DC

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

12/16/15 QVL + HFES acceptable POC

(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 #CA00452628. Representing the Department of Public Health: HFEN, 33423 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	Eskaton Care Center Fair Oaks, without admitting fault submits the following plan of correction in accordance with the regulatory requirements found in Title 42, Code of Federal Regulation (CFR).	
F 333 SS=D	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 staff interviews and facility clinical records and document review, the facility failed to provide accurate medication administration for 2 of 4 residents (resident 1 and 4) when: The dosage of insulin (a hormone that regulates the amount of glucose -sugar- in the blood) was not accurately administered to Resident (Res.) 1 and Res. 4. This failure had the potential to cause harm due to Res. 1 and Res. 4 not receiving the correct amount of insulin. Findings: 1. Review of facility clinical document titled,	F 333	A. The insulin orders for residents found to have been affected by the deficient practice were clarified on 9/25/2015. Each order was again reviewed on 12/10/2015. Only the order for Res 1 required further clarification. Please see attached exhibit 1 for clarification. B. A comprehensive list of all residents receiving Hormones and Synthetic Substitutes, Antidiabetic Agents and Insulins was produced to identify all residents in the facility are currently receiving insulin therapy for management of diabetes mellitus. This was done to identify other residents who were potentially affected by this deficient practice. This list was generated on two separate occasions (on	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 12/14/15

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 1 "Resident Admission Record: [Res. 1's name]" indicated Res. 1 was admitted to the facility in August 2014 for Alzheimer's disease (a progressive mental deterioration). Additional diagnoses included Diabetes Mellitus (a deficiency in the hormone insulin which results in the inability of the body to metabolize sugars and starches). Review of facility clinical document titled, "Physician Order Report" [for Res. 1] with a date range of 7/1/15 through 7/31/15 indicated the following: "...Start date 10/29/2014 Novolog [a fast acting insulin] amt: 7 units + sliding scale...Special instructions: If BG [blood glucose - amount of glucose in the blood] < 200 - add no units IF BG 201 - 250 = ADD 1 UNITS IF BG 251 - 300 = ADD 2 UNITS IF BG 301 - Above = ADD 3 UNITS If over 350 notify MD... **if pt is not eating, only administer sliding scale, do not administer 5 units baseline** **with meal** Once a day; 08:00 Start date 03/09/2015 Novolog...amt: 5 units + sliding scale...Special Instructions: If BG < 200 = add no units IF BG 201 -250 = ADD 1 UNITS IF BG 251 - 300 = ADD 2 UNITS IF BG 301 - ABOVE = ADD 3 UNITS Notify MD...if <60 or >350 at time BG is taken. **if pt is not eating only administer sliding scale, do not administer 5 units baseline.**	F 333	9/25/2015 and again on 12/10/2015). On 9/25/2015, any resident in the facility with combined insulin orders consisting of both a baseline order and a corrective dosing order based on glucose levels were separated and now require accountability and documentation of either the administration or deferment of the baseline dose and/or the corrective dose. On 12/10/2015, all orders were again reviewed. Based on the type of insulin (basal, long acting insulin; rapid acting; short acting; intermediate; and/or mixture) each order was reviewed for appropriateness of time of administration. The insulin protocol for Res 1 was reviewed with the physician and the pharmacist and is unique to this resident which allows for certain exceptions to manufacturer recommendations. Again, this order has been re-clarified to ensure clarity of	

