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

PRINTED: 12/01/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					3) DATE SURVEY COMPLETED	
		555153	B. WING			44/5		
NAME OF F	PROVIDER OR SUPPLIER		·	8	STREET ADDRESS, CITY, STATE, ZP, CODE	\	23/2015	
ESKATO	N CARE CENTER FAI	ROAKS		1	1300 FAIR OAKS BLVD. PLOTS	Obj.	HE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 000	California Departm abbreviated survey complaint #CA0048 Representing the D	cts the findings of the ent of Public Health during an for the investigation of	F	000	Eskaton Care Center Fair Oaks, without admitting fault submits th following plan of correction in accordance with the regulatory requirements found in Title 42, Code of Federal Regulation (CFF			
F 333 SS=D	complaint investiga the findings of a ful 483.25(m)(2) RESI SIGNIFICANT MEI	D ERRORS Insure that residents are free of	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			
	by: Based on staff interecords and documprovide accurate mof 4 residents (residents amount of gluc not accurately administration accurately administration of the staff amount of gluc not accurately administration accurately accurate more	NT is not met as evidenced erviews and facility clinical nent review, the facility failed to nedication administration for 2 dent 1 and 4) when: Ilin (a hormone that regulates ose -sugar- in the blood) was ninistered to Resident (Res.) 1 ailure had the potential to			attached exhibit 1 for clarification. B. A comprehensive list of a residents receiving Hormones and Synthetic Substitutes, Antidiabetic Agents and Insulins was produced to identify all residents in the facility are currently receiving insuling therapy for management of diabetes mellitus. This was done to identify other and the serial	re n t		
LABORATOR	cause harm due to receiving the corre Findings: 1. Review of facility	Res. 1 and Res. 4 not ct amount of insulin.	NATURE		residents who were potentially affected by the deficient practice. This is was generated on two separate occasions (on			

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LDBK11

Facility ID: CA030000071

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		555153	B. WING		C
	PROVIDER OR SUPPLIER N CARE CENTER FAI	R OAKS	_	STREET ADDRESS, CITY, STATE, ZIP CODE 11300 FAIR OAKS BLVD, FAIR OAKS, CA 95628	11/23/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	JLD BE COMPLETION
F 333	"Resident Admissic indicated Res. 1 wa August 2014 for Alz progressive mental diagnoses included deficiency in the hothe inability of the bistarches). Review of facility of "Physician Order Rrange of 7/1/15 throfollowing: "Start date 10/29, Novolog [a fast act sliding scaleSpec glucose - amount of add no units IF BG 201 - 250 IF BG 251 - 300 IF BG 301 - Above If over 350 notify Ministructions: If BG IF BG 201 - 250 Start date 03/09/20, Novologamt: 5 uninstructions: If BG IF BG 201 - 250 START date 03/09/20, Novologamt: 5 uninstructions: If BG IF BG 201 - 250 START date 03/09/20, Novologamt: 5 uninstructions: If BG IF BG 201 - 250 START date 03/09/20, Novologamt: 5 uninstructions: If BG IF BG 201 - 250 START date 03/09/20, Novologamt: 5 uninstructions: If BG IF BG 201 - 250 START date 03/09/20, Novologamt: 5 uninstructions: If BG IF BG 301 - ABOV, Notify MDif <60 cm.	on Record: [Res. 1's name]" as admitted to the facility in theimer's disease (a deterioration). Additional I Diabetes Mellitus (a armone insulin which results in tody to metabolize sugars and inical document titled, eport" [for Res. 1] with a date ough 7/31/15 indicated the ough 7/31/15 indicated the dial instructions: If BG [blood of glucose in the blood] < 200 - ADD 1 UNITS = ADD 2 UNITS = ADD 3 UNITS ID only administer sliding scale, is units baseline** 200 = add no units ADD 1 UNITS ADD 2 UNITS E = ADD 3 UNITS DISTRIBUTED TO STATE OF STA	F 33	9/25/2015 and again of 12/10/2015). On 9/25/2015, any resident the facility with combininsulin orders consisting both a baseline order as a corrective dosing orders and prequire accountability adocumentation of either the administration or deferment of the basel dose and/or the correct dose. On 12/10/2015, orders were again reviewed. Based on the type of insulin (basal, I acting insulin; rapid acting insulin; rapid acting insulin; rapid acting insulin; rapid acting insulin. The inprotocol 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. Agathis order has been reclarified to ensure clarified to ensure clarity.	at in ed ed eg of and ler ls ow and er ine tive all ne ong ting; ate; order e of sulin

