered ie Oxycodone every 6 hrs patch, Morphine sulfate prn [as the clinical record for Resident ed 1/1/15 through 1/3/15, of oxycodone were not given as t 6 a.m., noon, and 6 p.m.; t, 6 a.m., and noon; 1/3/15 at The six consecutive doses and 1/2/15 resulted in a 42 hour odone administration, followed of three doses as ordered 1/3/15 at midnight, and 1/3/15 ed by another 18 hour gap from s (1/3/15 at noon, and 6 p.m.). indicated that during this same dent 15 received the "as needed ion, morphine sulfate, eleven on 1/1/15, six doses on 1/2/15, on 1/3/15. During the remaining try, Resident 15 received a total norphine, with no more than 2 gle day. The MAR indicated that nly day in January with two administered (one at 9:31 a.m., the oxycodone was not given at 6 lew on 4/7/15, at 1:15 p.m., at 1 (RN 1) stated there was no	F 309	time, the nurse wi physician for furth e) DON will track any issues using a QA 4. DON and/or Nursing Su will verify that all needed redelivered in Daily Stand Udelivery issues will be immore corrected and tracked using QAPI tool. 5. Omnicare will be asked determine cause of deliverent and report back to the fact will also be tracked on the will also be tracked on the determine the Monthly Regiment all meds were delivered available for administration reflect any issues in the report. 2. DON will present finding QAPI tool at QA&A for represent mendations. 3. Administrator with the Committee will have over	er orders. y delivery vPI. upervisor meds were p and any nediately ng the I to ury failure ility which e QAPI tool. ction and t will verify nen Review red and on and will nonthly ngs of the view and QA&A	
	Resident 15, and the e-kit oxycodo with the physicia provide authoriza oxycodone. RN	able on 1/2/15, and 1/3/15 for the pharmacy would not release the for use; she left a message in to inform him of the need to ation to the pharmacy for 1 stated that Resident 15 had the s level of pain, and would ask for the had pain.		Pharmacy Services. Date of compliance: 5/8/2015		

PRINTED: 04/22/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB_NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING 555398 04/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD WINDSOR POST ACUTE CARE CENTER OF HAYWARD HAYWARD, CA 94544 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 Continued From page 10 F 309 During review of the January 2015 MAR for Resident 15, the "Pain Monitoring Scale," indicated presence of pain across all seven nursing shifts from 3 p.m. on 1/1/15, to 3 p.m. on 1/3/15. Five of the seven shifts recorded pain at level 5 (moderate pain). During a review of the Nursing Progress Notes dated 1/2/15 at midnight, 4:03 a.m., and 8 a.m., nurses noted pain at level six out of ten. A review of the March 2015 MAR for Resident 15, indicated three consecutive doses of oxycodone were not given: 3/18/15 at noon and 6 p.m., and 3/19/15 at midnight. The oxycodone schedule was resumed with the 6 a.m. dose on 3/19/15, with 24 hours lapsed time between oxycodone doses. The March 2015 MAR indicated three doses of morphine sulfate were given 1/19/15 between midnight and 8:30 a.m., with pre-medication pain levels noted as six, seven, and five. At no other time during the month (from 3/7/15 through 3/24/15) were more than two doses of morphine given in a single day. During an interview on 3/26/15, at 8:05 a.m., Licensed Vocational Nurse 1 (LVN 1) stated she was aware of Resident 15's missed doses on 3/18/15. She stated she had asked the physician to write a continuation letter for the oxycodone the previous week, but he had not done so. She also

sent a refill request to the pharmacy for the oxycodone on 3/13/15. On 3/18/15, the 6 a.m. dose was the last oxycodone given. LVN 1 documented the missed noon dose, and called the pharmacy for the current status of the oxycodone. She was informed that the pharmacy was still waiting for the doctor to complete the continuation letter. LVN 1 stated she then called the doctor, who said he had completed the continuation letter, and the pharmacy should be delivering the medication; he didn't authorize use

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			2 59	19 GADING ROAD			
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	1		(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE	
of the emergency oxycodone. LVN Resident 15 with appeared comford A review of an errolirector (RCD) for (BEM) of the phath p.m. (received by p.m.), indicated the continuation author Resident 15 of delivery of the oxion 3/19/15. A review of the M "Pain Monitoring pain at level six a shifts from 3/18/1 p.m. A review of the dated 3/19/15 at seven. During a review of Resident 15, "Pro 7:04 p.m., indicated 3/19/15 at 12:47 medication delived During a review of 15, the March 20 received three or sulfate during the doses from 3/18/indicated a docur (moderate pain) from 3/18/15, and expain). During an observing an	kit (e-kit) for the missed 1 stated she had medicated morphine at 10 a.m., and he table before she left at 3 p.m. mail to the Regional Clinical om the Back End Manager rmacy, dated 3/26/15, at 1:04 the RCD on 3/26/15, at 3:30 ne pharmacy had received the orization letter for the oxycodone n 3/17/15, at 5:20 p.m., and ycodone was arranged for arch 2015 MAR for Resident 15, Scale," indicated presence of nd five during the two nursing 5 at 11 p.m., to 3/19/15 at 3 the Nursing Progress Notes 4:12 a.m., indicated pain at level of the clinical records for ogress Notes," dated 3/18/15, at ed, "Med not available, and a.m., indicated, "Waiting for ery." of the clinical record for Resident 15 MAR indicated Resident 15 al doses of 2 mg morphine e time of missed oxycodone 15 to 3/19/15. The MAR further mented pain score of 6 for the shift beginning at 11 p.m. ending 7:30 a.m. on 3/19/15, of the clinical record of Resident to Notes," dated 3/19/15, at 4:12 pain score of seven (severe		309				
	PROVIDER OR SUPPLIER R POST ACUTE CA SUMMARY S (EACH DEFICIEN REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR RESIDENT OR SUPPLIER REGULATORY OR RESIDENT OR REGULATOR REGULATOR OR REGULATOR OR REGULATOR OR REGULATOR OR REGULATOR OR RESIDENT OR REGULATOR OR REGULATOR OR REGULATOR OR RESIDENT OR RESIDENT OR REGULATOR OR REGULATOR OR RESIDENT OR REGULATOR OR REGULAT	FORRECTION IDENTIFICATION NUMBER: 555398 PROVIDER OR SUPPLIER R POST ACUTE CARE CENTER OF HAYWARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 of the emergency kit (e-kit) for the missed oxycodone. LVN 1 stated she had medicated Resident 15 with morphine at 10 a.m., and he appeared comfortable before she left at 3 p.m. A review of an e-mail to the Regional Clinical Director (RCD) from the Back End Manager (BEM) of the pharmacy, dated 3/26/15, at 1:04 p.m. (received by the RCD on 3/26/15, at 3:30 p.m.), indicated the pharmacy had received the continuation authorization letter for the oxycodone for Resident 15 on 3/17/15, at 5:20 p.m., and delivery of the oxycodone was arranged for 3/19/15. A review of the March 2015 MAR for Resident 15, "Pain Monitoring Scale," indicated presence of pain at level six and five during the two nursing shifts from 3/18/15 at 11 p.m., to 3/19/15 at 3 p.m. A review of the Nursing Progress Notes dated 3/19/15 at 4:12 a.m., indicated pain at level seven. During a review of the clinical records for Resident 15, "Progress Notes," dated 3/18/15, at 7:04 p.m., indicated, "Med not available, and 3/19/15 at 12:47 a.m., indicated, "Waiting for medication delivery." During a review of the clinical record for Resident 15, the March 2015 MAR indicated Resident 15 received three oral doses of 2 mg morphine sulfate during the time of missed oxycodone doses from 3/18/15 to 3/19/15. The MAR further indicated a documented pain score of 6 (moderate pain) for the shift beginning at 11 p.m. on 3/18/15, and ending 7:30 a.m. on 3/19/15, at 4:12 a.m., indicated a pain score of seven (severe pain). During an observation and concurrent interview	ROVIDER OR SUPPLIER R POST ACUTE CARE CENTER OF HAYWARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 of the emergency kit (e-kit) for the missed oxycodone. 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LVN 1 stated she had medicated Resident 15 with morphine at 10 a.m., and he appeared confortable before she left at 3 p.m. A raview of an e-mail to the Regional Clinical Director (RCD) from the Back End Manager (BEM) of the pharmacy, dated 9/26/15, at 1:04 p.m.), indicated the pharmacy had received the continuation authorization letter for the oxycodone for Resident 15 on 3/17/15, at 5:20 p.m., and delivery of the oxycodone was arranged for 3/19/15. Pain Monitoring Scale," indicated presence of pain at level six and five during the two nursing shifts from 3/18/15 at 11 p.m., to 3/19/15 at 3 p.m. A review of the Clinical records for Resident 15, "Progress Notes," dated 3/18/15, at 7:04 p.m., indicated, "Walting for medication delivery." During a review of the clinical record for Resident 15, "Progress Notes," dated 3/18/15, at 7:04 p.m., indicated, "Walting for medication delivery." During a review of the clinical record for Resident 15, the March 2015 MAR indicated Resident 15 received three oral doses of 2 mg morphine sulfate during the time of missed oxycodone doses from 3/18/15 at 3/19/15. The MAR further indicated a documented pain score of 6 (moderate pain) for the shift beginning at 11 p.m. on 3/18/15, and ending 730 a.m. on 3/19/15. During a review of the clinical record of Resident 15, the "Progress Notes," dated 3/19/15, at 4:12 a.m., indicated a pain score of 8 even (severe pain). During an observation and concurrent interview	

