

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/22/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 655801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/13/2017
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 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 complaint #CA00542423. Representing the Department of Public Health: HFEN, 29825 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 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must: (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and review of the clinical record, facility policies and procedures, the facility failed to follow professional standards when a CPAP (equipment to assist breathing) order was not carried over from the hospital discharge orders to the facility Medication Administration Record (MAR) for 1 of 3 sampled residents (1). This failure increased the risk for respiratory distress or failure. Findings: Resident 1 was admitted to the hospital with diagnoses which included respiratory failure.	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."		11/17 POC Approved Emma HFS

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.

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F 281	<p>Continued From page 1</p> <p>Review of the hospital online referral document, dated 6/30/17, indicated Resident 1 was oxygen dependent and required a new CPAP to assist her breathing.</p> <p>Review of the hospital discharge instructions, dated 6/30/17, indicated Resident 1 was to have a BIPAP (equipment to assist breathing) placed on at night.</p> <p>Review of the facility physician orders, dated 7/1/17 - 7/18/17 had no order for a CPAP. BIPAP was not ordered until 7/3/17.</p> <p>During an interview with the Director of Nurses on 8/17/17 at 12:32 p.m. she verified there was no physician order on the MAR for a CPAP on 6/30/17 and said, "[Licensed Nurse 1] missed it. She didn't put an order in for CPAP on admit." She continued, "There's no documentation CPAP was set up 6/30/17, the night of admission."</p> <p>Review of the Physician's Orders, dated 7/1/17, had a note by the Respiratory Therapist which indicated "she is currently on CPAP for her new dx [diagnosis] of obstructive sleep apnea [forgetting to breathe while asleep] but since she is a heavy CO2 retainer [too little carbon dioxide, a gas, is removed from the blood by the lungs] she would benefit from BIPAP which I noted she did better c [with] in the hospital. Can we [change] it to BIPAP?"</p> <p>Review of the nurse's notes, dated 7/1/17 at 1:29 p.m., indicated Resident 1's oxygen level in her blood had dropped to 78-85% on room air (normal being 95-100%). She was confused and restless and the Respiratory Therapist then</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>Resident 1 has been discharged from the facility. Before discharge resident one had physician orders put in place for BIPAP and orders were carried out by licensed nurses each shift.</p> <p>Director of Nursing, Assistant Director of Nursing and Unit Manager all performed chart reviews of all residents in the facility on 07/05/2017 to ensure that all orders for CPAP and BIPAP were entered into the computer on the treatment</p>		

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NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95861		
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F 281	<p>Continued From page 2</p> <p>helped set up her CPAP following this incident. There was no documentation it was set up prior to this time.</p> <p>A policy and procedure for transcription of physician orders from hospital to facility was requested but not provided.</p> <p>Review of the facility policy and procedure titled CPAP/BIPAP Support, dated March 2016, indicated "Preparation...3. Review the physician's order..."</p> <p>According to the California Nursing Practice Act in the Business and Professions Code, Chapter 6 Nursing, Section 2725, "(b) The practice of nursing within the meaning of this chapter means those functions...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."</p>	F 281	<p>administration records. No other missing orders were identified.</p> <p>The facility Admissions team will pre-screen all admissions for any orders with BIPAP and or CPAP to ensure that it is in the facility and available before resident admits to the facility. Admissions Director/designee will notify admitting nurse/designee if there is an order for BIPAP and or CPAP and admitting nurse/designee will input order for BIPAP and or CPAP and ensure it is setup at the bedside and ready for use. Licensed nurses were inserviced on July 2017 regarding how to use CPAP/BIPAP, cleaning of CPAP/BIPAP equipment, how to enter orders for</p>		

**CPAP/BIPAP equipment
and how to obtain settings
for CPAP/BIPAP
equipment.**

**DON/Designee will review
all new orders and
admission orders daily for 4
weeks specifically for
CPAP/BIPAP to ensure that
it is set up in the resident
room and orders are
entered correctly. All
findings will be reviewed in
our daily Standup/Quality
Assurance meeting for 4
weeks and in our quarterly
Quality Assurance meeting
ongoing.**

**Corrective Action was
completed by August 31st,
2017 for inservicing, chart
reviews and order reviews.
Discussion of continued
findings will continue to be**

**reviewed in quarterly
Quality Assurance
meetings.**