

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

PRINTED: 11/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/04/2016
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1138 CIRBY WAY ROSEVILLE, CA 95661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident #CA00498489. Representing the Department of Public Health: HFEN, 27708 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and clinical record review, the facility failed to ensure routine medications were available for administration for 1 of 9 sampled residents (1). This failure increased the potential for resident stress. Findings: Resident 1 was admitted to the facility with diagnoses including mental illness. Resident 1 took Geodon for the mental illness. Physician's Orders, dated 6/1/16 - 6/30/16, indicated an order for Geodon. The order, dated 5/27/16, was for Geodon 80 milligrams (mg) 2 capsules given routinely at bedtime.	F 281	PLAN OF CORRECTIONS "This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery." "This plan of correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and or guidelines.		

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

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.

Accepted 12-5-16 AW

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F 281	<p>Continued From page 1</p> <p>Resident 1's Medication Administration Record (MAR), dated 6/1/16 - 6/30/16, included Geodon 80 mg 2 capsules routinely at bedtime for mental illness. The MAR indicated on 6/10/16 and 6/14/16, Resident 1 did not receive Geodon as indicated by the licensed nurse's (LN) initials being in parentheses. The MAR Information Key indicated, "Initial parenthesized = Not Administered or Not Charted, see Reasons/Comments." Review of the Reasons/Comments section indicated, "...awaiting pharmacy."</p> <p>An interview was conducted with LN 8 on 11/4/16 at 8:39 a.m. LN 8 stated if a medication was not available, the LNs were to call pharmacy immediately and notify the Director of Nurses (DON) and the physician.</p> <p>An interview was conducted with the DON on 11/10/16 at approximately 9:40 a.m. The DON stated she and the physician were not notified of Resident 1's missed doses of Geodon. The DON acknowledged LN 1 was not familiar with ziprasidone, the generic name for Geodon.</p> <p>The facility's policy titled Administering Medications, revised 4/07, indicated, "14. If a medication is not available, the licensed nurse will evaluate the resident, notify the physician and obtain necessary orders in relation to the missed medication (if any), and notify the pharmacy immediately."</p> <p>Review of the Nursing Practice Act Rules and Regulations revealed, "Article 2. Scope of Regulation 2725 (b). The practice of nursing within the meaning of this chapter means... (2)</p>	F 281	<p>As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations."</p> <p>F281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Resident 1 has been discharged from the facility.</p>	

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F 281	Continued From page 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... as defined by Section 1316.5 of the Health and Safety Code." (Nursing Practice Act Rules and Regulations Issued by Board of Registered Nursing 1997 State of California Department of Consumer Affairs, pp.5.)	F 281	No other resident is affected by above finding. 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 Inservice was conducted by Director Of Nurses & Assistant Director Of Nurses initiated on 11/4 and completed on 11/2 to all Licensed Nurses to include but not limited to: policy titled Administering Medications, focused on what steps to do when medication is not available and appropriate documentation.	11/4/16 12/2/16	

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F 281		F 281	<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>Director of Nurses or designee will continue to audit for any medication report not administered due to inavailability until resolved.</p> <p>Director of Nurses or designee will meet with Pharmacist to work on root cause of the problem.</p> <p>How the facility plans to monitor its performance to make sure that resolutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained.</p>	<p>Monthly</p> <p>11/21/16</p>

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F 281		F 281	<p>This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance program.</p> <p>Facility will implement medication tracking for any medications documented as "not given" or "missed" by reviewing report ran by medical records or designee daily to ensure compliance is met.</p> <p>Director of Nurses or designee will report to QA q monthly and quarterly for compliance and review.</p>	11/17/16 monthly