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/22/2015 APPROVED 0938-0391	
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		E SURVEY IPLETED	
		555398	B. WING			04/	04/08/2015	
	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE 19 GADING ROAD			
WINDSO	R POST ACUTE CAR	E CENTER OF HAYWARD	·	ΗAΉ	YWARD, CA 94544			
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F 309	Continued From pa	ae 12	F:	309				
	bed, with the head television. Resider questions, and alth garbled, he was un	of the bed elevated, watching at 15 verbally responded to ough his speech was slightly derstandable. He said it was						
	previous week [wee 15 said both his leg stated he was givel	ssed doses of oxycodone the ek of March 15-22]. Resident is hurt, and he "felt bad." He noses of morphine during the oxycodone doses, but that) }					
	had felt "that bad" of Christmas, when h doses of oxycodon	ke away the pain. He said he one other time, sometime after e also didn't receive several e. Resident 15 said it was took so much energy that he				•		
	preferred for his Re speak for him durin During an interview RP 1 stated she vis	esponsible Party (RP 1) to ng extended conversations. on 3/26/15, at 9:05 a.m., the sited daily and assisted with						
	grooming). She sta missed doses of the 19. When RP 1 vis	e.g., eating, repositioning, ated that Resident 15 had be oxycodone on March 18 and sited on the morning of 15 said he didn't feel right						
	overnight, and thou through withdrawal he was in active wi	ught he might have been going I. RP 1 said she had told staff thdrawal a couple months of the oxycodone had been						
	missed. She state of missed oxycodo She said he had co	d that on the earlier occasion ne he was very distressed. onstant jitters, and kept saying, "Something's not right."		ļ				
	She said he didn't the example that h lollipop). A review of Lexi-Co	look or act right, and she gave e refused his favorite snack (a omp (an on-line drug reference						
	for the healthcare i (accessed 4/6/15)	ndustry), "Oxycodone," indicated that oxycodone and ssified as opiate agonists (a						

class of drugs that stimulate opiate receptors and

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION		TE SURVEY	- -
		555398	B. WING	i		04	/08/2015	
	ROVIDER OR SUPPLIER	E CENTER OF HAYWARD		259	REET ADORESS, CITY, STATE, ZIP COD 119 GADING ROAD YWARD, CA 94544			
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F 309	Continued From pa	age 13	F	309	·		·	
F 309	effectively relieve p consciousness), w of physical depend administration. Le: "Individuals who ai opiate agonists ma asymptomatic as k maintain their daily Physical depender symptoms in paties the drug The abs severity according amount of drug the general, the shorter action of the drug, rapidity of onset of According to Lexi- analgesic effect occurrences its maxim persists for 3-6 horse	pain without producing loss of hich are known to have the risk ence with continued xi-Comp also indicated, are physically dependent on any remain relatively ong as they are able to opiate agonist requirement are results in withdrawal ants who abruptly discontinue attinence syndrome varies in to the specific drug and the expatient has been takingIn are the onset and duration of the greater the intensity and withdrawal symptoms." Comp, for oxycodone, "the cours within 10-15 minutes, and		309				
	/250/413845#mon A review of DailyM the National Librar provider of FDA lal "Oxycontin/oxycod (accessed 4/6/15) opioid tolerant are 30 mg oral oxyc	o-ref-nested] ed (an online resource from y of Medicine, that is the official						
	15, indicated that the and morphine had with no change in 15's physician order of 2015, indicated morphine sulfate a administered during the sulfate of the	15 January MAR for Resident he orders for the oxycodone been in effect since 7/17/14, dosage. A review of Resident ers for both January and March a dose of two milligrams is needed for pain, was g the times of missed A review of Lexi-Comp,						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		PLETED
		555398	B. WING	i	·	04/	08/2015
	PROVIDER OR SUPPLIER R POST ACUTÉ CA	RE CENTER OF HAYWARD	- !	25	REET ADDRESS, CITY, STATE, ZIP CODE 919 GADING ROAD AYWARD, CA 94544	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	-Continued-From-p	page 14	F	309			
	"Oxycodone," acc milligram dose of needed to provide provided by a ten A review of Medlin Health website for medications, and (accessed 4/6/15) oxycodone withous stop taking this mexperience withdour restlessness, wat yawning, sweating pains, weakness, difficulty falling as nausea, vomiting heartbeat, and fas	essed 4/6/15, indicated a 15 oral morphine sulfate would be the equivalent pain rellef milligram dose of oxycodone. The Plus (the National Institute of information on health, diseases), "Oxycodone," indicated: "Do not stop taking it talking to your doctor. If you edication suddenly, you may awal symptoms such as ery eyes, runny nose, sneezing, chills, muscle or joint aches of irritability, anxiety, depression, leep or staying asleep, cramps, diarrhea, loss of appetite, fast at breathing. Your doctor will be your dose gradually."					
	was admitted on 10/24/14 with diag (paralysis of the lessing bifida (congincomplete developming observation 3/23/15 at 9:10 at the facility in an econtrolled by Res 24 stated that the splints last week supplied them or him.	cal record showed Resident 24 3/15/11 and re-admitted on gnoses that included paraplegia ower half of the body) due to penital disorder caused by opment of the spinal cord). In and concurrent interview on m., Resident 24 moved around lectric wheelchair with a joystick ident 24's right hand. Resident nurse practitioner ordered wrishand as of 3/23/15, no one had discussed obtaining them with	(
	3/23/15, showed	nt 24's clinical record on a physician's order dated Resident 24 with wrist splints to	o	-			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	(X3) DATE	PLETED
		555398	B. WING		-	04/0	8/2015
	PROVIDER OR SUPPLIER	E CENTER OF HAYWARD		25	REET ADDRESS, CITY, STATE, ZIP CODE 1919 GADING ROAD AYWARD, CA 94544		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 309	Continued From pa	age 15	F3	309			
	treat bilateral over (numbness, pain, value pressure on the medicensed Vocations order on 3/16/15. During an interview 4 stated she noted entered it into the contified her of the contified her of the contified her of the contified of the order She stated physical therapy orders are department by the She stated no one notified of these or During an interview Occupational Therof Resident 24 on had 3 plus of 5 we normal strength) to pain level of four on gets worse" (increwith wrist flexion. During an observation 3/26/15 at 11:30 He reported he had stated the facility hecause they did ravailable in the face easy" and not usin because the pain a wrist increased wit operating his wheeless.	use carpal tunnel syndrome veakness in hands because of edian nerve of the wrist). All Nurse (LVN 4) noted this on 3/25/15 at 9:50 a.m., LVN the order on 3/16/15 then computer for rehab services to st splints. LVN 4 further stated irector of Rehab (DR) and order. On 3/25/15 at 3:55 p.m. the (DR) stated she was not refor wrist splints until 3/23/15. All therapy and occupational verbally communicated to the physician or the nursing staff. In the therapy department was ders on 3/16/15. On 3/24/15 at 3:30 p.m., the apist (OT) stated his evaluation 3/23/15 showed Resident 24 akness (5 of 5 would indicate a wrists and hands and had feen (moderate pain) which eased to 7 of ten, severe pain) tion and concurrent interview of a.m., Resident 24 was in bed at not received the splints. He ad to order a larger size not have splints that fit him illity. He stated he is "taking it go his electric wheelchair and numbness in his hands and his movement of his hands elechair.					
- - -	The National Institu	ute of Health's Carpal Tunnel eet showed, "Early diagnosis					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY IPLETED
		555398	B. WING			08/2015
	PROVIDER OR SUPPLIER	E CENTER OF HAYWARD		STREET ADDRESS, CITY, STATE, ZIP CC 25919 GADING ROAD HAYWARD, CA 94544)DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION (CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	Continued From pa	age 16	F 30	9		
F 323 SS=D	and treatment are damage to the med wrist in a splint avoid twisting and bendir 483.25(h) FREE OHAZARDS/SUPEF The facility must enervironment remains is possible; and	important to avoid permanent dial nerve. Immobilizing the iids further damage from ng." F ACCIDENT	F 32	F323 483.25(h) Free of Ac Hazards/ Supervision /De	providing accident	
	by: Based on observa failed to provide ar accident hazard fo (Resident 26) rand	NT is not met as evidenced tion and interview the facility environment that was free of rone om sampled resident.		immediately during survey Identification of Residen Potential to be Affected: Any resident with somethin on the overhead light has potential to be affected. Measures to Prevent Resident with somethin to be affected.	nts with the ng stored the	74/
	hurt. Findings: During the initial to (Central Supply Clear black colored teler Resident 26 overhed cord hanging by the Resident 26 was in was looking for her who placed it on to	ur of the facility with CSC 1 erk 1) on 3/23/15 at 8:30 a.m., ephone was observed on top of ead light with the telephone e right side of resident's bed. exterviewed she stated that she phone, did not have an idea p of her overhead light. essed the fear and thought of		1. Staff was re-educated safety and items stored or lights on 4/15/15, 4/16/15 Administrator and DON. Monitoring Corrective A Responsibility: 1. Department Heads will assigned room rounds day of Quality Rounds to obse	overhead by the ction and make ily as part erve for	

