

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

PRINTED: 09/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555844	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/04/2024
NAME OF PROVIDER OR SUPPLIER NOVATO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1565 HILL ROAD NOVATO, CA 94947		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an investigation for Facility-Reported Incidents # CA00876413, CA00909497, CA00905644, CA00880057, CA00892033, CA00897270 & Complaint # CA00909907.</p> <p>Inspection was limited to the investigations and does not represent the findings of a full inspection of the facility.</p> <p>NO DEFICIENCIES WERE ISSUED FOR FACILITY-REPORTED INCIDENT #CA00876413.</p> <p>NO DEFICIENCIES WERE ISSUED FOR FACILITY-REPORTED INCIDENT #CA00909497.</p> <p>NO DEFICIENCIES WERE ISSUED FOR FACILITY-REPORTED INCIDENT #CA00905644.</p> <p>NO DEFICIENCIES WERE ISSUED FOR FACILITY-REPORTED INCIDENT #CA00880057.</p> <p>NO DEFICIENCIES WERE ISSUED FOR FACILITY-REPORTED INCIDENT #CA00892033.</p> <p>NO DEFICIENCIES WERE ISSUED FOR FACILITY-REPORTED INCIDENT #CA00897270.</p> <p>ONE DEFICIENCY WAS ISSUED FOR COMPLAINT # CA00909907.</p>	F 000			9/27/24

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 760 SS=E	<p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to become aware one of three sampled residents (Resident 1) had not received his early-morning Physician-prescribed insulin (An injected hormone that is essential for allowing the body to use sugar (glucose) for energy) most days of every month, for more than a year, until Resident 1 noticed this issue himself and reported it to Administration. As a result, Administration did not intervene until notified by Resident 1, which allowed daily significant medication administration errors to occur for Resident 1 for a period of one year, with a few exceptions. This finding had the potential to result in serious consequences for Resident 1, including uncontrolled blood glucose levels and death.</p> <p>Findings:</p> <p>Record review of the facility Face Sheet (Facility Demographic) indicated Resident 1 was admitted to the facility on 3/20/23, with medical diagnoses including Type 2 Diabetes Mellitus (A chronic condition that causes high blood sugar levels due to a lack of insulin or insulin resistance) with Hyperglycemia (High blood glucose levels), and Long Term (Current) Use of Insulin.</p> <p>Record review of a report received by the DEPARTMENT on 7/15/24, indicated Resident 1</p>	F 760			

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F 760	<p>Continued From page 2</p> <p>was not receiving his nightly insulin for diabetes treatment, and specifically mentioned Licensed Nurse A as the staff member not administering this medication.</p> <p>Record review of Resident 1 ' s Physician Orders for June of 2024, indicated, "HumuLIN R (A short-acting insulin that starts to work in 30 minutes and lasts for several hours to control blood glucose levels) Injection Solution 100 UNIT/ML (Milliliter) (insulin Regular (Human)) Inject as per sliding scale (A sliding scale varies the dose of insulin based on blood glucose level) ...subcutaneously (To be injected in the fatty issue beneath the skin) before meals for diabetes." This order was started on 6/29/23, according to this document.</p> <p>Record review of Resident 1 ' s Medication Administration Record (MAR) for June 2024, indicated at 6 a.m. Humulin insulin was only administered to Resident 1 twice during the month of June, by Licensed Staff B. On both occasions, Resident 1 had blood glucose levels that were above the normal ranges (A normal fasting blood glucose level for someone without diabetes is between 70 and 99 milligrams per deciliter (mg/dL)), for example, on 6/01/24, he received six units of Humulin insulin for a blood glucose of 300 mg/dl, and on 6/14/24, he received four units of Humulin insulin for a blood glucose of 236 mg/dl. This MAR did not indicate Resident 1 ' s Humulin insulin was held or refused, as this was not documented.</p> <p>During an interview with Resident 1 on 8/27/24 at 12:01 p.m., he stated he had recently noticed that when a night shift registry Licensed Nurse</p>	F 760			

