California	Department of Pub	olic Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION (X3) DATE SURVEY
ND PLAN	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	1	COMPLETED
					05/00/0048
		CA020000112	B. WING		05/02/2016
IAMÉ OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE	
			RLETON STR		
KYAKAM	EENA CARE CENTE	BERKELI	EY, CA 9470		N (VE)
(X4) ID PREFIX TAG	JEACH DEETCIENC	ATEMENT OF DÉFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRÉFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DE COMPLETE
			A 000	A 000	
A 000	Initial Comments		A 000	This plan of correction represents the	?
	774 - f 11 in a mobile	ata the findless of the California		facility's credible allegation of	
	The following refle	cts the findings of the California blic Health during the		compliance with the cited	
	religensing survey	visit from 4/26/2016 to		deficiencies. Preparation and/or	\$8
	4/29/2016.	VISIC II OITI -I/LO/LO TO TO	1	execution of this plan of correction of	0
	4/23/2010.			not constitute admission of	
	Representing the I	Department:		agreement by the provider of the	
	Health Facilities E	valuator Nurses: 33833, 35644	.	truth of the facts or conclusions set	
	36593, and 36736		1	forth in the statement of deficiencie	s,
				This plan of correction is prepared	
		us at the start of the survey was	3	and/or executed solely because the	
	54.			provisions of state and federal laws	The Control
	The second second second second		4.050	require it.	
A 058	8 1418.9(a) Health	& Safety Code 1418	A 058		
				A 058	QCI D.
	(a) If the attending	physician and surgeon of a		a. How the correction will be	10 OCT 07 2
	resident in a skille	ed nursing facility prescribes, es an order for an antipsychotic	• 1	accomplished both temporary and	
	medication for the	resident, the physician and		permanent. Inform consent was obtained to	
	surgeon shall do	both of the following:		increase the dose of anti psychotic	1
	(1) Obtain the in	formed consent of the resident	1 .	medication (Seroquel) for Resident	a
	for purposes of pr	rescribing, ordering, or		medication (Seroquei) for Residence	- ,
	increasing an ord	er for the medication.		b. The title or position of the perso	n
	(2) Seek the co	nsent of the resident to notify	12	responsible for the correction.	
	the resident's inte	rested family member, as		The Director of Nursing was	ì
	designated in the	medical record. If the resident		responsible for the correction	-
	consents to the n	otice, the physician and surgeo nable attempts, either personal	lv l	regarding Resident 9 increase dose	of
	snall make reaso	gnee, to notify the interested	'y	Seroquel.	
	fomily member a	is designated in the medical		Scroquan	·
	record, within 48	hours of the prescription, order		The Licensed Nurse will be respons	ible
	or increase of an			for obtaining inform consent when	an
			4	antipsychotic medication is	
			8	prescribed, ordered or increased b	y
	This Statute is n	ot met as evidenced by:	12	the physician.	
	Based on intervie	w and record review, the facilit	У		
	failed to obtain in	formed consent to increase the		c. Descriptions of the monitoring	
		thotic medication (Seroquel) for		process to prevent recurrence of	
	Resident 9.		1	deficiency.	1

DIRECTORS OF PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE ATMINISTRATIVE OPKO11