NAME OF PROVIDER OR SUPPLIER WINDSOR POST ACUTE CARE CENTER OF HAYWARD CA) D PRETX TAG F-923 Continued From page 17 the telephone falling into her head. (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities, and (2) Store, prepare, distribute and serve food under sentitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility falled to provide a clean, hygienic kitchen environment by: 1. failing to clean three of three steam table sinks 2. failing to clean three of three steam table sinks 3. failing to clean three of three steam table sinks 1. During a kitchen tour observation on 3/23/15, at 8:05 a.m., the bottoms of three of the three metallic, silver colored steam table sinks were diffusely covered with a gray residue. During an interview on 3/23/15, at 8:05 a.m., the		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
WINDSOR POST ACUTE CARE CENTER OF HAYWARD (A) D			555398	B. WING		•	04/0	08/2015
F-323 Continued From page 17 the telephone falling into her head. F-371 483.35(i) FOOD PROCURE, The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide a clean, hygienic kitchen environment by: 1. failing to clean three of three steam table sinks. 2. falling to ensure Dietary Services Aide 1 (DSA 1) wear a hair net to contain all hair on two cocasions. These failures had the potential to result in foodborne liness for residents that eat food from the kitchen. Findings: 1. During a kitchen tour observation on 3/23/15, at 8:05 a.m., the bottoms of three of the three metallic, silver colored with a gray residue.			r .		25	919 GADING ROAD		
the telephone falling into her head. ### 33.36 FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide a clean, hygienic kitchen environment by: 1. failing to clean three of three steam table sinks. 2. falling to ensure Dietary Services Aide 1 (DSA 1) wear a hair net to contain all hair on two cocasions. These failures had the potential to result in contamination of food, and could result in foodborne illness for residents that eat food from the kitchen. Findings: 1. During a kitchen tour observation on 3/23/15, at 8:05 a.m., the bottoms of three of the three metallic, silver colored steam table sinks were diffusely covered with a gray residue.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
	F 371	the telephone fallid 483.35(i) FOOD F STORE/PREPARITHE facility must - (1) Procure food foonsidered satisfate authorities; and (2) Store, prepare under sanitary considered satisfate authorities; and (2) Store, prepare under sanitary considered sanitary considered sanitary considered on observity review, the facility hygienic kitchen sinks. 2. failing to ensure 1) wear a hair net occasions. These failures had contamination of foodborne illness the kitchen. Findings: 1. During a kitches at 8:05 a.m., the be metallic, silver coldiffusely covered.	rom sources approved or actory by Federal, State or local, distribute and serve food additions ENT is not met as evidenced ation, interview, and record failed to provide a clean, environment by: three of three steam table are Dietary Services Aide 1 (DSA to contain all hair on two dieta to and could result in food, and could result in for residents that eat food from the of three of the three of three of the three of the three of steam table sinks were with a gray residue.	F :		reported at Daily Stand Up Med Monday to Friday. 3. Administrator will track and Quality Rounds Forms to moni compliance. 4. Administrator will report tree the QA&A Committee for follow and recommendations. Date of compliance: 5/8/2015 F371 483.35(i) Food, Procure Store, Prepare, Serve-Sanital It is the policy of this facility to prepare, distribute, and serve under sanitary conditions. How Corrective Action will be accomplished for residents affected: No residents were listed in the Statement of Deficiencies. Identification of Residents vertical to be Affected: All residents have the potential designation of the statement of the state	trend tor hds to v-up store, all food e with the	