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F 760	<p>Continued From page 3</p> <p>(Licensed Staff B) was assigned to care for him, Licensed Staff B would check his blood glucose in the morning, at around 6:50 a.m., and administer insulin, but when the regular night shift Licensed Nurse (Licensed Staff A) was assigned to care for him, she would check his blood sugar but NOT administer his insulin. Resident 1 stated that on one occasion, he asked Licensed Staff B why he was administering early morning insulin, but nobody else was doing it. Resident 1 stated that Licensed Staff B told him he was just following Physician Orders. Resident 1 stated he notified the Director of Nursing (DON) and Administrator about it, and they confirmed Licensed Staff A was not administering his early morning insulin. Resident 1 stated that after he notified Administration about this issue, his insulin schedule was changed so that now, the morning shift nurse, was responsible for administering this insulin, and the problem was resolved; however, he feared for other residents, and thought they might also be experiencing an omission of prescribed medications during the night shift.</p> <p>During a phone interview with Licensed Staff A on 9/03/24 at 4:50 p.m., she confirmed she was not administering Resident 1 's 6 a.m., Humulin insulin. Licensed Staff A stated that Resident 1 did not want to be woken up in the morning, and breakfast was not delivered until 7:30 a.m., so she did not want to wake up Resident 1 for his insulin, and felt that giving the insulin between 6 a.m., and 7 a.m., was too early. Licensed Staff A stated she did check Resident 1 's blood glucose levels every shift and wrote it on a piece of paper that was passed on to the morning shift nurse. Licensed Staff A stated her shift ran from 11 p.m.</p>	F 760			

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F 760	<p>Continued From page 4</p> <p>at night to 7 a.m., the following morning, therefore, the administration of 6 a.m. insulin was her responsibility. Licensed Staff A confirmed she failed to inform the DON she was not administering Resident 1 ' s morning insulin.</p> <p>During a concurrent interview and record review with the DON on 9/04/24 at 11:52 a.m., Resident 1 ' s MARs were reviewed since the Humulin insulin order was started, (June of 2023). It was noticed that since July of 2023, Resident 1 was not administered his morning insulin daily as prescribed on most days. This early-morning insulin was only documented as administered a few days per month when Licensed Staff B worked at the facility. This trend continued until July of 2024, when finally, on 7/13/24, the timing of the insulin was changed to 7 a.m., and later to 7:30 a.m., starting on 7/16/24. From then on, Resident 1 was administered his morning insulin daily. During this interview, the DON was asked who was responsible for auditing medical records to ensure the documentation was complete and accurate in the residents ' charts. The DON stated this was the Medical Record Department ' s responsibility. The DON stated she was unaware of this issue with Resident 1 ' s early morning insulin, until he notified her in July of 2024.</p> <p>During an interview with the Medical Record Director by phone, on 9/04/24 at 11:55 a.m., she was asked if she was responsible for auditing medical records to ensure they were complete and accurate. The Medical Records Director responded, "Yes, part of it." The Medical Records Director stated she pulled out a document daily that indicated all the residents ' undocumented</p>	F 760			

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F 760	<p>Continued From page 5</p> <p>medications from the facility ' s computerized charting system, and gave it to the DON, but she was unable to remember any specific issues with Resident 1 ' s MARs.</p> <p>Record review of a facility document titled, "CORRECTIVE ACTION MEMO," indicated Licensed Staff A received disciplinary action on 7/15/24, for not checking Resident 1 ' s blood sugar levels, not documenting when this service was refused, and not notifying the DON about it. This document did not mention the omission of the daily early-morning insulin for Resident 1.</p> <p>Record review of the facility policy titled, "Medical Record Department Tasks," last revised on 1/1/2012, indicated, "The Director of Medical Records will also determine an audit schedule to be carried out by Medical Records Department Staff based on the Facility ' s needs."</p> <p>Record review of the facility policy titled, "Medication-Administration," last revised on 1/1/2012, indicated, "Medication will be administered directed by a Licensed Nurse and upon the order of a physician or licensed independent practitioner ...Whenever a medication is held for any reason, the hour it was held must be initialed and circled in the Medication Administration Record (MAR) by the responsible Licensed Nurse. The Licensed Nurse will document on the back of the MAR, noting the time and reason the medication was held ...If resident is refusing to take medication, time of refusal must be circled in the Medication Administration Record (MAR) and initialed by the Licensed Nurse who is passing meds ...Licensed Nurse will notify M.D. (Medical Doctor) and document in the medical record."</p>	F 760			

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Novato Healthcare Center NM8X11

F Tag 760

POC: NM8X11

F Tag 760

Novato Healthcare Center Novato Healthcare Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are related upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.