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OF ALE	TO LOST MEDIONIZE	A MEDICAID SERVICES			(JMB NO.	. 0938-0391
	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(E CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		555153	B. WING			1	C 23/2015
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		2012010
ESKATO	N CARE CENTER FAI	IR OAKS		11	1300 FAIR OAKS BLVD. AIR OAKS, CA 95628		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 333	observation and int 1 arrived on the flor to Res. 1's room ar glucose level. LVN any insulin because wasn't eating. Per eating and his blood doesn't get insulin.' On 9/25/15 at 2:55 interview and recor vocational nurse) 2 Res. 1. LVN2 also medication adminidated June 1, 2015 report indicated Rea. a.m. was 133 and administered (per linsulin should have said, "I didn't write given so I missed g LVN2 verified Res. 2015. LVN2 confir Res. 1's blood suginsulin was administered)." LVN2 reviewed the dated July 7, 2015 document indicated at 8 a.m. and 70 ur as being administered	5 a.m., during a concurrent terview, the meal tray for Res. or. At 12:15 p.m., LVN1 went and checked Res. 1's blood 11 said, "He won't be getting the his blood sugar is 193 and he the doctor's order if he's not a sugar is below 201 he." p.m., during a concurrent red review, LVN (licensed 2 verified the insulin orders for verified Res. 1's diabetic istration history (DMAH) report 5. LVN2 confirmed the DMAH as. 1's blood sugar reading at 8 no insulin was documented as Res. 1's insulin order, 7 units of a been administered). LVN2 any notes why insulin was not giving it." 1's DMAH record for June 27, med the document indicated ar was 161 at 8 a.m., and no stered (per Res. 1's insulin soulin should have been a DMAH record for Res. 1. LVN2 confirmed the des. 1's insulin soulin were documented ared (per Res. 1's insulin order. 1's insulin order.		333	administration instruction for this patient. C. Each insulin order is entered into the electror health record will be verified by a licensed and/or professional nurse for clarity ensuring that each phase of the insuling 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. Written inservice will be provided for all licensed and professional nurses. The inservice will included written examination pertaining to insuling administration, to ensure that each nurse is knowledgeable and competent to administe insulin. A separate clinic component of the inservice insulin. A separate clinic component of the inservice insuling for administration observe the preparate of insulin for administration be supervised by the Director of Staff	nic se n s d) A s. se a e r cal v/ce en lly ion tion	
	/ units of insulin sh	nould have been administered).					