F. 371 Continued-From page 18 Dietary Supervisor (DS) stated the evening cook was responsible for emptying the water, and scrubbing the steam table sinks as required. During an observation on 3/24/15, at 3 p.m., the bottoms of the three steam tray sinks had been cleaned except for a one-inch pattern of brown residue that remained in grooves on the bottoms of all three sinks. During an interview on 3/25/15, at 3 p.m., the bottoms of the three steam tray sinks had been cleaned except for a one-inch pattern of brown residue that remained in grooves on the bottoms of all three sinks. During an interview on 3/25/15, at 3 p.m., the DS stated that the sinks had been scrubbed as clean as possible, and the remainder of the residue would require chemical cleaning. The facility dietary manual policy, "Sanitation of Dietary Department," dated August 2008, indicated, "Policy Statement: The Dietary staff wall maintain the sanitation of the Food Service department through compliance with a written, comprehensive cleaning schedule. Procedure: I. The food service director will record all cleaning and sanitation tasks for the department. 2. Tasks will be addressed as to the frequency of the cleaning, 4. A cleaning schedule will be posted weekly for all cleaning tasks, and employees will-initial tasks as completed." 2. During a kitchen observation on 3/23/15, at 8:25 a.m., and 3/24/15, at 11 a.m., DSA 1 wore a		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION NG		E SURVEY IPLETED .
STREET ADDRESS, CITY, STATE, ZP COOR 28919 GADING ROAD			555398	B. WING_		04/	08/2015
F.371 Continued-From page-18 Dietary Supervisor (DS) stated the evening cook was responsible for emptying the water, and scrubbing the siteam table sinks every night. She further stated the residue was on the bottom of the sinks because the cooks must not have been scrubbing the sinks as required. During an observation on 3/24/15, at 3 p.m., the bottoms of all three sinks. During an interview on 3/25/15, at 3 p.m., the bottoms of all three sinks. During an interview on 3/25/15, at 3 p.m., the bottoms of all three sinks. During an interview on 3/25/15, at 3 p.m., the DS stated that the sinks had been scrubbed as clean as possible, and the remainder of the residue would require chemical cleaning. The facility dietary manual policy, "Sanitation of Dietary Department," dated August 2008, indicated, "Policy Statement: The Dietary staff will maintain the sanitation of the Food Service department through compliance with a written, comprehensive cleaning schedule. Procedure: I. The food service director will record all cleaning and sanitation tasks for the department. 2. Tasks will be addressed as to the frequency of the cleaning, 4. A cleaning schedule will be posted weekly for all cleaning tasks, and employees will-initial tasks as completed." 2. During a kitchen observation on 3/23/15, at 8:25 a.m., and 3/24/15, at 11 a.m., DSA 1 wore a		•	•		25919 GADING ROAD		
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hair net that did not contain hair at the back of the head, from ear to chin level. the cleanliness of the steam tables in the monthly sanitation report.		Dietary Supervise was responsible scrubbing the stefurther stated the the sinks becaus scrubbing the sin. During an observ bottoms of the the cleaned except for residue that remay of all three sinks. During an interview stated that the sinks as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible, and would require chemother through the stated that the single as possible as possible as possible as possible as pos	for (DS) stated the evening cook for emptying the water, and arm table sinks every night. She are residue was on the bottom of e the cooks must not have been also as required. Tation on 3/24/15, at 3 p.m., the ree steam tray sinks had been or a one-inch pattern of brown ained in grooves on the bottoms. Take won 3/25/15, at 3 p.m., the DS nks had been scrubbed as clean the remainder of the residue emical cleaning. Ty manual policy, "Sanitation of ent," dated August 2008, by Statement: The Dietary staff sanitation of the Food Service ugh compliance with a written, cleaning schedule. Procedure: I. director will record all cleaning sks for the department. 2. Tasks d to be the responsibility of a in the department. 3. All tasks d as to the frequency of the eaning schedule will be posted aning tasks, and employees will ompleted. " The observation on 3/23/15, at 1/24/15, at 11 a.m., DSA 1 wore a not contain hair at the back of the		Hairnets 1. The Dietary Aide with covered by a hair net waimmediately instructed by Supervisor to cover hair with a hair net. 2. All other dietary staff vichecked by the Dietary Sensure that hair was concovered with hair nets. Dietary staff was reminded the to use the mirror provide kitchen to ensure that hair all of hair. 3. Dietary staff was remediately for hair net/ dress Steam table 1. The three steam table cleaned completely on 4 residues were identified the steam table after definition. 2. Dietary staff was in-set the Dietary Supervisor of policy and procedure for cleaning steam tables of and 4/1/15. 3. Consultant Dietitian sthe cleanliness of the st	hair partially sy the Dietary completely was spot Supervisor to apletely bietary edietary staff d in the air nets cover ducated by a 3/30/15 e facility's code. See were deep by a sy on facility's code. Serviced by an facility's deep an 3/3/0/15 hall include eam tables in	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		555398	B. WING			04/0	8/2015	
	PROVIDER OR SUPPLIER	E CENTER OF HAYWARD		25	REET ADDRESS, CITY, STATE, ZIP CODE 5919 GADING ROAD AYWARD, CA 94544			
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F 371	Continued From pa	age 19	F.:	371		-		
F 411 SS=D	stated hair nets sho DSA 1 to adjust the was covered. The DSA 1 to adjust the was very important food from hair cont A review of the, "Fo Recommendations Health Service, Fo Food Guide of 201FOOD EMPLOY such as hats, hair restraints, and clot are designed and v hair from contactin 483.55(a) ROUTIN SERVICES IN SNE The facility must as routine and 24-hou A facility must prov resource, in accord part, routine and es meet the needs of Medicare resident routine and emerg necessary, assist t appointments; and to and from the de	buld cover all the hair, and told hair net so that all the hair DS stated she had informed hair net on 3/23/15, also, as it to cover all hair to protect the amination. Dod Code 2013: Tof the United States Public and Drug Administration 3, Hair Restraints, 2-402.11 EES shall wear hair restraints coverings or nets, beard hing that covers body hair, that worn to effectively keep their g exposed FOOD"	F	411	Monthly QA shall include finding from the consultant RD. Monitoring Corrective Action Responsibility: 1. Dietary Supervisor shall consultant spot checks to ensure continued compliance with hai placement. Consultant Dietitial include hair net compliance in monthly sanitation report. Mon QA shall include findings from Dietary Supervisor and the consultant RD. 2. Dietary Supervisor shall consultant RD. Honorthly sanitation report. Mon QA shall include findings from Dietary Supervisor and the consultant RD. Date of compliance: 5/08/2015	n and nduct r net n shall the thly the nduct team all	No.	1.100
	This REQUIREME	NT is not met as evidenced						

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F 411	Continued From p	page 20	F.	411	· .	
F 411	interview, the faci emergency denta sampled resident having a broken to chewing food. Finding: Review of the clin Resident 16 was diagnoses that ind (inability of the he the body) and hos are terminally ill). Minimum Data Se Resident 16 had a Status (BIMS) soon 3/23/15 at 3:05 p.m., observation small wound on hon the inside of hithe right upper food tooth had about a Resident 16 state his bed and fell or cut his upper lip a Resident 16 state bleeding from his while he was sitting came and only gastated he continuidifficulty biting dot been eating less.	lity failed to arrange for I services for one of 22 (16) is, resulting in Resident 16 tooth which interferred with his lical record on 3/24/15 showed admitted on 3/5/15 with cluded congestive heart failure art to effectively pump blood in spice care (care for persons who A review of the Admission of dated 3/12/15 showed that a Brief Interview for Mental ore of 15 which indicated that intal ability was intact. The action and concurrent interview of p.m. and on 3/25/15 at 2:20 showed Resident 16 had a is upper lip, and a larger wound its lower lip. The lower half of both was missing. His left upper a quarter of the tooth broken offer a 3/21/15 and broke 2 teeth and and the inside of his lower lip. In the lower lip. It is lower li		F-411 483.55(a) Rote Emergency Dental SNFs It is the policy of this provide routine and dental services to meach resident. How Corrective Acaccomplished for raffected: Resident 16 has been from the facility. Reimmediately referred services when he exported for dental services, the time of the fall the need to see the dental to be affected. All residents who exinjuries could be affected for the fall the need to see the dental to be affected. Measures to Prevental forms of the fall the need forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental forms of the fall the need to see the dental fall to be affected. Licensed staff are staff was in-serviced 4/16/15 regarding forms of the fall the need to see the dental fall to be affected.	facility to emergency eet the needs of tion will be residents en discharged sident was do to dental expressed a need He had stated at nat he did not tist. sidents with the rected: ent Recurrence: and social services do n 4/15/15 and	
	offered him a refe Review of The An Endodontists und showed, "any den			the dentist when de occur.	ntal injuries	

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	PROVIDER OR SUPPLIER	E CENTER OF HAYWARD		STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD HAYWARD, CA 94544		
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<u> F 411</u>	_Continued_Erom_pa	age 21	F_4_1	11		
	endodontist immed During an interview stated she was told Nursing Assistant (fallen. When RN 1 Resident 16 was si She checked him f 16 had a small cut of bleeding. She clinide Resident 16 message to the do not include the resi Review of Residen facility FAX cover saddressed to a phythe fall. It did not it was there any door received or acted of 483.60(a),(b) PHAI ACCURATE PROCEIVE and biological them under an agr §483.75(h) of this part of the state of the same state of the same state of the same same same same same same same sam	liately." on 4/7/15 at 1:10 p.m., RN 1 don 3/21/15 by Certified CNA) 1 that Resident 16 had entered Resident 16's room, tting on the side of his bed. or injury. RN 1 said Resident on his lip and a small amount onfirmed she did not check is mouth. She faxed a ctor regarding the fall but did ident's name. It 16's clinical record showed a sheet dated 3/21/15 that was vician with information about nelude Resident 16's name nor umentation that the fax was on by the physician. RMACEUTICAL SVC	F 42	Monitoring Corrective Action Responsibility: 1. Changes of condition the may result in the need of dental referral will be reviewed as part of Dail Stand Up and Social Services will follow up were ferrals as necessary. 2. Social Services Director Responsible for ongoin compliance. Date of Compliance: 5/08/2015 F425 483.60(a),(b) Pharmaceus Services, Accurate Procedures, RPH It is a requirement of this facility provide routine emergency drug residents and procedures that a accurate acquiring, receiving,	vith r is g itical / to gs to assure	
	supervision of a lic A facility must prov	ride pharmaceutical services res that assure the accurate		dispensing, and administering of drugs and biological to meet the needs of each resident. How Corrective Action will be	e	
	administering of all the needs of each The facility must en a licensed pharma	drugs and biologicals) to meet		accomplished for residents affected: Resident 17 has been discharg from the facility. All pain medic were on board and resident wa	ed ations	
ĺ	on all aspects of the	is provision or pharmacy				