How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

The administration time of the insulin medication was changed to the AM shift. The new administration time was changed to 7:30am. The change ensures that the insulin is to be given according to physician order. The change will also allow for Resident 1's preference of not be awoken at the previous administration time of 6 am.

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

On September 19, 2024, the facility conducted an audit of all residents who have an order for insulin. The audit allowed the Director of Nurses to verify that all residents who have an insulin order, are receiving the insulin as indicated by physician order. Upon review of the audit, all residents who are on insulin orders are receiving the insulin as scheduled.

POC dated 9/27/24 accepted. Notified Jesus Camacho, Administrator, via RSS on 10/01/24 at 10:19 a.m. SVP, HFEN



Novato Healthcare Center NM8X11

F Tag 760

What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

Starting on September 19, 2024, the Director of Nursing and Director of Staff Development conducted an in-service to all facility license nurses related to policy and procedure regarding medication administration, highlighting protocols on insulin administration. During the in-service, nurses were educated on adhering to administering medications in a timely manner according to physician order. Nurses were also educated on what steps to take if a resident is refusing medication, and to notify the Director of Nursing and following physician immediately. The charge nurse will document and initial the refusal on the Medication Administration Record. As well as documenting a note in the resident's medical record. The Medical Records manager will conduct a daily audit of the MAR and TAR for missed completion and identify the administration code used by the licensed nurses and present during clinical meetings.

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system:

Medical Records will audit the medication administration records daily (from Monday to Friday. Any abnormal findings will be addressed immediately to ensure no further delays in medication administration.

Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the state agency:

The Director of Nursing and Medical Records Director will present the results and progress to the Quality Assurance and Performance Improvement for review and recommendations monthly for 3 months or until substantial compliance is achieved. All training and compliance for this plan of correction was completed by September 27, 2024.

A handwritten signature in black ink, appearing to be "A. B.", is written over a horizontal line.


Administrator 9/27/24

NOVATO HEALTHCARE CENTER

LESSON PLAN

CLASS TITLE: Medication Administration

PROGRAM: In-service (POC: F 760)

Instructor's Signature: 

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
Upon completion of this program the participant will be able to:			
Ensure the accurate administration of medications for residents in the facility and that residents are free of significant medication errors.	Review of Facility Survey Deficits Findings: -The facility failed to become aware one of three sampled residents had not received his early morning Physician prescribed medication for most days of every month, for more than a year.	Handout Lecture Discussion	Question and Answer Sample Question: <ul style="list-style-type: none"> Identify facility policy and procedure if resident is refusing to take his medication. Answer: <ul style="list-style-type: none"> If resident is refusing to take medication, <ul style="list-style-type: none"> a) Time of refusal must be circled/ noted in the Medication Administration Record (MAR) and initialed by the Licensed Nurse who is passing meds b) Licensed Nurse will notify M.D. and document in the medical record.
Understand the importance of providing resident medication upon the order of a physician.	Review Facility Plan of Correction <ul style="list-style-type: none"> Training provided to All Nursing Licensed Staff on Facility Policy and Procedures regarding Medication-Administration. 		
Identify the process or facility established guidelines when a resident refuses his medication or treatment.	<ul style="list-style-type: none"> Refusing Medication 		
Verbalized understanding of the importance of recording or documenting the time and dose of the drug or treatment administered to the resident and same when medication is held for any reason and if resident is refusing to take medication.	If the resident refuses to take his medication and		

NOVATO HEALTHCARE CENTER

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
	<p>certain procedure or tests such as taking vital signs, finger stick blood glucose monitoring, etc., upon which administrations or treatments are required and after Licensed Nurse will attempt to give the medications several times and continues to refuse,</p> <p>a) The Licensed Nurse will destroy the refused medications.</p> <p>b) Will notify M.D. and document in the (MAR) Medication Administration Record, the time of refusal and will also document in resident Medical Record.</p>		

Medication – Administration

Nursing Manual – General

Purpose

To ensure the accurate administration of medications for residents in the Facility.