Accepted 19/2/16

STATEMEN	a Department of Put t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED 2/2016
		CA020000112				2/2010
NAME OF F	PROVIDER OR SUPPLIER		ODRÉSS, OITY. S RLETON STR	STATE, ZIP CODE		
KYAKAM	EENA CARE CENTE	R BERKEL	EY, CA 9470	4	THE TOTAL	
(X4) ID PREFIX TAG	(ÉACH DEEICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CAOSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
A 058	review on 4/29/16 Manager confirme following increased listed on the "Psyco Sheet" showed: 1. Seroquel 25 mg 4/25/16 (100 mg to obtained) 2. Seroquel 25 mg mg total, no conse In a follow up inter the Nurse Manage consents after 4/3 Resident 9's Sero- responsible party	iew and concurrent record at 9:40 a.m., the Nurse d that Resident 9 had the d doses of Seroquel that was hopharmalogic Drug Summan two tablets, twice a day dated otal per day, no consent twice a day dated 5/21/15 (50		In-service training was conducted licensed Nurses in regards to obtaining the informed conset the resident's responsible particle physician prescribes, order increases an order of antipsyomedication. Medical Record designee will monthly to ensure that informations on antipsychotic medications. Interdisciplinary Team will remainly sychotic medication as not during GDR and during quarter conference. d. Date the immediate correct the deficiency will be accompanded to the deficiency was accompanded to the deficiency was accompanded.	nt from ty when ers or chotic audit ned residents view eeded erly care ction of olished.	
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STATEMEN	Department of Pub TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 *	E CONSTRUCTION (X:	B) DATE SURVEY COMPLETED
707		CA020000112	B, WING		05/02/2016
- 4			1		0. 7811
NAME OF P	RÖVIDER OR SUPPLIER			STATE, ZIP CODE	
KYAKAMI	EENA CARE CENTE	BERKEL	RLETON STE EY, CA 9470	4	- 100 - T-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DE COMPLETE ATE DATE
	Department of Pub relicensing survey v4/29/2016. Representing the E Health Facilities Ev 36593, and 36736 The resident censu 54.	ats the findings of the California lic Health during the visit from 4/26/2016 to Department: Paluator Nurses: 33833, 35644, Paluator Start of the survey was Pa-72321(c)(1) Nursing		B 000 This plan of correction represents the facility's credible allegation of compliance with the cited deficiencies. Preparation and/or execution of this plan of correction do not constitute admission of agreement by the provider of the truth of the facts or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of state and federal laws require it.	
	Service—Patients w (c) The following st nurse's station:			B 1275 a. How the correction will be accomplished both temporary and permanent. The facility's infection Control Policy and Procedures Binders were placed on both Nurses's Stations. b. The title or position of the person	
	Based on observat control policies and available at both no Findings : On 4/28/16 at 11:0 Vocational Nurse (Infection Control policy	met as evidenced by: ion and interview, the infection i procedures were not urse's stations (A and B). 0 a.m., the Licensed LVN 4) stated there was no olicies and procedures rching through the cabinets at A and B.		responsible for the correction. The Director of Nursing is responsible for the correction. c. Descriptions of the monitoring process to prevent recurrence of deficiency. The Director of Nursing will conduct daily rounds to ensure that the infection Control Policies & Procedure binders are available in both Nurse's Station.	
B1280		T3-72321(c)(2) Nursing vith Infectious Dis	B1280	d. Date the immediate correction of the deficiency will be accomplished.	

<u>California</u>	<u>Department of Pu</u>	iblic Health	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
QTATEMEN"	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
MAIN LIMIN	Principle of the second	1	\		1	
		CA020000112	B. WING		05/02/2016	
			ODRESS, CITY, S	TATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER		RLETON STR			
KYAKAM	EENA CARE CENT		LEY, CA 9470			
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B1280	(c) The following nurse's station:	shall be available in each	B1280	The date of the immediate correct of the deficiency was accomplished 5/2/16. B 1280 a. How the correction will be accomplished both temporary and permanent. The name, address and telephone	d on	
	Based on observations available in each Findings: During observations/A/28/16 at 10:30 Nursing) search stated that the irrofficers was not towards station in both searched sinterction control	not met as evidenced by: vation and interview, the facility that the name, address and ers of local health officers were in nurse's station: on and concurrent interview on a.m., the DON (Director of ed the nursing station B and offormation for the local health there. The DON then walked A and asked the staff at the or help. The DON and the staff tation A but were not able to nation binder for the facility's policies, procedures, the name ephone numbers of local health	1	The name, address and telephone numbers of Local Health Officers wade available on both nurse's station. b. The title or position of the perresponsible for the correction. The Director of Nursing is respons for the correction. c. Descriptions of the monitoring process to prevent recurrence of deficiency. The Director of Nursing will conditionally rounds to ensure that the neaddress and telephone numbers Local Health Officers are available each Nurse's Station. d. Date the Immediate correction	were son sible uct ame, of e in	
B191	ServiceLabelli (e) External use powder form shidrugs for intern This Statute is Based on obse	e drugs in liquid, tablet, capsule all be stored separately from	or	the deficiency will be accomplish The date of the immediate corre of the deficiency was accomplish 5/2/16. B 1910 a. How the correction will be accomplished both temporary a permanent. The tube of topical pintment and	hed. ction ed on	