PRINTED: 04/22/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING _ B. WING 555398 04/08/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 25919 GADING ROAD WINDSOR POST ACUTE CARE CENTER OF HAYWARD HAYWARD, CA 94544 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 425 F 425 Continued From page 22 to participate in therapy and be services in the facility. discharged home per plan. Resident 15 is currently receiving medications as ordered from the physician. MD has been notified of This REQUIREMENT is not met as evidenced the need to sign written requests from the pharmacy for refills of Based on observation, interview and record medication. review, the facility failed to assure that three of 22 residents (Resident 14, Resident 15, and Resident 14 has been discharged Resident 17) received medications from the from the facility with available pharmacy in a manner timely enough to avoid medications to another SNF. missed doses of scheduled medications. 1. For Resident 15, the pharmacy failed to Identification of Residents with the deliver oxycodone (a pain relieving medication) Potential to be Affected: on 1/1/15, 1/2/15, 1/3/15, 1/10/15, 3/18/15, and 3/19/15 before doses were missed. This failure All residents who have medication resulted in Resident 15 not receiving adequate orders have the potential to be pain medication, with the potential for withdrawal affected by this deficiency. Physician symptoms (a group of symptoms that occurs orders will be utilized to determine when some medications are abruptly resident who have potential to be

Findings:

difficulty for Resident 14.

discontinued or decreased in dosage) to occur.

2. For Resident 14, the pharmacy did not deliver Spiriva (an inhaled medication to improve

respiratory function) before a dose was missed.

This failure had the potential to result in breathing

3. For Resident 17, the pharmacy did not deliver

oral morphine (pain relieving medication) before

one scheduled dose was missed, which resulted

1. A review of the clinical record for Resident 15

indicated he was admitted to the facility 7/8/14,

syndrome, infection of the brain, and hemiplegia

(paralysis of one side of the body). The Minimum Data Set (MDS, a resident assessment tool used to guide care) dated 7/18/14, indicated Resident

in inadequate pain relief for Resident 17.

with diagnoses that included chronic pain

affected.

1. All medications for new

admissions are now being processed

by the Hayward Pharmacy rather

than the Lodi location. Deliveries

have been rerouted so that facility

will receive orders early in the

delivery run rather than last.

2. Charge Nurses will order medications from the pharmacy as

soon as practical following the

admission using Omnicare ordering

procedures and will fax orders to the

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION		TE SURVEY MPLETED
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F 425	Continued From p	page 23	, <u>F. 4</u>	125	•		
	15 understood waable to be unders Mental Status soc assessment tool of time, and capacity range is from 0-12 A score of 10 is a impairment.) Resassistance to get wheelchair. The 15 was on schedulad occasional particles of one to ten (with A review of the physical dated January 20 regimen of: ten may was to be given a transdermal (skimicrograms per hydrograms per hydrograms per hydrograms per hydrograms devery the morphine sulfate if needed for pain and record Resid on the "Medication Pain Monitoring State of the Mark, dated January 20 regimen of: ten may be supplied to the morphine sulfate if needed for pain and record Resid on the "Medication Pain Monitoring State of the control of the Mark, dated January 20 review of the Mark 21 review of the Mark 22 review of the Mark 21 review of the Mark 21 review of the Mark 22 review of the Mark 21 review of the Mark 22 review of the M	as what said to him, and was tood, with a Brief Interview for ore of 10. (BIMS, an or a resident's orientation to to to remember. The BIMS of, with zero the most impaired. In indication of moderate sident 15 required extensive out of the bed or use a MDS further indicated Resident alled pain medication, but still ain at a level of eight on a scale at ten the worst pain). It is indicated a pain medication are interview of that delivered 25 is our of Fentanyl was to be ree days; and two mg of oral could be given every four hours, and the moderated are the MAR indicated a pain indicated a be utilized: "0=none; 1-3=mild ate pain; 7-9=severe pain; inical record for Resident 15, the lary 2015, indicated missed one on: 1/1/15 at 6 a.m., 12 p.m., at 12 a/m., 6 a.m., and 12 p.m., 3 p.m.; 1/10/15 at 6 p.m. AR dated March 2015, indicated oxycodone on: 3/18/15 at 12 a/m., which gap in oxycodone			pharmacy including any written scripts for controlled substance dispensing. Refills will be order a timely manner to ensure a continuous supply of medication available. The following steps will be come when a medication is not delive time for the required dosage time. a) Call the pharmacy to conceed a concessed and schedulation and script has been received processed and schedulativery. Inform the pharmacy of need for by next dose time. b) Using the e-kit as appropriate for meds available in the e-kit. c) Notify the Director of that medication has not received and to admir medication as ordered physician. d) If the medication cannot delivered by the next time, the nurse will not physician for further of DON will track any desissues using a QAPI.	es for red in ons is one one is one i	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLI	ER :	S	TREET ADDRESS, CITY, STATE, ZIP CO			
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F 425 Continued From	page 24	F 425			<u> </u>	
the pharmacy of stated the pharm notice before a land that oxycod letter from the place could be renewed stores (e-kit). The sent a renewal refirst fax was later, on 1/1/15 that the pharma refilling medicate fax of the need contacted 1/1/18 supervisor at the 2), informed the out of oxycodon physician authorized releast milligram/tablet kit (e-kit) for Rethe oxycodone warranged for definithe transport. The PCS confinition from the pharma as three to four six tablets (three were authorized PCS was unable only 6 tablets with delivery of the order of the "Progres p.m., indicated,"	impliance supervisor (PCS) macy required five days of prior renewed medication was needed, one required an authorization hysician before the medication and or released from emergency see PCS confirmed that the facility request on 12/28/14, but stated sent to the physician three days at 11:20 a.m. The PCS stated by responsibility in regards to on, was to notify the physician by for a refill. The physician was at 2:55 p.m., after the nursing refacility, Registered Nurse 2 (RN pharmacy that Resident 15 was red. The pharmacy received the rization the next day, on 1/2/15, at 26 p.m., on 1/2/15, the pharmacy se of six tablets of five oxycodone from the emergency sident 15's use while delivery of the oxycodone on 1/3/15, reaving the pharmacy at 4 p.m. and that the transportation time acy to the facility could be as long hours. The PCS stated that only redoses with two tablets per dose) to be used from the e-kit. The red to provide any reason for why be authorized, or how the time for any control of the clinical record of Resident is Notes," dated 1/3/15, at 6:12 "Med is not available. Awaiting for the clinical record of Resident record." Physical delivery of the		Measures to Prevent Recu 1. Licensed Nurses have be educated regarding Medica Ordering and Processing or 3/16/15, 3/25/15, 3/27/15, 4 and 4/16/15 by the Region Director, Director of Nursing Omnicare Pharmacy Nurse 2. Charge nurses will have responsibility for ensuring the meds are available for adminished and will notify the pharmacy DON prior to any missed do time for the required dosag a) Call the pharmacy on delivery time or Omniview to verify script has been reconsisted and schedelivery. Inform the pharmacy of need by next dose time. b) Using the e-kit as appropriate for me available in the e-k c) Notify the Director that medication has received and to admedication as order physician. d) If the medication of delivered by the need the service of the received by the need to the service of the serv	een re- tion n l/15/15, al Clinical g and primary hat all inistration y and the oses. completed elivered in e time. to check use that a ceived and neduled for e for drug ds cit of Nurses, s not been lminister ered by the annot be		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G		E SURVEY PLETED
	·	555398	B. WING		04/	08/2015
	PROVIDER OR SUPPLIER	E CENTER OF HAYWARD		STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD HAYWARD, CA 94544		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIÈNCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 425	Continued From pa	age 25sician authorization, and	F 42			-
	resulted in two add (12 p.m. and 6 p.m. A review of the pha Drug Emergency k indicated presence oxycodone tablets A review of the pha dated 1/1/2015, indicated, and an the physician's sign. The "Grid Notes," (indicated that the fifor another copy of faxed, as the facility oxycodone. The "General on 1/3/15. During a review of 15, the Controlled 12/27/14," indicate from the 12/27/14 a.m. The January of oxycodone were p.m., or 6 p.m.; 1/2 p.m.; or 1/3/15 at 1 review of the clinic Progress Notes da 6:12 p.m. indicated Awaiting pharmacy During a review of 15, the January 20 received 11 oral do for pain from 1/1/1 missed oxycodone indicated a pain so indicated a pain so	itional missed doses on 1/3/15). Irmacy list of the "Controlled lit," dated exp. 6/30/15, of eight tablets of 5 mg in the e-kit. Irmacy record, "Grid Notes," dicated the physician was authorization form was sent for nature on 1/1/15, at 2:58 p.m. dated 1/2/15, at 9:34 a.m., acility contacted the pharmacy the authorization letter to be y was still waiting for the Grid Notes," dated 1/4/15, at d the oxycodone had been the clinical record for Resident Drug Record dated "received d the last dose of oxycodone delivery was given 1/1/15, at 12 2015 MAR indicated no doses given 1/1/15 at 6 a.m., 12 2/15 at 12 a/m., 6 a.m., or 12 2 p.m., or 3 p.m. During a al record for Resident 15, the ted 1/3/15 at 11:42 a.m., and I, "Medication is not available.		time, the nurse will no physician for further of DON will track any desissues using a QAPI 3. DON and/or Nursing Superwill verify that all needed meddelivered in Daily Stand Up a delivery issues will be immed corrected and tracked using to QAPI tool. 4. Omnicare will be asked to determine cause of delivery frand report back to the facility will also be tracked on the QAMI during Corrective Action Responsibility: 1. Consultant Pharmacist will during the Monthly Regimen that all meds were delivered available for administration at reflect any issues in the montreport. 2. DON will present findings QAPI tool at QA&A for review recommendations. 3. Administrator with the QA&Committee will have oversight Pharmacy Services. Date of compliance: 5/8/2015	orders. clivery tool. rvisor Is were nd any iately he ailure which API tool. on and I verify Review and and will chly of the y and	Les de la company de la compan