Policy

- I. Medication will be administered directed by a Licensed Nurse and upon the order of a physician or licensed independent practitioner.
- II. No medication will be used for any patient other than the patient for whom it was prescribed.

Procedure

- I. **Administration Of Medications**
 - A. Medication and biological orders will be received by a Licensed Nurse prior to administration.
 - i. Orders will be reviewed for allergies, food/drug interaction.
 - ii. Medications and treatments will be administered as prescribed to ensure compliance with dose guidelines.
 - B. The Licensed Nurse will prepare medications within one hour of administration.
 - i. Medications may be administered one hour before or after the scheduled medication administration time.
 - C. Tests and taking of vital signs, upon which administration of medications or treatments are conditioned, will be performed as required and the results recorded.
 - i. When administration of the drug is dependent upon vital signs or testing, the vital signs/testing will be completed prior to administration of the medication and recorded in the medical record i.e. BP, pulse, finger stick blood glucose monitoring etc.
 - D. Medications must be given to the resident by the Licensed Nurse preparing the medication.
 - i. The Licensed Nurse will verify the resident's identity before administering the medication.
 - E. The Licensed Nurse will chart the drug, time administered and initial his/her name with each medication administration and sign full name and title on each page of the Medication Administration Record (MAR).
 - i. If the medication is given by injection, the site will be noted on the MAR.
 - ii. Preparation of doses for more than one scheduled administration time will not be permitted.
 - F. If the Attending Physician increases or changes a medication order, this is an automatic stop or discontinue order for the original order.
 - G. If the resident has difficulty swallowing pills, the Licensed Nurse will notify the physician to discuss the possibility of a different form of the medication i.e. crushed, liquid or suspension. If the medication is to be crushed, a physician order is required.
- II. **Administration By Unlicensed Personnel**
 - A. Medications and treatments will be administered only by Licensed Medical or Licensed Nursing Staff with the following exceptions:
 - i. Students in the healing arts professions may administer medications and treatments only when the administration or medications and treatments is

Medication – Administration

Nursing Manual – General

incidental to their course of study as approved by the professional board or organization legally authorized to give such approval under supervision of their instructor.

III. Holding Medications

- A. Whenever a medication is held for any reason, the hour it was held must be initialed and circled in the Medication Administration Record (MAR) by the responsible Licensed Nurse.
- B. The Licensed Nurse will document on the back of the MAR, noting the time and reason the medication was held.

IV. PRN Medication Documentation

- A. When a PRN medication is given, it will be charted on the Medication Administration Record. The Nurse will document the reason given, reason for drug, route of administration, date, and time.
- B. The result of the PRN medication will be charted by the responsible Nurse on the back of the MAR.
- C. If the PRN is for complaint of pain, the Nurse will document the pain score prior to giving the medication and after administration of the pain medication.

V. Routine Scheduled Medication Times

- A. Routine scheduled medication will be posted on each medication chart.

VI. Medication Rights

- A. Nursing Staff will keep in mind the seven “rights” of medication when administering medication.
- B. The seven “rights” of medication are:
 - i. The right medication.
 - ii. The right amount.
 - iii. The right resident.
 - iv. The right time.
 - v. The right route.
 - vi. Resident has right to know what the medication does.
 - vii. Resident has the right to refuse the medication (unless court ordered).

