

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

POC ACCEPTABLE

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PRINTED: 06/21/2017

FORM APPROVED

OMB NO. 0938-0391

Reviewed By: _____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555892	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Facility Notified Time: _____ Notified By: _____ 2108 STILLMAN SELMA, CA 93662	(X3) DATE SURVEY COMPLETED C 06/21/2017
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NAME OF PROVIDER OR SUPPLIER

SELMA CONVALESCENT HOSPITAL

(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-Licensing and Certification during an abbreviated survey for Entity Reported Incident CA 00528044. Representing the California Department of Public Health: 31651, HFEN. The abbreviated survey was limited to the specific Entity Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Entity Reported Incident CA 00528044.	F 000	This document will serve as a credible allegation of our intent to correct the deficient practices identified. The filing of this plan does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility to comply with the requirements of participation and to continue to provide high quality resident care. <u>How corrective actions will be accomplished for those residents affected by the deficient practice</u>	
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) 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) 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. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and	F 431	Resident's medication was re-ordered by LVN on 3-27-17. The replacement medication was received on 3-28-17 and charged to the facility. The resident had an ample supply of medication on hand and missed no doses of the medication hydrocodone. Attachment 1 <u>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.</u> An audit by the pharmacist on 3-23-17 found one other medication missing from a December delivery. Resident continued to receive the medication as needed.	3/28/17

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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NAME OF PROVIDER OR SUPPLIER SELMA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2108 STILLMAN SELMA, CA 93662		
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F 431	<p>Continued From page 1</p> <p>disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>(h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Findings:</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective system for reconciling and identifying missing controlled drugs (those with a high potential for</p>	F 431	<p>Replacement medication was ordered by LVN, billed to pharmacy on 3-27-17. The medication was received 3-30-17.</p> <p>An investigation was conducted by the DON and Pharmacist, it could not be determined when the medication went missing or who was responsible. All facility nurses were tested for the presence of narcotics, each nurse tested negative. Attachments 2, 3</p> <p><u>What measures will be put in place or what systemic changes will the facility make to ensure the deficient practice does not recur.</u></p> <p>Facility added an additional step in the narcotic count process to include counting the number of medication cards. Licensed Nurses were in-serviced on the new procedure and all requirements for counting and the revised policy by the DON On 3-24-17.</p> <p>The Pharmacy consultant revised the policy for storing controlled medications; the revised policy was approved by the Patient Care Policy Committee and the QAA committee on 4-5-17</p> <p>Attachments 4, 5, 6</p>	<p>3/27/17</p> <p>3/30/17</p> <p>3/24/17</p> <p>4/5/17</p>	



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STREET ADDRESS, CITY, STATE, ZIP CODE

**2108 STILLMAN
SELMA, CA 93662**

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F 431 Continued From page 2
abuse which must be kept in a locked container and accounted for by licensed nurses) for one of one sampled resident when pain pills for Resident 1 were missing from the medication cart. This failure had the potential to result in diversion of medication and ineffective pain management for Resident 1.

On 4/7/17 at 3 p.m., during an observation, staff interview and concurrent record review, Licensed Nurse (LN) 1 and LN 3 were performing a narcotic (controlled drug) count. LN 1 and LN 3 were calling out resident name, medication, dosage and the number of pills on each bottle or card while the second nurse would verify the information. At the end of the narcotic count both LNs signed off on the Narcotic Log binder. The Narcotic log binder was observed to have missing signatures on 3/2/17, 3/4/17, 3/5/17, 3/6/17, 3/11/17, 3/12/17, 3/13/17 and 3/20/17. LN 1 stated sometimes the nurses forgot to sign the narcotic log book. LN 1 stated the missing signatures indicated there was no evidence the narcotic count was verified by the licensed nurses on duty on those days that lacked a signature.

On 4/7/17 at 2 p.m., during an interview, the Director of Nursing (DON) stated Resident 1's narcotics were discovered missing by LN 2 on 3/21/17 when LN 2 and another nurse (LN 1) were counting the narcotics in the medication cart. The DON stated LN 2 phoned her at home on 3/21/17 to inform her one of two cards with 30 oxycodone (narcotic pain medication) pills for Resident 1 was missing.

On 4/7/17 at 2:36 p.m., LN 1 stated, he signed for and received two cards of oxycodone for a total of 60 pills for Resident 1 on 2/28/17. LN 1

F 431 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 plan of correction is integrated into the quality assurance system

DON will audit the narcotic count sheets and the narcotic card count monthly and report any trends to the monthly QAA Committee. Pharmacy consultant will also monitor the controlled substance monthly and report to the monthly QAA Committee.

Attachments 7, 8

7/21/17



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F 431	<p>Continued From page 3</p> <p>stated he placed the two cards of oxycodone in the narcotic drawer of the medication cart and locked it. LN 1 stated he placed the two narcotic logs in the narcotic binder. LN 1 stated he counted the narcotics with the nurse coming onto the new work shift and they both signed off on the "Narcotic and Hypnotic Inventory Sheet" indicating the narcotic count was accurate and accounted for when he left. LN 1 stated he returned to work on 3/21/17 and discovered during the AM narcotic count there was only one card (30 pills) of the oxycodone for Resident 1 in the narcotic drawer.</p> <p>Review of pharmacy "Shipping Manifest" dated 2/28/17 indicated, "Oxycodone-Acetaminophen (Narcotic pain medication which is a controlled drug) 5 MG -(milligrams - a unit of mass or weight) 325 MG tablet, quantity 60." The Shipping Manifest indicated the quantity of tablets delivered for Resident 1 was 60. LN 1 stated the tablets were delivered in two separate "bubble" (method of packaging pills in plastic wrap) packages of 30 tablets per package. The Shipping Manifest indicated the narcotics were delivered on 2/28/17 at 12:25 p.m. and signed for by LN 1.</p> <p>The facility policy and procedure titled, "Controlled Medication Storage" dated 2007, indicated, "6. At each shift change or when keys are surrendered, a physical inventory of all Schedule II (narcotics) ... is conducted by two licensed nurses or per state regulation and is documented on the controlled substances accountability record or verification of controlled substances count report..."</p>	F 431			