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		555398	B. WING			04/0	8/2015
	PROVIDER OR SUPPLIER R POST ACUTE CA	RE CENTER OF HAYWARD	·	259	REET ADDRESS, CITY, STATE, ZIP CODE 119 GADING ROAD YWARD, CA 94544		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 425	Continued From p	age 26	F	125			
	time period. During a review of 15, the Controlled 1/3/15," indicated delivery of oxycod p.m. The January oxycodone was gi During a review of 15, the Nursing Prostate of the PCS stated the request for the ox 3/13/15. PCS stated the request for the ox 3/13/15. PCS stated the request for the ox 3/13/15, authorization lette on 3/17/15, at 5:2 processed on 3/13/15 at 1 a. delivered to the farmaged for the tron 3/19/15 at 1 a. delivery of the oxycodone were gor 3/19/15 at 12 at to first missed dominutes, with 24 hoses of oxycodo for use of oxycodo for use of oxycodo for use of oxycodo for the period of the	the clinical record for Resident Drug Record dated "received the last dose from the 1/3/15 one was given 1/10/15, at 12 v 2015 MAR indicated no ven on 1/10/15, at 6 p.m. the clinical record for Resident rogress Notes dated 1/10/15, at ed, "Med is not available, waiting very." e interview on 4/3/15, at 9 a.m., e pharmacy received a refill vecdone for Resident 15 on ted the pharmacy faxed the inuation letter to the physician 5, and 3/17/15. The reas returned to the pharmacy p.m. The renewal was 3/15, at 6:36 a.m., with delivery ransport leaving the pharmacy m. The oxycodone was cility on 3/19/15, at 2:47 a.m. able to provide rationale for why recodone wasn't arranged for an are to the facility. If the clinical record for Resident Drug Record dated "received the last dose of oxycodone elivery was given 3/18/15, at 6 2015 MAR indicated no doses or given 3/18/15 at 12 p.m., 6 p.m., m. The time from authorization are equaled 12 hours and 40 hours between administered one. There was no authorization one from the e-kit during the se missed doses.	f				
		w on 3/26/15, at 8:05 a.m.,	1				1

PRINTED: 04/22/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING _ B WING 555398 04/08/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 25919 GADING ROAD WINDSOR POST ACUTE CARE CENTER OF HAYWARD HAYWARD, CA 94544 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 27 F 425 Licensed Vocational Nurse 1 (LVN 1) stated she noticed Resident 15 had five days of oxycodone left on 3/13/15, so she spoke to the physician, called the pharmacy, and faxed the renewal request on 3/13/15. On 3/18/15, the medication had not been received, and the last available dose was given at 6 a.m. that morning. LVN 1 called the pharmacy on 3/18/15, at 7 a.m., and she was informed that delivery of the medication would be at 2 p.m. that day. Resident 15 missed the 12 p.m. dose of oxycodone, but when LVN 1 informed the physician of the situation, the physician told her the authorization had been signed, and the pharmacy would be delivering the oxycodone; he did not authorize use of the e-kit. LVN 1 gave Resident 15 a 2 mg dose of oral morphine at 10 a.m. on 3/18/15, and he did not complain of pain at noon, 2 p.m., or 3 p.m. A review of the clinical record for Resident 15, "Progress Notes," dated 3/18/15, at 7:04 p.m., indicated, "Med not available, and 3/19/15 at 12:47 a.m., indicated, "Waiting for medication delivery." During a review of the clinical record for Resident 15, the March 2015 MAR indicated Resident 15 received three oral doses of 2 mg morphine sulfate during the time of missed oxycodone doses from 3/18/15 to 3/19/15. The MAR further indicated a documented pain score of 6 (moderate pain) for the shift beginning at 11 p.m. on 3/18/15, and ending 7:30 a.m. on 3/19/15. During a review of the clinical record of Resident 15, the "Progress Notes," dated 3/19/15, at 4:12 a.m., indicated a pain score of seven (severe

During an observation and concurrent interview on 3/26/15, at 9:25 a.m., Resident 15 was lying in bed, with the head of the bed elevated, watching television. Resident 15 verbally responded to

pain).

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM A	04/22/2015 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION		(X3) DATE	
	•	555398	B. WING	i			04/0	8/2015
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STAT	E, ZIP CODE	<u> </u>	.5/2010
WINDSO	R POST ACUTE CAR	E CENTER OF HAYWARD	•		19 GADING ROAD YWARD, CA 94544			ľ
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFIC	ACTION SHOUL	D BE	(X5) COMPLETION DATE
F 425	Continued From pa	ge 28	F	425				
	questions, and althogarbled, he was une painful when he misprevious week [week 15 said both his leg stated he was giver time of the missed they didn't really take had felt "that bad" of Christmas, when he doses of oxycodone hard to speak and the preferred for his Respeak for him durin During an interview RP 1 stated she visible daily care needs (engrooming). She stamissed doses of the 19. When RP 1 visible 3/19/15, Resident 10 overnight, and thou through withdrawall, he was in active with earlier, when doses missed. She stated of missed oxycodor She said he had congrabbing the bed, so She said he didn't let the example that he lollipop). During an interview Pharmacy Consultate medications should within four hours of stated he was unabled.	bugh his speech was slightly derstandable. He said it was seed doses of oxycodone the ek of March 15-22]. Resident is hurt, and he "felt bad." He in doses of morphine during the oxycodone doses, but that ke away the pain. He said he one other time, sometime after ealso didn't receive several ea. Resident 15 said it was book so much energy that he esponsible Party (RP 1) to gextended conversations. On 3/26/15, at 9:05 a.m., the estended daily and assisted with earlied daily and assisted with earlied that Resident 15 had exposed on March 18 and entitled on the morning of 5 said he didn't feel right ght he might have been going and that on the earlier occasion he he was very distressed. Instant jitters, and kept aying, "Something's not right." Book or act right, and she gave a refused his favorite snack (a on 4/8/15 at 11 a.m., the ant 1 stated that pain be delivered to the facility a physician's order. The PC 1 ole to provide an explanation						
	for the delayed deli-	very time for the oxycodone on or the authorization of						t.