VII. Route of Administration and Location

- A. SQ or IM is to be charted by Licensed Nursing Staff giving the medication according to the following:
 - i. LD – Left Deltoid
 - ii. RD – Right Deltoid
 - iii. LUOQ – Left Upper Outer Quadrant
 - iv. RUOQ – Right Upper Outer Quadrant
 - v. RMT – Right Medial Thigh
 - vi. LMT – Left Medial Thigh

VIII. Refusing Medication

- A. If resident is refusing to take medication, time of refusal must be circled in the Medication Administration Record (MAR) and initialed by the Licensed Nurse who is passing meds and documentation will be entered on the back of the MAR stating the reason for the refusal. The Licensed Nurse will attempt to give the medications several times, but if resident continues to refuse after one hour, the refused medications will be destroyed. Licensed Nurse will notify M.D. and document in the medical record.

IX. Documentation

- A. The time and dose of the drug or treatment administered to the patient will be recorded in

Medication – Administration

Nursing Manual – General

the patient's individual medication record by the person who administers the drug or treatment.

- B. Recording will include the date, the time and the dosage of the medication or type of the treatment.
- C. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record.

References

Sources:

22 CAL. CODE REGS. § 72313.

Forms:

None

Employee(s):

Nursing Staff, Attending Physician

Date Revised: January 01, 2012

Version No. 1.0

CORRECTIVE ACTION MEMO

Employee: LEA MAGDOLES

Dept: Nursing

Supervisor: WENNY MARTINEZ

Date: 9/20/24

Type of Violation:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Violation of Policy or Procedure | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Willful Damage to Property |
| <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Absenteeism / Tardiness | <input type="checkbox"/> Interfering With the Work of Others |
| <input type="checkbox"/> Unsatisfactory Performance | <input type="checkbox"/> Carelessness | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Failure to Follow Instructions | <input type="checkbox"/> Unsatisfactory Customer Service | |

Employer Statement:

Staff unable to follow the policy + procedure of Medication administration + failure to follow instructions. Staff unable to check the blood sugar of one of the residents + unable to give insulin from July of 2023 to July of 2024. Unable to report to MD + director of nursing. Unable to document the refusals of the resident.

Action Being Taken:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Verbal Warning | <input checked="" type="checkbox"/> Final Warning | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Written Warning | <input type="checkbox"/> Probation | <input type="checkbox"/> Termination |

Objectives / Solution:

Staff has given inservice for Medication administration specifically blood sugar + insulin orders. for improvement + ^{to be} able to follow instructions; to be able to document if resident refuses treatment + blood sugar check + to be able to report to MD + director of nursing.

Employee Statement (Optional):

I UNDERSTAND THAT MY SIGNATURE VERIFIES THAT I HAVE RECEIVED THIS CORRECTIVE ACTION AND THAT IT WILL BE PLACED IN MY PERSONNEL FILE. I UNDERSTAND THAT IF THESE PERFORMANCE ISSUES PERSIST, FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT MAY OCCUR. I ALSO UNDERSTAND THAT THE IMPOSITION OF DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION, IS NOT PRE-CONDITIONED UPON RECEIPT OF VERBAL OR WRITTEN CORRECTIVE COUNSELING OF UNACCEPTABLE CONDUCT.

Lea Magdole
Employee Signature

9/20/24
Date

Wenny Martinez
Supervisor Signature

9/20/24
Date

Witness Signature

Date

☐ Employee Refused to Sign

In-Service/Meeting Sign-In Sheet

Date: 9/20/24

Start Time: 8:00 AM End Time: 8:30 AM

Course Title: Medication Administration - Blood sugar checks & insulin orders Lesson Plan Attached: ☐

Instructor Name: Wenny Martinez, RN, DNS Instructor Signature: [Signature]

Instructor Name: Instructor Signature:

Target Audience (check all that apply): ☐ All Staff ☒ Licensed Nurses ☐ Certified Nurse Assistants ☐ Other:

Teaching Method: (check all that apply): ☒ Lecture ☐ Demonstration ☐ Video ☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Lea Magrow	[Signature]	RN 644198	Nursing	NOC
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NOVATO HEALTHCARE CENTER

In-Service/Meeting Sign-In Sheet

Date: 09/19/2024

Start Time: 2PM

End Time: 2:30PM

Course Title:

MEDICATION ADMINISTRATION

Lesson Plan Attached: ☒

Instructor

Name: GAY A. ROCHA, RSD

Instructor

Signature: 