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 2 ****with meal**** Twice A Day; 11:30, 16:30" On 8/14/15 at 11:45 a.m., during a concurrent observation and interview, the meal tray for Res. 1 arrived on the floor. At 12:15 p.m., LVN1 went to Res. 1's room and checked Res. 1's blood glucose level. LVN1 said, "He won't be getting any insulin because his blood sugar is 193 and he wasn't eating. Per the doctor's order if he's not eating and his blood sugar is below 201 he doesn't get insulin." On 9/25/15 at 2:55 p.m., during a concurrent interview and record review, LVN (licensed vocational nurse) 2 verified the insulin orders for Res.1. LVN2 also verified Res. 1's diabetic medication administration history (DMAH) report dated June 1, 2015. LVN2 confirmed the DMAH report indicated Res. 1's blood sugar reading at 8 a.m. was 133 and no insulin was documented as administered (per Res. 1's insulin order, 7 units of insulin should have been administered). LVN2 said, "I didn't write any notes why insulin was not given so I missed giving it." LVN2 verified Res. 1's DMAH record for June 27, 2015. LVN2 confirmed the document indicated Res. 1's blood sugar was 161 at 8 a.m., and no insulin was administered (per Res. 1's insulin order, 7 units of insulin should have been administered)." LVN2 reviewed the DMAH record for Res. 1 dated July 7, 2015. LVN2 confirmed the document indicated Res. 1's blood sugar was 160 at 8 a.m. and 70 units of insulin were documented as being administered (per Res. 1's insulin order, 7 units of insulin should have been administered).	F 333	administration instructions for this patient. . C. Each insulin order is entered into the electronic health record will be verified by a licensed and/or professional nurse for clarity ensuring that each phase of the insulin administration process is separate and the administration of each dose of insulin is accounted for with a glucose level (if required) and the units provided. A written inservice will be provided for all licensed and professional nurses. The inservice will include a written examination pertaining to insulin administration, to ensure that each nurse is knowledgeable and competent to administer insulin. A separate clinical component of the inservice (skills check) will be given to each nurse individually to observe the preparation of insulin for administration to be supervised by the Director of Nursing, Director of Staff	

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 3 LVN2 stated the amount of insulin documented as administered was an error. LVN2 said, "I would have given him 7 units not 70 based on the order." LVN2 reviewed the DMAH record for Res. 1 dated August 30, 2015. LVN2 verified the record indicated Res. 1's blood sugar was 101 at 8 a.m. and no insulin was administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. On 9/25/15 at 3:23 p.m., during a concurrent interview and record review, LVN3 confirmed the insulin orders for Res. 1. LVN3 verified the DMAH report for Res. 1 on July 1, 2015, at 11:30 a.m. indicated Res. 1's blood sugar was 240, he was not eating and he was administered 2 units of insulin. Per Res. 1's insulin order, if not eating Res. 1 should have been administered 1 unit of insulin. LVN3 also reviewed the DMAH report for Res. 1 dated July 4, 2015. LVN3 confirmed the report indicated at 11:30 a.m., Res. 1's blood sugar was 266 and 2 units of insulin were given. LVN3 said, "I didn't include any comments to indicate whether Res. 1 was or was not eating." Per Res. 1's insulin order, if Res. 1 was eating a total of 7 units of insulin (5 units baseline plus 2 units sliding scale) should have been administered; if not eating, only 2 units of insulin should have been administered. LVN3 said, "I think I meant to write out a comment explaining why 2 units but I got busy or forgot." LVN3 reviewed the the DMAH report for Res. 1 dated July 12, 2015 at 11:30 a.m. LVN3 confirmed the record indicated Res. 1's blood	F 333	Development, Unit Manager, or designee D. 1. A single binder will be created entitled *POC Insulin administration 11/2015*. It will contain a copy for the 2567, a list of all active licensed and professional nurses and a copy of the skill checklist and the examination. 2. Each month the unit manager or designee for each unit will independently review the insulin administration orders for the current residents/patients of a different unit for accuracy and completeness and accountability. The orders will be forwarded to the facility Director of Nursing (DON) Services or designee for review. The DON will forward to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 3 months. If any additional trends or patterns are identified concerns will be	