CENTER	<u>RS FOR MEDICARE</u>	8 MEDICAID SERVICES			OMB NO	<u>. 0938-0391</u>
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` ´	LE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		555398	8. WING	·	04	/08/2015
NAME OF I	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	- ;	STREET ADDRESS, CITY, STATE, ZIP (100/2010
WINDSO	R POST ACUTE CAR	E CENTER OF HAYWARD	i	25919 GADING ROAD HAYWARD, CA 94544		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 425	Continued From pa	nge 29	F 425			
	insufficient doses for Pharmacy Consulta at the interview, an medication delivery issue on 3/26/15, ir delivery. PC 2 stat from the pharmacy facility at 2:47 a.m. administration to so unaware of any oth A review of Lexi-Co healthcare profess accessed 4/6/15, ir morphine were class of drugs that effectively relieve pronsciousness), who find physical depending administration over indicated, "Current management indicated agonists, proadministered at regarders."	rom the e-kit on 1/2/15. The ant 2 (PC 2) was also present d confirmed that timely was first identified as an regards to the 3/19/15, 1 a.m. ed the medications were sent at 1 a.m., and arrived at the resulting in delayed ome residents. PC 2 was per delivery issues. Omp (an on-line resource for ionals), "Oxycodone," indicated that oxycodone and esified as opiate agonists (a stimulate opiate receptors and the sain without producing loss of nich are known to have the risk ence with continued time. Lexi-Comp also principles of pain ate that analgesics, including				
	/complete_ashp/41 A review of Medline Health's Web site), 4/6/15, indicated, " without talking to ye this medication suc withdrawal symptor watery eyes, runny sweating, chills, me weakness, irritabilit difficulty falling asle nausea, vomiting, of	om/Ico/action/doc/retrieve/docid 3380#ahflist] ePlus (the National Institutes of "Oxycodone," accessed Do not stop taking oxycodone our doctor. If you stop taking idenly, you may experience ms such as restlessness, nose, sneezing, yawning, uscle or joint aches or pains, cy, anxiety, depression, eep or staying asleep, cramps, diarrhea, loss of appetite, fast breathing. Your doctor will				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 04/22/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B.'WING 555398 04/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD WINDSOR POST ACUTE CARE CENTER OF HAYWARD HAYWARD, CA 94544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 425 Continued From page 30 F 425 probably decrease your dose gradually." http://www.nlm.nih.gov/medlineplus/ency/article/0 2. A review of the clinical record for Resident 14 indicated he was admitted on 1/10/15, with diagnoses that included chronic airway obstruction (a lung condition that causes difficulty with breathing), congestive heart failure, and high blood pressure. A review of physician 's orders dated 1/10/15 indicated Resident 14 was to receive the inhaled respiratory medication, Spiriva, once a day, for the chronic airway obstruction. A review of the Medication Administration Record (MAR) for Resident 14, indicated Spiriva was not given 1/11/15 or 1/12/15. During an interview on 4/8/15, at 1:35 p.m., the Regional Clinical Director (RCD) stated Resident 14 received all ordered medications from the emergency kit (e-kit), except for Spiriva, which was not available from the e-kit. A review of Resident 14's "Progress Notes" dated 1/11/15, indicated licensed nursing staff was waiting for delivery of the admission medications. A note dated 1/11/15, at 12:11 p.m., by Licensed Vocational Nurse 2 (LVN 2) indicated, "following Pharmacy for pending meds." A note dated 1/11/15, at 9:57 p.m., by Registered Nurse 1 (RN 1) indicated, "Med is not available. Waiting for pharmacy delivery." A

delivery from pharmacy."

note dated 1/12/15 at 10:11 a.m., by LVN 3 indicated, "Medication on process of delivery." A note dated 1/12/15, at 7:07 p.m., by LVN 5 indicated, "Called and followed up, awaiting meds

During a telephone interview on 4/3/15, at 10 a.m., the Pharmacy Compliance Supervisor (PCS) stated a face sheet (a form that includes resident data such as name, birthdate, diagnosis,

		IDENTIFICATION NUMBER:	1 ' '	ING		COMPLETED		
		555398	B. WING		_ 04	1/08/2015		
NAME OF PROVIDER OR SUPPLIER WINDSOR POST ACUTE CARE CENTER OF HAYWARD			STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD HAYWARD, CA 94544					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	COMPLETION DATE		
F 42	5 Continued From p	age 31	, F 4	125 125				
	pharmacy on 1/11 was faxed back to medication orders received until 1/12 medication orders pharmacy. PCS s to the facility 1/12. A review of a copy "New Admissions 1/12/15, Resident the note, "Please ASAP." Copies of admission orders to the fax copy, winhaled Spiriva, or During an intervie Pharmacy Consul pharmacy would r of a resident face admission orders, pre-admitted resid delayed or cancel A review of a copy Clinical Director (I Manager (BEM) of at 1:04 p.m. (rece 3:30 p.m.), indicat regarding the Spir 1/12/15 at 12:21 a delivered at 8:47 p the fax's from the are no records of orders." The phan 1/12/15 occurred receipt of the med A review of Medlir name of Spiriva],"	of a fax to the pharmacy titled, Only, "indicated a date of 14's name, "page 4 of 4" and see attached orders and send of three pages of physician's for Resident 14 were attached hich included the order for noce a day. If won 4/8/15, at 11:45 a.m., the tant 1 (PC 1) stated the not be concerned about receipt sheet without accompanying because sometimes dents would have admission led. If of an e-mail to the Regional RCD), from the Back End of the pharmacy, dated 3/26/15 ived from the RCD 3/26/15, at red, "Attached are the records iva orderWe received Fax on a.m. (21 minutes after midnight), o.mI have also researched 10th through the 11th and there this residents admission macy delivery of the Spiriva on 20 hours and 26 minutes after						

		AND HUMAN SERVICES & MEDICAID SERVICES			•	FORM	04/22/2015 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MU- A. BUILE		(X3) DATE	SURVEY PLETED		
		555398	B, WING			04/	08/2015
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
WINDSO	R POST ACUTE CAR	E CENTER OF HAYWARD		1	19 GADING ROAD YWARD, CA 94544		
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F 425	Continued From pa	age 32	F	425			
		n, coughing, and chest					
	tightness in patient pulmonary disease that affect the lung controls COPD but few weeks before y tiotropium. Continu feel well. Do not stitalking to your door [http://www.nlm.nih s/a604018.html] A review of the Phaeffective date of Ju 2016, indicated, "1 in providing timely Products and Servi healthcare needs, standards of practifederal requirement that medications as	s with chronic obstructive (COPD, a group of diseases and airways) Tiotropium does not cure it. It may take a you feel the full benefits of le to take tiotropium even if you op taking tiotropium without or." I.gov/medlineplus/druginfo/medarmacy Consulting Agreement, ly 1, 2010 through June 30, lb. Consultant will assist facility and appropriate Pharmacy ices that support residents' that are consistent with current ce, and that meet state and lets1.c.vi. Strive to assure re requested, received and imely manner as ordered by					
	3/24/15 at 8:30 a.m admitted on 3/18/1 surgery and had a osteoarthritis (bone and spinal stenosis narrowing of space pressure on the sp Admission order for management inclui (Extended Release	eview for Resident 17 on n., indicated Resident 17 was 5 after left hip replacement history of bilateral (both) hips e joints disease and swelling) is (Spinal stenosis is the es in the spine causing inal cord and nerves). The Resident 17's pain ded Morphine Sulfate ER e) (narcotic pain reliever) 100 ye 1 tablet by mouth every 8					