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

PRINTED: 12/01/2015 FORM APPROVED

AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING COMPLETED COMPLETED COMPLETED STREET ADDRESS, CITY, STATE, ZIP CODE 11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 COMPLETED COMP	STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MUI	ומודי ו	LE CONSTRUCTION		0938-0391
NAME OF PROVIDER OR SUPPLIER ES KATON CARE CENTER FAIR OAKS (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 E. WING STREET ADDRESS, CITY, STATE, ZIP CODE 11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLE OF CREED TO THE APPROPRIATE DEFICIENCY) F 333 Continued From page 3			IDENTIFICATION NUMBER:				СОМ	PLETED
ES KATON CARE CENTER FAIR OAKS ES KATON CARE CENTER FAIR OAKS (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 STREET ADDRESS, CITY, STATE, ZIP CODE 11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628 ID PROVIDER'S PLAN OF CORRECTION (X5 COMPLE TO THE APPROPRIATE DATE) CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)			555153	B. WING	·			
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			IR OAKS	<u> </u>	1	11300 FAIR OAKS BLVD.	<u> 11/7</u>	23/2015
F 333 Continued From page 3	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF	ıx	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRO	D RE	(X5) COMPLETION DATE
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. LVN3 verified the DMAH report for Res. 1. 1. LVN3 verified the DMAH report dated unity 4, 2015. LVN3 confirmed the report indicated at 11:30 a.m., Res. 1's insulin order, if rot eating Res. 1 should have been administered? 1 units of insulin vere 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. 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 report indicated at 11:30 a.m. LVN3 confirmed the report indicated at 11:30 a.m. LVN3 soid, "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 sont members are identified concerns will be	F 333	LVN2 stated the an administered was a have given him 7 u order." LVN2 reviewed the dated August 30, 21 indicated Res. 1's k and no insulin was insulin order, 7 unit administered. On 9/25/15 at 3:23 interview and recordinsulin orders for R DMAH report for Rea.m. indicated Res. was not eating and of insulin. Per Res Res. 1 should have insulin. LVN3 also reviewed dated July 4, 2015 indicated at 11:30 at 266 and 2 units of i'll didn't include any whether Res. 1 was 1's insulin order, if I units of insulin (5 unsilding scale) shou not eating, only 2 ubeen administered to write out a comm I got busy or forgot. LVN3 reviewed the dated July 12, 2015	nount of insulin documented as an error. LVN2 said, "I would nits not 70 based on the DMAH record for Res. 1 015. LVN2 verified the record blood sugar was 101 at 8 a.m. administered. Per Res. 1's is of insulin should have been p.m., during a concurrent direview, LVN3 confirmed the es. 1. LVN3 verified the es. 1. LVN3 verified the es. 1. Duly 1, 2015, at 11:30 and 1's blood sugar was 240, he he was administered 2 units and insulin order, if not eating the been administered 1 unit of the DMAH report for Res. 1. LVN3 confirmed the report a.m., Res. 1's blood sugar was insulin were given. LVN3 said, or comments to indicate so or was not eating." Per Res. Res. 1 was eating a total of 7 inits baseline plus 2 units alid have been administered; if nits of insulin should have LVN3 said, "I think I meant thent explaining why 2 units but the DMAH report for Res. 1 at 11:30 a.m. LVN3	F	333	Manager, or designee D. 1. A single binder will created entitled POC Insulin administration 11/2015. It will contain copy for the 2567, a list of all active licensed a professional nurses are a copy of the skill checklist and the examination. 2. Each month the unimanager or designee each unit will independently review 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 Nursing (DON) Service or designee for review The DON will forward the Quality Assurance Performance Improvement (QAPI) Committee monthly x months. If any additional trends or patterns are identified	a a st and and st for the ed of es to	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING C STREET ADDRESS, CITY, STATE, ZIP CODE 11/23/2015 ESKATON CARE CENTER FAIR OAKS (X3) DATE SURVEY COMPLETED C 11/23/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 11/300 FAIR OAKS BLVD, FAIR OAKS, CA 95628			A MEDICAID SERVICES				O	vib no.	0938-0391