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 4 sugar was 276 and 5 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. LVN3 said, "It should have been 7 units not 5." LVN3 reviewed the DMAH report for Res. 1, dated July 16, 2015 at 11:30 a.m. LVN3 confirmed the record indicated Res. 1's blood sugar was 260 and 5 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. LVN3 said, "Should have been 7 units not 5. I wrote a comment that he ate 50% of his meal. So he ate and should have gotten 7." LVN3 reviewed the DMAH report for Res. 1, dated August 16, 2015 at 8 a.m. LVN3 confirmed the record indicated Res. 1's blood sugar was 283 and 8 units of insulin were administered. Per Res. 1's insulin order, 9 units of insulin should have been administered. LVN3 said, "It should have been 9 not 8. Should have shown 2+7 not 1+7. I don't have an explanation why." On 9/25/15 at 3:20 p.m., during a concurrent interview and record review, LVN5 confirmed the insulin orders for Res. 1. LVN5 reviewed the DMAH report for Res. 1 for the the time frame from July 1 through July 30, 2015. LVN5 said, "Looking at the order I find it's confusing. There were several days when his blood sugar was below 200 so I entered zero units meaning he got no sliding scale units. Then on 7/5 his blood sugar was 293 so I gave him 2 units. I'm sure I gave him the baseline in addition to the sliding scale of 2; giving him a total of 7. I think I'm assuming the baseline is assumed to have been given and we're just recording the sliding scale amount."	F 333	forwarded to the Quarterly QAPI team for review and/or corrective actions/suggestions. 3. Each unit manager or designee will observe the licensed nurse prepare and administer insulin at least 2 times per week (breakfast, lunch, dinner, or bedtime), weekly for four weeks, and then at least 1 time monthly until March 1, 2016. E. The facility will be substantial compliance by 12/15/2015.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 5 2. Review of facility clinical document titled, "Resident Admission Record: [Res. 4's name]" indicated Res. 4 was admitted to the facility in September 2012 for Dementia, a chronic or persistent disorder of the mental processes. Additional diagnoses included Diabetes Mellitus. Review of facility clinical document titled, "Physician Order Report" [for Res. 4] dated 9/23/15 indicated the following: "Start Date 10/16/2013 Novolin R [short acting insulin]... Special instructions: IF BG < 60 & alert give snack...hold insulin IF BG 60-199 do not give insulin; IF BG 200-249 give 2 units; 250-299 give 4 units; 300-349 give 6 units; 350-399 give 8 units. IF BS > 400 give 10 units and notify provider QHS - At bedtime; 20:00 Start Date 10/16/2013 Novolin R... Special instructions: IF BG < 60 & alert give snack...hold insulin IF BG 60-150 do not give insulin; IF BG 151-200 give 2 units; 201-249 give 4 units; 250-300 give 6 units; 301-349 give 8 units. 350-400 give 10 u. IF BS > 401 give 12 units and notify provider AC - Before Meals; 08:00, 11:30, 16:30"	F 333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 6 "Start date 09/23/14 Humulin N [long acting insulin]... 10 units Special Instructions: hold if blood sugar < 100 Twice A Day; 07:30, 20:00" On 9/25/15 at 2:55 p.m., during a concurrent interview and record review, LVN2 verified the Physician Order Report (regarding insulin orders) for Res. 4. LVN2 confirmed Res. 4's DMAH report for August 6, 2015, at 11:30 a.m. indicated 4 units of insulin had been administered. Per Res. 4's insulin order, Res. 4 should have been administered 6 units of insulin. LVN2 said, "On August 6, I gave her 4 units of insulin instead of 6 as the order calls for." On 9/25/15 at 2:40 p.m., during a concurrent interview and record review, LVN4 verified the Physician Order report (regarding insulin orders) for Res. 4. LVN4 confirmed the DMAH report, dated June 17, 2015 at 4:30 p.m. indicated Res. 4's blood sugar was 210 and 2 units of insulin were administered. Per Res. 4's insulin order, 4 units of insulin should have been administered. LVN4 said, "I gave her 2 units of insulin but should have given 4 units according to the order." LVN4 reviewed the DMAH report for Res. 4, dated August 12, 2015 at 4:30 p.m. LVN4 confirmed the report indicated Res. 4's blood sugar was 352 and 100 units of insulin were administered. Per Res. 4's insulin order, 10 units of insulin should have been administered. LVN4 said, "It should be 10 units. I didn't give 100 units, it's not in the order...Proper and correct documentation is important. I know it says I gave 100 but I didn't."	F 333		