hours for pain management.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		555398	B, WING		04/	08/2015
NAME OF PROVIDER OR SUPPLIER WINDSOR POST ACUTE CARE CENTER OF HAYWARD			STREET ADDRESS, CITY, STATE, ZIP CO 25919 GADING ROAD HAYWARD, CA 94544			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL "SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 425	Continued From p	age 33	F4	25		-
F 425	Facility's every eig was 6 a.m.; 2 p.m. Review of Reside indicated that pain 3/18/15 at 11:38 p admission. The as Resident 17 verbal level was 7, Resident 17 verbal level was 7, Resident 18 to take on ight shift, was int a.m. she stated the given to her by the licensed nurse was tablets were not differenced nurse was tablets were not differenced to LVN 6 gave two P 17's pain at 1:30 a according to LVN 8 (severe pain). During the intervied Percocet tablets we pain " (refers to an pain in someone was managed by his/h Resident 17's MA Record) dated 3/17's pain level was afternoon 3/18/15 Morphine was not 5:00 a.m. Resider was not given. On 3/26/15 at 9:3 Resident 17 descriptions.	ht hour medication schedule; 10p.m. Int 17's admission record assessment was done on m., several hours after sessment indicated that lly described his pain intensity lent 17 was in severe pain. Vocational Nurse 6) who was are of Resident 17 on 3/19/15 erviewed on 3/ 26/15 at 9:26 at the report and instructions afternoon shift (3/18/15) is that Resident 17's Morphine elivered by the pharmacy, ed his 10:00 p.m. dose. ercocet tablets for Resident i.m. on 3/19/15. At that time 6, Resident 17's pain level was leve		F461 483.70(d)(1)(vi-(vii),dedrooms-Window/Floor Bed/Furniture Closet It is the policy of this facility provide individual closet spacessible to each resident How Corrective Action waccomplished for resident affected: Resident 17 has been dischance from the facility. A dresser has been purchased would have been available resident. Identification of Resident Potential to be Affected: Residents who cannot acceptated in their rooms have potential to be affected. Maintenance reviewed all residents to determine if a resident is affected by the and availability of the close	y to pace that is it. iill be nts charged ased that e to the cess closet we the current any other e location	
	and in "so much p	Tibed how "miserable" he was ain and discomfort" that night . that he begged the nurses to				

PRINTED: 04/22/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 555398 04/08/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 25919 GADING ROAD WINDSOR POST ACUTE CARE CENTER OF HAYWARD HAYWARD, CA 94544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLÉTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Measures to Prevent Recurrence: F 425 Continued From page 34 F 425 call his doctor and "do something, they seem to 1. Rooms will be monitored during not understand how bad these pains are." The Quality Rounds to identify any only answer he got was that "they" did not residents who are having trouble "deliver" his Morphine. Instead he was given accessing the closet. Percocet tablets. Resident 17 said that he was on "chronic pain" 2. Maintenance will be responsible (persistent pain refers to a pain state that for arranging for a solution. continues for a prolonged period of time or recurs more than intermittently for months or years) Monitoring Corrective Action and management at home and prior to his surgery. Responsibility: Resident 17 explained that a "break" and "missed" dose in Morphine schedule means he Administrator will monitor to ensure will be back to "zero" in his pain control schedule that resident solution is acceptable. which made managing his pain very difficult. Percocet tablets should only be given in between Date of compliance: his regular doses of Morphine. 5/08/2015 During the interview Resident 17 said that he found out from the nurses that Morphine was F520 483.75 (o)(1) QAA delivered at around 2 o'clock the morning after he Committee-Members/Meet was admitted but still "they" did not give it to him Quarterly/Plans because the nurse told him that "it is not time yet", nurse waited to give the Morphine tablet at 5 It is this facility's policy to maintain a o'clock in the morning. Quality Assurance Committee that meets at least quarterly to identify PC1 and PC2, two Facility Pharmacy and correct quality issues with the Consultants were interviewed on 4/8/15 at 11:05 development and implementation of a.m., both confirmed that Resident 17's Morphine action plans as necessary. ER was delivered on 3/19/15 at 2:57 a.m. F 461 483.70(d)(1)(vi)-(vii), (d)(2) BEDROOMS -F 461 How Corrective Action will be WINDOW/FLOOR, BED/FURNITURE/CLOSET SS±D accomplished for residents affected: Bedrooms must have at least one window to the outside; and have a floor at or above grade level.

The facility must provide each resident with-

the convenience of the resident; (ii) A clean, comfortable mattress;

(i) A separate bed of proper size and height for

Resident 17 has been discharged from the facility. All pain medications

were on board and resident was able

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resident.

During the initial tour of the facility with CSC 1 (

was far from his reach and inaccessible to the

Central Supply Clerk 1) on 3/23/15 at 8:30 a.m.,

Resident 17's luggage was observed on a chair, it

In an interview Resident 17 and resident's next of

process including how to order

for the required dosage time

medication and steps to follow when

a medication is not delivered in time

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committee meets at least quarterly to identify

issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of pharmacy of need for drug

by next dose time.

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F 520	Continued From pa	ge 37	F.	520		:	
	action to correct ide A State or the Sectoriscolosure of the reexcept insofar as a compliance of such requirements of this Good faith attempts and correct quality a basis for sanction This REQUIREMENT by: Based on interview failed to identify the	retary may not require cords of such committee uch disclosure is related to the committee with the section. Is by the committee to identify deficiencies will not be used as as. In our met as evidenced and record review the facility issue that medications were			appropriate for meds available in the e-kit h) Notify the Director of Notify the Association as ordered physician. i) If the medication cannot delivered by the next of time, the nurse will not physician for further or j) DON will track any delivered using a QAPI Measures to Prevent Recurrent	t been ster by the ot be losage ify the ders. ivery	
	not delivered timely (17, 15, 14) to the (Assurance Commit plan to improve me 1. For Resident 17 failed to ensure tha (Morphine ER 100 ordered for Resident the resident's physiavailable resulting i unrelieved pain. 2. For Resident 15, scheduled pain me narcotic pain reliever resulted in inadequitiscomfort from symmedication.	r for 3 of 22 sampled residents Quality Assessment and tee resulting in the lack of a dication delivery. 's chronic pain, the facility they had the pain medication milligrams[mg.] orally) as not 17's pain and failed to notify cian when Morphine was not in Resident 17 experiencing the facility failed to provide dication (Oxycodone, a er) on eleven occasions, that ate pain control and imptoms due to not getting the			DON and/or Nursing Supervisor verify that all needed meds we delivered in Daily Stand Up an delivery issues will be immediated corrected and tracked using the QAPI tool. DON will present fir of the QAPI tool at QA&A for mand recommendations. Omnieure will be asked to detect cause of delivery failure and reback to the facility which will a tracked on the QAPI tool. The Pharmacist will present finding the QA&A committee for reviet development of an action plan necessary.	d any ately e ndings eview ermine eport lso be ys to w and	
	3. For Hesident 14 two doses of Spiriva	the facility failed to missed a due to This failure resulted in					

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATE J_{ϵ} ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 555398 04/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD WINDSOR POST ACUTE CARE CENTER OF HAYWARD HAYWARD, CA 94544 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 520 Continued From page 38 F 520 Administrator with the QA&A two days of missed administration (two doses) of Committee will have oversight of a respiratory medication (Spiriva), which had the Pharmacy Service. potential to cause difficulty breathing for Resident 14. Monitoring Corrective Action and Findings: Responsibility: By interview with the Administrator the QAA The Administrator will be responsible Committee did not identify as QA project the for ongoing compliance. following concerns: 1. The lack of Morphine for Resident 17's chronic pain, the lack of Date of compliance: Oxycodone for Resident 15 and Spiriva not being 5/08/2015 ordered timely for Resident 14. During a telephone interview on 4/8/15, at 10:35 a.m., the Medical Director (PHYSICIAN 2), stated he was not aware of any issues with pharmacy deliveries, except after initiation of new Drug Enforcement Administration rules a few months ago. He said there were short delays of an hour or so at that time, but no issues since. He stated that he did not handle pharmacy delivery issues; the Director of Nursing dealt with those problems, He stated that he was not aware that the pharmacy had ever had issues with obtaining physician authorization.

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