AMME OF PROVIDER OR SUPPLIER ESKATON CARE CENTER FAIR OAKS (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FAIR OAKS, CA 55628 FAR OAKS, CA 55628 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 administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. LVN3 said, "Should have been administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. LVN3 said, "Should have been administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. LVN3 said, "Should have been administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin should have been administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin were administered. Per Res. 1's insulin order, 7 units of			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE	SURVEY
ESKATON CARE CENTER FAIR OAKS ESKATON CARE CENTER FAIR OAKS ESKATON CARE CENTER FAIR OAKS STAGE 13300 FAIR OAKS BLVD. FAIR OAKS LVD. FAIR			555153	B. WING			į		
### STANTON CARE CENTER FAIR OAKS ### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSO IDENTIFYING INFORMATION) ### SUBMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSO IDENTIFYING INFORMATION) ### 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 administered. LVN3 said, "It should have been administered. LVN3 said, "It should have been administered. LVN3 said, "Should have been administered. LVN3 sonfirmed the record indicated Res. 1's blood sugar was 263 and 8 units of insulin were administered. LVN3 confirmed the record indicated Res. 1's blood sugar was 283 and 8 units of insulin were administered. LVN3 sonfirmed the record indicated Res. 1's blood sugar was 283 and 8 units of insulin should have been administered. LVN3 said, "It should have been administered. LVN3 sonfirmed the interview and record review, LVN5 confirmed the interview and record review, LVN5	NAME OF F	PROVIDER OR SUPPLIER			STREE	TADDRESS CITY STATE 710	P CODE	11/4	312015
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 7 units not 5." LVN3 reviewed the DMAH report for Res. 1's blood sugar was 280 and 5 units of insulin were administered. Per Res. 1's insulin order, 7 units of insulin should have been administered administered. LVN3 said, "Should have been administered 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. LVN3 said, "It should have been administered. LVN3 said, "It should have bee	ESKATO	N CARE CENTER FAI	IR OAKS	•	11300	FAIR OAKS BLVD.	CODE		
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 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 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	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ION SHOULD HE APPROPE	RF :	(X5) COMPLETION DATE
DMAH report for Res. 1 for 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	sugar was 276 and administered. Per of insulin should has aid, "It should have LVN3 reviewed the dated July 16, 2015 confirmed the record sugar was 260 and administered. Per of insulin should have comment that he aid and should have go LVN3 reviewed the dated August 16, 20 the record indicated 283 and 8 units of i Res. 1's insulin ordhave been adminishave been 9 not 8. 1+7. I don't have a On 9/25/15 at 3:20 interview and record insulin orders for Right DMAH report for Right from July 1 through "Looking at the ordwere several days where several days below 200 so I enteno sliding scale uni sugar was 293 so I gave him the basel scale of 2; giving his assuming the base given and we're jus	5 units of insulin were Res. 1's insulin order, 7 units we been administered. LVN3 e been 7 units not 5." DMAH report for Res. 1, 5 at 11:30 a.m. LVN3 rd indicated Res. 1's blood 5 units of insulin were Res. 1's insulin order, 7 units we been administered. LVN3 been 7 units not 5. I wrote a te 50% of his meal. So he ate otten 7." DMAH report for Res. 1, 015 at 8 a.m. LVN3 confirmed d Res. 1's blood sugar was insulin were administered. Per. er, 9 units of insulin should tered. LVN3 said, "It should Should have shown 2+7 not in explanation why." p.m., during a concurrent d review, LVN5 confirmed the es. 1. LVN5 reviewed the es. 1 for the the time frame in July 30, 2015. LVN5 said, er I find it's confusing. There when his blood sugar was ered zero units meaning he got ts. Then on 7/5 his blood gave him 2 units. I'm sure I ine in addition to the sliding im a total of 7. I think I'm line is assumed to have been		333	forwarded to to Quarterly QAI review and/or actions/sugge 3. Each unit I designee will the licensed in prepare and a insulin at leas per week (bre lunch, dinner, bedtime), weeks, and the 1 time monthl March 1, 2016. E. The facility will be substantial com	the PI team for corrective estions. manager of observe nurse eadminister st 2 times eakfast, or ekly for found it leastly until 6. be	e or ur st	

