California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA230000024	A. BUILDING _____ B. WING _____	C 06/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - REDDING	1836 GOLD STREET REDDING, CA 96001

(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) COMPLETE DATE
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint number: 271111 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 22705, HFEN A deficiency was written for complaint 271111.	A 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.	
A 911	T22 DIV5 CH3 ART5-72528(c) Informed Consent Requirements (c) Before initiating the administration of psychotherapeutic drugs, or physical restraints, or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function, facility staff shall verify that the patient's health record contains documentation that the patient has given informed consent to the proposed treatment or procedure. The facility shall also ensure that all decisions concerning the withdrawal or withholding of life sustaining treatment are documented in the patient's health record. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to obtain informed consent from Patient 1 prior to the administration of Zoloft, an anti-depressant medication. This deprived Patient 1 from being told of the risks, benefits, and alternative measures and had the potential to cause an adverse drug reaction.	A 911	This Plan of Correction shall constitute this facility's credible allegation of compliance. **A 911 T22 DIV5 CH3 ART3-72328(c) Informed Consent Requirements** **How the correction(s) will be accomplished immediately for residents affected by the deficient practice.** Patient 1 is no longer on any psychotherapeutic agent. **How the facility will identify other residents potentially affected by the same deficient practice.**	

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Executive Director TITLE 7/6/11 (X6) DATE

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A 911	Continued From page 1 Findings: A review of Patient 1's record disclosed that she was admitted on 11/19/08 with diagnoses that included heart problems and diabetes. A review of the Medication Administration Record disclosed that Zoloft 50 milligrams was administered daily from 1/1 through 1/17/10 and on 1/19/10. The medication was discontinued on 1/20/10. There was no documentation in either the physician's order or progress note regarding informed consent. During an interview on 6/2/11 at 2 pm, Patient 1 recalled taking a medication called Zoloft that made her "see things". Patient 1 stated that her physician never told her anything about Zoloft. During an interview on 6/6/11 at 11:15 am, Administrative Staff A confirmed that there was no consent form for Zoloft in Patient 1's record.	A 911	All residents who have orders for psychotherapeutic drugs or physical restraints have the potential to be affected. **What measures the facility will put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** Licensed nursing staff will be in-serviced on ensuring that appropriate documentation is present in the health care record prior to administering any psychotherapeutic drug or applying a physical restraint on any patient as indicated by regulation and policy and procedure. QA&A committee will monitor for compliance and make further recommendations as necessary. **The title or position of the person responsible for the correction(s)** Director of Nursing Services **Date of Completion.** **7/24/11**	