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

PRINTED: 09/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555459	A. BUILDING _____ B. WING _____	C 09/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAMERCY COURT	2200 GRAMERCY DRIVE SACRAMENTO, CA 95825

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00490111. Representing the Department of Public Health: HFEN, 31979 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).	F 279	**How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** ▪ Resident is no longer in facility. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** ▪ DON Reviewed residents from October 1, 2016 – present, with known wounds, to validate care plans were present in patient records. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** ▪ Staff education occurred by DON/ADON/DSD on 9/23/16 regarding wound care plans and care plan process. ▪ Implemented process to have treatment nurses initiate all wound care plans of residents upon admission.	Accepted 10-31-16 aw

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	10/17/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive plan of care for 1 of 3 sampled residents (1). This failure had the potential to result in Resident 1 not receiving the necessary care and services to attain their highest practicable physical, mental, and psychosocial wellbeing. Findings: Resident 1 was admitted to the facility in April 2016 with diagnosis that included a displaced fracture of the right femur (upper leg bone). Resident 1 had three surgical incisions with staples on her right upper leg. There was no documented evidence a care plan for wound care of the incisions had been developed for Resident 1. An interview was conducted with the Director of Nursing (DON) on 6/15/16 at 11 a.m. The DON was unable to locate a care plan for wound care. An interview was conducted with Licensed Nurse (LN) 3 on 7/21/16 at 2:45 p.m. When asked about Resident 1 not having a care plan for wound care, she said, "The ball was dropped."	F 279	**How the facility plans to monitor its performance to make sure solutions are sustained:** • DON/designee will conduct random audits of five residents a week, who have wounds, to validate care plans present are reflective of current treatment. Results of audits will be forwarded to QA until three consecutive months of 100% compliance is obtained.	9-23-16
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by:	F 281		

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F 281	Continued From page 2 Based on interview and record review, the facility failed to ensure 1 of 3 sampled residents (1) did not receive another resident's medication upon discharge. This failure had the potential to cause an adverse reaction leading to harm and possible death. Findings: Resident 1 was admitted to the facility in April 2016 with diagnosis that included a displaced fracture of the right femur (upper leg bone). Upon discharge from the facility, Resident 1 was sent home with levetiracetam (a medication used to treat seizures), that was not prescribed for her. Resident 1's Skilled Nursing Facility Discharge Summary, dated 5/17/16 at 3:14 p.m., reflected Medical Doctor (MD) 1 did not include an order for levetiracetam. A Progress Note, dated 5/21/16 at 9:12 p.m. and written by Licensed Nurse (LN) 2, indicated Resident 1's family member came to the facility and started accusing the nurses of giving the wrong medications to Resident 1. LN 2 stated it was possible the nurse accidentally grabbed the wrong medication when packing the medications for home. An interview was conducted with LN 1 on 6/15/16 at 9:50 a.m. LN 1 verified she was the one who discharged Resident 1. She explained she went over the medications with Resident 1. LN 1 explained to the family member that Resident 1 had her medications at time of discharge. The family member came back after discharge and wanted to know why Resident 1 was taking the medication levetiracetam. The family member	F 281	**How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** ▪ Resident is no longer in facility. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** ▪ DON Reviewed discharged residents from October 1, 2016 – present, to confirm no additional resident was sent home with incorrect medications. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** ▪ Staff education occurred by DON/ADON/DSD on 9/23/16 regarding discharge process. ▪ Double check system implemented on 9/23/16. A double signature required for all patient discharges to validate discharge medications by two licensed nurses.	

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F 281	Continued From page 3 presented a bubble pack (medication pack) of Keppra (brand name for levetiracetam). LN 1 told the family member Resident 1 did not get that medication. Resident 1's family member refused to return the medication. LN 1 denied ever administering levetiracetam to Resident 1. An interview was conducted with the Director of Nursing (DON) on 6/15/16 at 10:35 a.m. When asked about Resident 1's receiving levetiracetam with her discharge medications, the DON said she thought the medications were probably not checked with the order and just scooped up and put in a plastic bag. When asked if an error occurred, she said, "Oh, yeah." A telephone interview was conducted with the DON on 6/23/16 at 9:55 a.m. The policy and procedure on discharge medications was requested. The DON stated they had no policy and procedure. She indicated they had guidelines, but they were not written. The Nursing Practice Act Business & Professions Code Chapter 6 Nursing Section 2725 indicated, "...(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist,	F 281	**How the facility plans to monitor its performance to make sure solutions are sustained:** • DON/designee will conduct random audits of five residents a week, to assess that two people have double checked the discharge medications. Results of audits will be forwarded to QA until three consecutive months of 100% compliance is obtained.	9/23/16

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F 281	Continued From page 4 podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.	F 281		