05:10:23 p.m.

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		555153	B. WING	B. WING			4419	1
	ROVIDER OR SUPPLIER			113	REET ADDRESS, CITY, STATE, ZIP COD 600 FAIR OAKS BLVD. IR OAKS, CA 95628	E	1172	3/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	100LD	BE	(X5) COMPLETION DATE
F 333	Continued From pa	age 5	F	333				
•	"Resident Admission indicated Res. 4 w September 2012 for persistent disorder Additional diagnos Review of facility of the second secon	ty clinical document titled, on Record: [Res. 4's name]" as admitted to the facility in or Dementia, a chronic or of the mental processes. es included Diabetes Mellitus. Seport" [for Res. 4] dated the following:						
,	snackhold insulii IF BG 60-199 do r IF BG 200-249 giv 250-299 give 4 un 300-349 give 6 un	cting insulin] s: IF BG < 60 & alert give not give insulin; e 2 units; its;						
	QHS - At bedtime;	0 units and notify provider 20:00						
	snackhold insulii IF BG 60-150 do r IF BG 151-200 giv 201-249 give 4 un 250-300 give 6 un 301-349 give 8 un 350-400 give 10 u IF BS > 401 give 1	s: IF BG < 60 & alert give not give insulin; re 2 units; its; its;						

05:10:39 p.m.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			E CONSTRUCTION	(X3) DATE	SURVEY
		555153	B. WING			C 11/23/2015	
	PROVIDER OR SUPPLIER			ST 11	TREET ADDRESS, CITY, STATE, ZIP CODE 1300 FAIR OAKS BLVD. AIR OAKS, CA 95628	1772	3/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)				BE I	(X5) COMPLETION DATE
F 333	Continued From p	age 6	F:	333			
	Twice A Day; 07:3 On 9/25/15 at 2:56 interview and recording physician Order R for Res. 4. LVN2 report for August 6. 4 units of insulin or administered 6 un August 6, I gave has the order calls On 9/25/15 at 2:46 interview and recording physician Order refor Res. 4. LVN4 dated June 17, 20, 4's blood sugar with were administered units of insulin should have giver LVN4 reviewed the dated August 12, confirmed the repsugar was 352 an	cting insulin] as: hold if blood sugar < 100 0, 20:00" 5 p.m., during a concurrent ord review, LVN2 verified the deport (regarding insulin orders) confirmed Res. 4's DMAH 5, 2015, at 11:30 a.m. indicated ad been administered. Per der, Res. 4 should have been its of insulin. LVN2 said, "On ter 4 units of insulin instead of 6 for." D p.m., during a concurrent ord review, LVN4 verified the eport (regarding insulin orders) confirmed the DMAH report, 15 at 4:30 p.m. indicated Res. as 210 and 2 units of insulin d. Per Res. 4's insulin order, 4 build have been administered. a her 2 units of insulin but a 4 units according to the order." D DMAH report for Res. 4, 2015 at 4:30 p.m. LVN4 ort indicated Res. 4's blood d 100 units of insulin were					
	administered. Pe of insulin should h said, "It should be units, it's not in the	r Res. 4's insulin order, 10 units nave been administered. LVN4 10 units. I didn't give 100 a orderProper and correct important. I know it says I gave					

05:10:55 p.m.

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

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				SURVEY PLETED
		555153	B. WING			23/2015	
	ROVIDER OR SUPPLIER			113	EET ADDRESS, CITY, STATE, ZIP CODE 00 FAIR OAKS BLVD. R OAKS, CA 95628	1 1112	23/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.O BE	(X5) COMPLETION DATE
F 333	Continued From p	age 7	F	333			
	dated June 18, 20 record indicated R and 4 units of insu Res. 4's insulin ordinave been adminishould have received by an expectation of the order typo. I don't know On 9/25/15 at 4 p. interview and reconsursing (DON) con Report, regarding Res. 4. The DON insulin order for 8 section of the order number of units to another section of	e DMAH report for Res. 4, 15 at 8 p.m. LVN4 verified the es. 4's blood sugar was 222 lin were administered. Per der, 2 units of insulin should stered. LVN4 said, "She ved 2 units not 4. Maybe a ." m., during a concurrent ord review, the Director of nfirmed the Physician Order insulin orders, for Res. 1 and I verified Res. 1's Novolog a.m. was unclear when one er indicated the baseline be administered was 7 and the order indicated the of units to be administered was					
	and Res. 4, includ	ed the DMAH reports for Res. 1 led dates where the incorrect was administered."					
	Administration Ge indicated "Medica administrationif question the dosa prescriber's order dosage schedule. Medications are a written orders of the indication of the indica	colicy titled, "Medication oneral Guidelines" dated 12/12 tion Preparation:3. Prior to there is any other reason to ge or directions, the sare checked for the correctMedication Administration: 1. dministered in accordance with the prescriber for clarification"					
		policy titled, Medication bcutaneous Insulin" dated 9/10					

