

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


PRINTED: 04/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055619	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2015
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NAME OF PROVIDER OR SUPPLIER PLOTT NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST FIFTH STREET ONTARIO, CA 91764
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS The Following reflects the findings of the California Department of Public Health during an abbreviated survey to investigate a complaint. Complaint number: CA00436209 Representing the California Department of Public Health Surveyor: 33787 The investigation was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. A deficiency was issued for complaint number: CA00436209.	F 000	PLOTT NURSING CENTER- PLAN OF CORRECTION The plan of correction is provided pursuant to California and Health and Safety Code, Section 1280; it is prepared and/or executed solely because it is required by the provisions of federal and state law. Submission of this Plan Of Correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interests against the facility, the administrator, or any employees, agents or other individual who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth by the survey agency. The submission of the plan of correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance of admissions by the facility. This plan of correction shall constitute this facility's credible allegation of compliance.	5-5-15
F 333 SS=G	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 1 of 3 sampled residents (Resident 2) was free of significant medication error when ear drops medication was administered to Resident 2's left eye. This failure resulted in Resident 2 experiencing severe eye discomfort to the left eye, such as burning sensation, tearing, itching and irritation. Finding: On March 24, 2015, at 3:20 PM, Resident 2 was	F 333		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4-24-15
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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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NAME OF PROVIDER OR SUPPLIER PLOTT NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST FIFTH STREET ONTARIO, CA 91764		
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F 333	<p>Continued From page 1</p> <p>observed in her room, sitting on a wheelchair at her bedside, wearing dark glasses. Resident 2 removed her glasses for a few seconds. Both eyes were noted to have dark discoloration around the eyes. Tearing of the left eye was observed.</p> <p>During a concurrent interview with Resident 2, she stated 2 days ago LVN 1 from the night shift woke her up early in the morning and put ear drops medication in her left eye. Resident 2 stated immediately after the medication was administered to the left eye, it felt like it was on fire and the left eye hurt very bad. Resident 2 said she had a new medication, "but it is for her ear not for the eye." Resident 2 stated the facility called the doctor and they got her an appointment and she went to the eye doctor yesterday.</p> <p>A review of the clinical record on March 24, 2015, documented Resident 2 was readmitted to the facility on _____ with diagnosis of hemiplegia (partial paralysis of one side of the body, dysphagia (difficulty swallowing), and cataract (clouding of the lens inside the eye) removal.</p> <p>A review of the medication administration record (MAR) dated March 21, 2015, indicated Corticosporin otic (ear drop medication) suspension 2 drops to left ear BID (twice a day) times seven days for left otitis externa (ear inflammation/ infection).</p> <p>A review of the physician's order dated March 20, 2015, indicated Corticosporin otic suspension 2 drops to left ear BID x 7 days (left otitis externa).</p> <p>During an interview with the DON (Director of</p>	F 333	<p>F333 483.25 (m)(2) RESIDENT FREE FROM SIGNIFICANT MED ERRORS</p> <p>LVN 1 was given 1:1 in-service by the DON on careful handling on medication and medication management on 3-23-15. Resident 2 was closely monitored by the licensed nurses and was seen by the ophthalmologist on 3-23-15 with no new orders.</p> <p>Other licensed nurses were observed by the DON and Assistant DON to ensure they observe proper med pass procedure on 3-23-15. There are no concerns about the licensed nurses medication administration reported.</p> <p>DON/Director of Staff Development initiated a licensed nurses in-service on med pass administration on 4-21-15. The licensed nurses skills competency check on medication administration was initiated on 4-21-15. The licensed nurses' medication administration skills check will be completed to all new hires, annually and on an as needed basis. The pharmacy consultant or designee will conduct random licensed nurses medication administration evaluations on a monthly basis. The department managers will conduct daily random resident interviews to ensure their concerns about care received will be addressed.</p>		

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NAME OF PROVIDER OR SUPPLIER PLOTT NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST FIFTH STREET ONTARIO, CA 91764		
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F 333	<p>Continued From page 2</p> <p>Nurses) on March 24, 2015 at 3:45 PM, she stated LVN 1 (Licensed Vocational Nurse) told her that on March 22, 2015 the ear drop medication went into Resident 2's left eye. Resident 2's left eye was flushed with water and artificial tears and the doctor was called...the investigation has not been completed. LVN 1 was under suspension pending the result of the investigation.</p> <p>A review of the nurses note dated March 22, 2015 at 7:30 AM , documented that LVN 1 accidentally put a medication to Resident 2's left eye. Resident 2 complained of itching to left eye.</p> <p>LVN 1 was under suspension, not available for interview during the investigations.</p> <p>A review of the nurses notes dated March 23, 2015 at 2:45 PM, reflected, " incident of ear gtt (drop)was put to L (left) eye." Resident 2 complained of itchy, tears, burning, and blurred vision. Appointment was obtained to see the eye doctor at 4:00 PM.</p> <p>During a review of the facility policy and procedure, not dated, entitled, "Medication Administration" Purpose: To assure that residents receive their medication as ordered by the physician. Procedure: Check medication administration sheet...</p>	F 333	<p>The DON/Assistant DON or RN supervisor will monitor compliance through random observation of the licensed nurses' during medication pass times. The DON will monitor compliance through review of the pharmacy consultant's reports. Trends and findings will be reported to the QA committee quarterly and on an as needed basis if lack of compliance. Revisions will be made as needed.</p>		

15 APR 2015 11:14 AM
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{F 000}	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a revisit survey conducted on May 20, 2015 for Complaint number: CA00436209.</p> <p>Representing the California Department of Public Health:</p> <p>Surveyor: 33787</p> <p>Census size: 186</p> <p>Sampled residents: 10</p> <p>The inspection was limited to a specific deficiency for this revisit survey and does not represent the findings of a full inspection of the facility.</p> <p>No deficiency was issued as a result of the revisit survey for Complaint number: CA00436209.</p>	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

6-3-15

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