STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555806	A. BUILDING _____ B. WING _____	C 08/07/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBROOK	1950 CALLE BARCELONA CARLSBAD, CA 92009

(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 standard survey. Complaint Number: CA00594743 Category: Pharmaceutical Services Representing the California Department of Public Health: Health Facilities Evaluator Nurse, 36838. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. A deficiency was identified at F 755.	F 000	The Plan of Correction shall constitute this facility's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and C.F.R. 405.1907	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. 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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755	F 755 Resident 1 is no longer in the facility. An audit was done on residents who are taking medications for Parkinson's disease to ensure that they were transcribed correctly. No other residents were affected by this deficiency. RECEIVED CA DEPT OF PUBLIC HEALTH SEP 24 2018	

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

LICENSING & CERTIFICATION
SAN DIEGO DISTRICT OFFICE

9/19/18

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.

cac 9/25/18 OK

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F 755	Continued From page 1 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the physicians' orders for Sinemet CR (a medication that reduces involuntary movement associated with Parkinson's, a nervous system disorder) was followed for one of two sampled residents (1). This failure had the potential to cause Resident 1 additional discomfort. Findings: Resident 1 was admitted to the facility on 5/2/18 with diagnoses that included a fractured 2nd cervical vertebrae (bone in the neck) and Parkinson's disease, per the Resident Face Sheet. A record review of a general acute care hospital (GACH) discharge instructions entitled "Important Discharge and Follow-Up Information" indicated Resident 1 had been admitted to the hospital on 4/21/18 and discharged on 5/2/18 and should continue taking carbidopa-levodopa CR (Sinemet CR), 25-100 mg (milligrams) per tablet, three	F 755	Licensed Nurses will be in-serviced on Medication reconciliation to include proper transcription of orders upon admissions and comparing the discharge orders from the discharging facility or hospital against the electronic Medication and Treatment Administration Record(EMAR/ETAR) by two Licensed Nurses. Medication reconciliation will be done upon admission by two Licensed Nurses by comparing the discharge orders from the discharging facility against the electronic Medication and Treatment Administration Record (EMAR/ETAR). Medical Records will audit that medications were reconciled and transcribed properly to ensure accuracy.	

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F 755	Continued From page 2 tablets by mouth, three times a day. A record review of the facility's Physician's Order Summary Report for Resident 1, dated 5/2/18, indicated an order was started for "Sinemet CR Tablet Extended Release 25-100 mg (carbidopa-levodopa ER), give 1 tablet by mouth three times a day for Parkinson's." A record review of a photograph medication package for Resident 1 indicated that carbidopa-levodopa ER (Extended Release) 25-100 mg tabs are a generic formulation for Sinemet CR 25-100 mg tabs. Resident 1's Medication Administration Records (MAR), dated 5/1/18 through 6/30/18 were reviewed. The records indicated that Resident 1 received Sinemet CR Tablet Extended Release 25-100 mg (carbidopa-levodopa ER), one tablet, three times a day, starting on 5/2/18 on admission to the facility, and ending on 6/11/18 when Resident 1 was discharged from the facility. The facility Transfer/Discharge Report, dated 6/11/18, indicated that Resident 1's current medications included "Sinemet CR Tablet Extended Release 25-100 mg. Directions: Give 1 tablet by mouth 3 times a day for Parkinson's." On 7/19/18 at 1:45 P.M., an interview was conducted with the Director of Nursing (DON). The DON confirmed the transfer orders for Resident 1 from the GACH indicated carbidopa-levodopa CR 25-100 mg, give three tablets, three times a day. The DON confirmed, "Our Registered Nurse (RN) 1 transcribed the order incorrectly."	F 755	Compliance will be monitored through Medical Records Designee audit to ensure that medications were transcribed accurately. This will also be monitored through facility CQI monthly by DON and/or designee. This will be completed on 9/21/18.	

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F 755	Continued From page 3 On 7/19/18 at 3:45 P.M., an interview was conducted with the facility's Medical Director (MDir). The MDir stated "Yes, (Resident 1) got one-third of the Sinemet her neurologist had her on." On 7/19/18 at 3:50 P.M., an interview was conducted with RN 1. RN 1 stated that when he input the order into the computer for Resident 1 he inadvertently put one Sinemet CR tablet three times a day instead of three Sinemet CR tablets three times a day. The facility policy and procedure titled "Medication Orders," revised 11/2017, indicated, "All medication orders must be complete and clear."	F 755		