05:11:12 p.m. 12-14-2015

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

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	555153 B. WING				C 11/23/2015				
	ROVIDER OR SUPPLIER			11:	TREET ADDRESS, CITY, STATE, ZIP O 1300 FAIR OAKS BLVD. AIR OAKS, CA 95628	ODE	11/2	3/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE	
F 425	order for insulin9 Determine correct withdrawn. 483.60(a),(b) PHA ACCURATE PROC The facility must p drugs and biologic them under an agr §483.75(h) of this unlicensed person law permits, but or supervision of a lic A facility must prov (including procedu acquiring, receivin administering of al the needs of each The facility must e a licensed pharma on all aspects of th services in the fac This REQUIREME by: Based on staff int review, the pharm assure the accura Resident (Res.) 1 Resident (Res.) 1	res2. Check prescriber's Prepare injection A. Amount of insulin to be RMACEUTICAL SVC - CEDURES, RPH rovide routine and emergency als to its residents, or obtain eement described in part. The facility may permit nel to administer drugs if State nly under the general eensed nurse. ride pharmaceutical services ares that assure the accurate g, dispensing, and I drugs and biologicals) to meet resident. Imploy or obtain the services of cost who provides consultation ne provision of pharmacy ility. ENT is not met as evidenced erview and facility record acceutical services did not te administration of insulin for when: s physician prescribed insulin		425	A. The insulin orders residents found to been affected by deficient practice clarified on 9/25/2 Each order was a reviewed on 12/1 B. All residents in the who receive insult therapy for mana of diabetes mellit reviewed and we potentially affected deficient practice other patients four have combined in orders consisting baseline order are corrective dosing based on glucose were separated a require document administration of baseline dose an corrective dose. C. Each insulin order entered into the entered into the entered into the entered into the entered or profession for clarity ensuring the service of the service	b have the were 2015. again 0/2015. e facility in gement us were re ed by the Any and to a sulin of both ad a order e levels and now tation o the defectron be essed all nurs	y is a f		
	(a normone that re	egulates the amount of glucose							

		AND HUMAN SERVICES			Ρ.		12/01/2015 APPROVED
		& MEDICAID SERVICES					0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		LETED
		555153	B. WING			11/2) 3/2015
NAME OF F	PROVIDER OR SUPPLIER			57	TREET ADDRESS, CITY, STATE, ZIP CODE	1	0,2010
ESKATO	N CARE CENTER FAI	R OAKS			1300 FAIR OAKS BLVD. AIR OAKS, CA 95628	ν,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 425	and different baseli same order; the ordinappropriate timing. This failure had the decreased quality of having an increase Findings: Review of facility of "Resident Admission indicated Res. 1 was August 2014 for Alaprogressive mental diagnoses included deficiency in the hothe inability of the instances). Review of facility of the instances. "Physician Order Range of 7/1/15 threfollowing: "Start date 10/29/2 Novolog [fast acting scaleSpglucose - a measure blood] = 200 - add IF BG 201 - 250 IF BG 251 - 300 IF BG 301 - Above	d) order included two distinct me dosages of insulin in the der also included the g of insulin administration. It potential to result in a sof life and harm due to Res. 1 d blood sugar level. dinical document titled, on Record: [Res. 1's name]" as admitted to the facility in zheimer's disease (a l deterioration). Additional dibiabetes Mellitus (a promone insulin which results in body to metabolize sugars and dinical document titled, teport" [for Res. 1] with a date ough 7/31/15 indicated the lough 3/10 UNITS e ADD 1 UNITS and 3/10 UNITS only administer sliding scale, 5 units baseline**	F	125	each phase of the insulir 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 althoug the recommendation for insulin Aspart (Novolog) may be administered immediately within 5 – 1 minutes before the meal is acceptable to ensure that this resident is eatin prior to administration of this type of insulin and may therefore be administered with the	h or e	

05:11:51 p.m.