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 7 LVN4 reviewed the DMAH report for Res. 4, dated June 18, 2015 at 8 p.m. LVN4 verified the record indicated Res. 4's blood sugar was 222 and 4 units of insulin were administered. Per Res. 4's insulin order, 2 units of insulin should have been administered. LVN4 said, "She should have received 2 units not 4. Maybe a typo. I don't know." On 9/25/15 at 4 p.m., during a concurrent interview and record review, the Director of Nursing (DON) confirmed the Physician Order Report, regarding insulin orders, for Res. 1 and Res. 4. The DON verified Res. 1's Novolog insulin order for 8 a.m. was unclear when one section of the order indicated the baseline number of units to be administered was 7 and another section of the order indicated the baseline number of units to be administered was 5. The DON confirmed the DMAH reports for Res. 1 and Res. 4, included dates where the incorrect dosage of insulin was administered." Review of facility policy titled, "Medication Administration General Guidelines" dated 12/12 indicated "Medication Preparation: ...3. Prior to administration...if there is any other reason to question the dosage or directions, the prescriber's orders are checked for the correct dosage schedule...Medication Administration: 1. Medications are administered in accordance with written orders of the prescriber...If necessary, the nurse contacts the prescriber for clarification..." Review of facility policy titled, Medication Administration Subcutaneous Insulin" dated 9/10	F 333		

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 333	Continued From page 8 indicated "Procedures...2. Check prescriber's order for insulin...9. Prepare injection A. Determine correct amount of insulin to be withdrawn.	F 333		
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility record review, the pharmaceutical services did not assure the accurate administration of insulin for Resident (Res.) 1 when: Resident (Res.) 1's physician prescribed insulin (a hormone that regulates the amount of glucose	F 425	A. The insulin orders for residents found to have been affected by the deficient practice were clarified on 9/25/2015. Each order was again reviewed on 12/10/2015. B. All residents in the facility who receive insulin therapy for management of diabetes mellitus were reviewed and were potentially affected by this deficient practice. Any other patients found to have combined insulin orders consisting of both a baseline order and a corrective dosing order based on glucose levels were separated and now require documentation of administration of the baseline dose and the corrective dose. C. Each insulin ordered entered into the electronic health record will be verified by a licensed and/or professional nurse for clarity ensuring that	

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 425	Continued From page 9 -sugar- in the blood) order included two distinct and different baseline dosages of insulin in the same order; the order also included the inappropriate timing of insulin administration. This failure had the potential to result in a decreased quality of life and harm due to Res. 1 having an increased blood sugar level. Findings: Review of facility clinical document titled, "Resident Admission Record: [Res. 1's name]" indicated Res. 1 was admitted to the facility in August 2014 for Alzheimer's disease (a progressive mental deterioration). Additional diagnoses included Diabetes Mellitus (a deficiency in the hormone insulin which results in the inability of the body to metabolize sugars and starches). Review of facility clinical document titled, "Physician Order Report" [for Res. 1] with a date range of 7/1/15 through 7/31/15 indicated the following: "Start date 10/29/2014 Novolog [fast acting form of insulin] amt: 7 units + sliding scale...Special instructions: If BG [blood glucose - a measure of the amount of glucose in blood] = 200 - add no units IF BG 201 - 250 = ADD 1 UNITS IF BG 251 - 300 = ADD 2 UNITS IF BG 301 - Above = ADD 3 UNITS **if pt is not eating, only administer sliding scale, do not administer 5 units baseline** **with meal** Once a day: 08:00"	F 425	each phase of the insulin administration process is separate and the administration of each dose of insulin is accounted for with a glucose level (if required) and the units provided. D. Each month the pharmacist will also independently review the insulin administration orders for the current residents for each unit for accuracy and completeness and for compliance with package insert administration information, making sure the administration documentation on MAR adheres to the manufacturer dosing guidelines. For Res 1, Please note that although the recommendation for insulin Aspart (Novolog) may be administered immediately within 5 – 10 minutes before the meal, it is acceptable to ensure that this resident is eating prior to administration of this type of insulin and may therefore be administered with the	