Instructor

Name:

Instructor

Signature:

Target Audience

(check all that apply):

☐ All Staff

☒ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other: _____

Teaching Method:

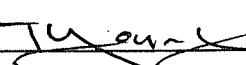


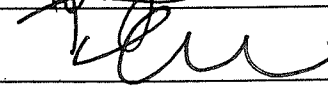

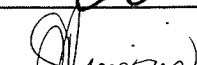


(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Lami Young		RN 523426	NSG	AM
2. FRANCINE UDAN		RN 95372964	NSG	AM
3. Benson Aragn		LVN 719273	Nursing	AM
4. Phil Folsan		RN 95059175	NSG	AM
5. Naila Catzin		LVN 736616	Nursing	AM
6. Anica Dimaya		LVN 695373	Nursing	AM
7. Krizzanie Chiong		RN 95351647	Nursing	AM
8. Mary Gil de Guzman		RN 95383497	Nursing	AM
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NOVATO HEALTHCARE CENTER

In-Service/Meeting Sign-In Sheet

Date: 09/19/2024

Start Time: 2:30 PM End Time: 3 PM

Course Title:

MEDICATION ADMINISTRATION

Lesson Plan Attached: ☒

Instructor

Name: GAY A. ROCHA, OSD

Instructor

Signature: 

Instructor

Name:

Instructor

Signature:

Target Audience

(check all that apply):

☐ All Staff

☒ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other: _____

Teaching Method:

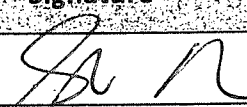
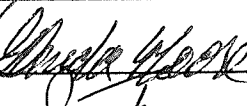
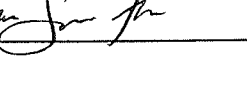
(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Shyrill Foster		95074267	Nursing	PM
2. Glenda Moore		LVN 103585	Nursing	PM
3. MADISON SISCHO-TROCHE		LVN 712810	Nursing	AM
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NOVATO HEALTHCARE CENTER

In-Service/Meeting Sign-In Sheet

Date: 09/19/2024

Start Time: 5PM

End Time: 530PM

Course Title:

Lesson Plan Attached: ☒

MEDICATION ADMINISTRATION

Instructor

Instructor

Name: GAY A. ROCHA, DSD

Signature: 

Instructor

Instructor

Name:

Signature:

Target Audience

(check all that apply):

☐ All Staff

☒ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other: _____

Teaching Method:


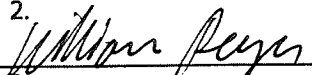
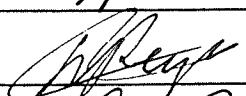
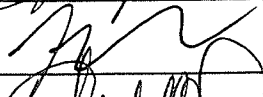
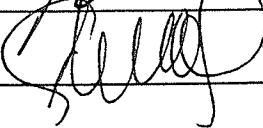
(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Angeli Angeles		LVN 702053	NSC	PM
2. 		LVN 280331	NRSNG	PM
3. Miguel Reyes		LVN 701723	Nursing	PM
4. MARJORIE DACALOS		LVN 288743	NSG	AM
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NOVATO HEALTHCARE CENTER

In-Service/Meeting Sign-In Sheet

Date: 09/20/2024

Start Time: 8:50 AM End Time: 9:20 AM

Course Title:

Lesson Plan Attached: ☒

MEDICATION ADMINISTRATION

Instructor

Instructor

Name: GAY A. NOULTA DSO

Signature: 

Instructor

Instructor

Name:

Signature:

Target Audience

(check all that apply):

☐ All Staff

☒ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other: _____

Teaching Method:

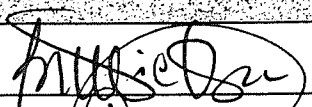

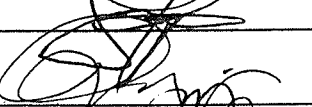
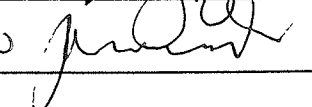
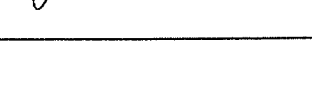
(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Brandy Hicks		LVN 288918	NSG	NOC
2. Danyll Dacan		RN 95383612	NSG	AM
3. Philippe Grouha		RN 95332317	NSG	AM
4. Iris Rodriguez		LVN 740960	Nursing	AM
5. Grace Bernardo		LVN 131576	NSG	AM
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NOVATO HEALTHCARE CENTER

In-Service/Meeting Sign-In Sheet

Date: 09/23/2024

Start Time: 3 PM

End Time: 3³⁰ PM

Course Title:

Lesson Plan Attached: ☒

MEDICATION ADMINISTRATION

Instructor

Name: GAY A - NOVATO DSO

Instructor

Signature: 

Instructor

Name:

Instructor

Signature:

Target Audience

(check all that apply):

☐ All Staff

☒ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other: _____

Teaching Method:

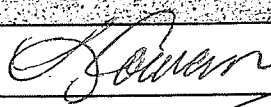
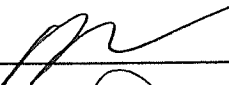

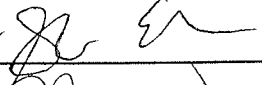
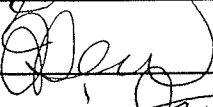
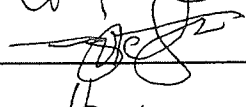

(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Lashanna Cowan		LVN 144255	NSG	AM
2. Raul Reyes		LVN 716543	Nursing	AM
3. Adel Caca		LVN 204557	Nursing	PM
4. Shyrin Foster		RN Nursing 95374267	Nursing	PM
5. Jenny Bessick		RN	NSG	on-call
6. Joseph Verdeflor		RN 95360542	NSG	PM
7. H. Brana		RN 95314114	NSG	PM
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NOVATO HEALTHCARE CENTER

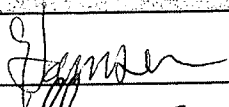
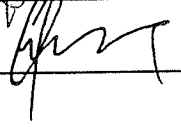
In-Service/Meeting Sign-In Sheet

Date: 09/25/2024

Start Time: 3 PM

End Time: 3:30 PM

Course Title: MEDICATION ADMINISTRATION		Lesson Plan Attached: <input checked="" type="checkbox"/>	
Instructor Name: GAY A. ROCHA, DSO		Instructor Signature: 	
Instructor Name:		Instructor Signature:	
Target Audience (check all that apply):	<input type="checkbox"/> All Staff	<input checked="" type="checkbox"/> Licensed Nurses	<input type="checkbox"/> Certified Nurse Assistants
Teaching Method: (check all that apply):		<input checked="" type="checkbox"/> Lecture	<input type="checkbox"/> Demonstration
		<input type="checkbox"/> Video	<input checked="" type="checkbox"/> Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Edwin Y. Samson		LWN 1556 73	NSG	PM
2. Alvin McGehee		LWN 2257 86	NSG	DA
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NOVATO HEALTHCARE CENTER

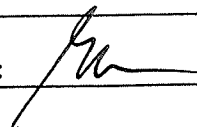
In-Service/Meeting Sign-In Sheet

Date: 09/26/2024

Start Time: 530 AM End Time: 6AM

Course Title: MEDICATION ADMINISTRATION Lesson Plan Attached: ☒

Instructor Name: GAY A. TROCIATY DSD

Instructor Signature: 

Instructor Name:

Instructor Signature:

Target Audience (check all that apply):

☐ All Staff

☒ Licensed Nurses

☐ Certified Nurse Assistants

☐ Other: _____

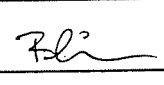
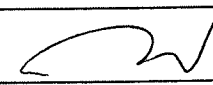
Teaching Method: (check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

☒ Q&A

Printed Name	Signature	License / Certification Number	Department	Shift
1. Daniel Lim		LVN 715377	Nursing	NOC
2. MIWON KIM		RN 657832	USG	NOC
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