12-14-2015

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			{	(X3) DATE SURVEY COMPLETED	
,	• .	555153					44131	3/2015
	PROVIDER OR SUPPLIER N CARE CENTER FA			1130	EET ADDRESS, CITY, STATE, ZIP 10 FAIR OAKS BLVD. R OAKS, CA 95628	CODE .	11/24	3/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD E E APPROPRI	BE	(X5) COMPLETION DATE
F 425	Start date 03/03/20 Novolog amt: 5 units + slidi Special Instruction IF BG 201 - 250 = IF BG 201 - 300 = IF BG 301 - ABOV **if pt is not eating do no administer 5 ***with meal*** Twice A Day: 11:3 Start date 03/03/2 Lantus [long acting amt: 15 UNITS Once A Morning; 0 On 9/25/15 at 2:55 interview and reco Vocational Nurse) Res. 1 and said, "I calls for 7 units + s place it calls for th have called his MI On 9/25/15 at 3:23 interview and reco insulin orders for I that (referring to th which included two until now." LVN3 s been clarified. On 9/25/15 at 3:23 interview and reco insulin orders for I that (referring to th which included two until now." LVN3 s been clarified.	ong scale s: If BG < 200 = add no units ADD 1 UNITS ADD 2 UNITS (E = ADD 3 UNITS only administer sliding scale, is units baseline** 0, 16:30" 015 g form of insulin]	F	425	meal. It is also appropriate to us fasting blood sugar taken before the does not require blood sugar afte begun to eat for determination of to be administen accounting of the will be included monthly Executive Summary report Executive Direct facility. The pha will also provide report during the QAPI meeting, additional trends patterns (irregula identified concer forwarded to the to the Quarterly team for review corrective actions/suggesti E. The facility will be substantial comparison.	gar results meal and a second results the fast the dose ed. An ereview in the vestor of the armacist a verbal equarterly of any sor arities) are QAPI and/or ions.	d d	

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CC	PNSTRUCTION	(X3) [DATE SURVEY COMPLETED
		555153	B. WING			C -	
	PROVIDER OR SUPPLIER N CARE CENTER FA			11300	ET ADDRESS, CITY, STATE, ZIP CO FAIR OAKS BLVD. OAKS, CA 95628		11/23/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 425	On 9/25/15 at 4 p. interview and recoinsulin orders for Facknowledged the the 8 a.m. dosage clarified [one part another part indicastated the insulin clarified by indicat given. On 10/26/15 at 12 pharmacist consuacknowledged the discrepancy with Forder; the baseline administered shows tated a hold parawhich no insulin wincluded. On 11/18/15 at 11 PC. She said, "Nominutes before a know the number	m., during a concurrent ord review, the DON verified the Res. 1. The DON be baseline amount of insulin, for of Novolog, should have been of the order indicated 7 units; ated 5 units]. The DON also order could have been furthering when insulin would not be standard (PC) for the facility. She at the had missed the baseline Res. 1's 8 a.m. Novolog insuling a number of insulin units to be all the property of the pr	FZ	425			
	whether Res. 1 di should know him going to eat or no					•	
	Regimen Review' medication sugge pharmacist, for Re	y document titled, "Medication indicated there were no stions, from the facility es. 1 following a review of his medications for the months of gust 2015.				•	
	Review of Facility "Orders-Processi	policy, titled ng Recapitulation" dated 8/6/13			· .		

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

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STATEMENT OF DEFICIENCIES (X1) PRO AND PLAN OF CORRECTION IDEN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DAT	(X3) DATE SURVEY COMPLETED C 11/23/2015	
		555153	B. WING	B. WING				
NAME OF PROVIDER OR SUPPLIER ESKATON CARE CENTER FAIR OAKS				113	REET ADDRESS, CITY, STATE, ZIP COL 00 FAIR OAKS BLVD. IR OAKS, CA 95628)E	23/2015	
(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	processed and rec manner to ensure to implementation of Records Processin be read, or unclear	Statement Physician orders are apitulated in a systematic	F4	25				
					. ,			
		·						