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 425	Continued From page 10 Start date 03/03/2015 Novolog amt: 5 units + sliding scale... Special Instructions: If BG < 200 = add no units IF BG 201 -250 = ADD 1 UNITS IF BG 251 - 300 = ADD 2 UNITS IF BG 301 - ABOVE = ADD 3 UNITS **If pt is not eating only administer sliding scale, do no administer 5 units baseline** ***with meal*** Twice A Day: 11:30, 16:30" Start date 03/03/2015 Lantus [long acting form of insulin]... amt: 15 UNITS... Once A Morning; 08:00 On 9/25/15 at 2:55 p.m., during a concurrent interview and record review, LVN (Licensed Vocational Nurse) 2 verified the insulin orders for Res. 1 and said, "I see the order at one place calls for 7 units + sliding scale and in a different place it calls for the baseline being 5. I should have called his MD and clarified the order." On 9/25/15 at 3:23 p.m., during a concurrent interview and record review, LVN3 verified the insulin orders for Res. 1 and said, "I didn't notice that (referring to the 8 a.m., Novolog insulin order which included two differing baseline dosages) until now." LVN3 stated the order should have been clarified. On 9/25/15 at 3:20 p.m., during a concurrent interview and record review, LVN5 verified the insulin orders for Res. 1 and said, "Looking at the order, I find it's confusing...The order is not clear. I don't know why I didn't clarify the order."	F 425	meal. It is also appropriate to use the fasting blood sugar results taken before the meal and does not require a second blood sugar after he has begun to eat for the determination of the dose to be administered. An accounting of the review will be included in the monthly Executive Summary report to the Executive Director of the facility. The pharmacist will also provide a verbal report during the quarterly QAPI meeting. If any additional trends or patterns (irregularities) are identified concerns will be forwarded to the DON and to the Quarterly QAPI team for review and/or corrective actions/suggestions. E. The facility will be substantial compliance by 12/15/2015.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 425	Continued From page 11 On 9/25/15 at 4 p.m., during a concurrent interview and record review, the DON verified the insulin orders for Res. 1. The DON acknowledged the baseline amount of insulin, for the 8 a.m. dosage of Novolog, should have been clarified [one part of the order indicated 7 units; another part indicated 5 units]. The DON also stated the insulin order could have been further clarified by indicating when insulin would not be given. On 10/26/15 at 12:10 p.m., interviewed the pharmacist consultant (PC) for the facility. She acknowledged that she had missed the baseline discrepancy with Res. 1's 8 a.m. Novolog insulin order; the baseline number of insulin units to be administered should be 7 and not 5. She also stated a hold parameter, a blood sugar below which no insulin would be given, could have been included. On 11/18/15 at 11:05 a.m., interviewed the facility PC. She said, "Nolog is usually given 15 to 20 minutes before a meal." I asked how would staff know the number of units to give Res. 1 as the number of units to be given was conditional on whether Res. 1 did or did not eat. PC said, "Staff should know him well enough to know if he is going to eat or not." Review of a facility document titled, "Medication Regimen Review" indicated there were no medication suggestions, from the facility pharmacist, for Res. 1 following a review of his physician ordered medications for the months of June, July and August 2015. Review of Facility policy, titled "Orders-Processing Recapitulation" dated 8/6/13	F 425		

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

PRINTED: 12/01/2015
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
	555153	A. BUILDING _____ B. WING _____	C 11/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 425	Continued From page 12 indicated, "Policy Statement Physician orders are processed and recapitulated in a systematic manner to ensure the capture and implementation of the medical plan...Medical Records Processing: b) If an order is not able to be read, or unclear, the order will be clarified with the ordering health care provider by the nursing staff..."	F 425		