California	Department of Pu	blic Health	L MAN AND THE !	CONSTRUCTION	(X3) DATE	SURVEY
CTATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1		COMP	_ETED
AUTO I MANAGE				_	AE/A	0 10046
		CA020000112	B. WING	,	Ujeu	<u>2/2016</u>
NAMÉ OF P	HOVIDER OR SUPPLIEF			STATE, ZIP CODE		
		2131 CAF	RLETON STR			
KYAKAMI	EENA CARE CENTI	BERKEL	EY, CA 9470	4	CCTION	(X5)
(X4) ID PREFIX TAG	かんかい もをかいにん	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FUIL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HONLD BE	(X5) COMPLETE DATE
B1910	Continued From properties of the continued from the	page 2	B1910	internal used medication which both stored at the bottom she refrigerator were separated.	h were If of	
B191!	Pindings: During an observed on 4/26/16 at 11: Director of Nurse ointment was stormedications in the medication refrigeremoved the ointmedications must internal medications must internal medications for the medications of the medications of the medication requiring refrigerent perfrigerent perfrigerent perfrigerent perfrigerent perfrigerent perfrigerent perfrigerent in the sale drugs shall be known that sale drugs shall be known that sale drugs. This Statute is Based on obserview, the facts suppositories in medication roof findings: During an observice of the sale drugs and the sale drugs.	ART3-72357(f) Pharmaceutical g and Storage e stored in appropriate rugs required to be stored at re shall be stored at a ween 15 degrees C (59 degrees es C (86 degrees F). Drugs ration shall be stored in a ween 2 degrees C (36 degrees F) (46 degrees F). When drugs a me refrigerator with food, the cept in a closed container clearly roation, interview, and record illity stored one box of Tylenol of the medication refrigerator in the	B1915	"Internal" and "External" laber placed on two separate compartments in the refrigeration of the service training was provid Licensed Nurses regarding Laber and Medication Storage. b. The title or position of the responsible for the correction. c. Descriptions of the monitor process to prevent recurrence deficiency. Nursing Supervisor will check monitor daily the storage and of medications in the refriger ensure that "internal medications". d. Date the immediate correction medications". d. Date the immediate correction will be accomplished both tempor permanent. Tylenol suppositories were	ed to celling person n. consible ring e of and diabeling rator to tions" are ection of oplished orrection plished on	

California	Department of Pu	TIVAL BRUAINFMADALLEUARIO I	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	The state of the s	
	_	CA020000112	B, WING		05/02/2016
NAME OF P	ROVIDER OR SUPPLIES			STATÉ, ZIP CODE	
		2131 CAF	LETON STR		
KYAKAM	EENA CARE CENT		Y, CA 9470	T BROVINGE'S PLAN OF CORRECT	ION (X5)
(X4) ID PREFIX TAG	AMA MALI PLET IN ICAL	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CHOSS-REPERENCED TO THE APPRO DEFICIENCY)	LTJ RE COMLTELE
B1915	(NM), while in the (DON), one box of maguerositories	presence of Director of Nurses of Acetaminophen (Tylenol) 325 was stored in the medication	B1915	the right refrigerator temperature degrees F - 46 degrees F). In-service training was provided to Licensed Nurses regarding proper	
	refrigerator. The	refrigerator temperature was 31° IM inspected the box of Tylenol ylenol suppositories had to		storage of suppositories. b. The title or position of the personsible for the correction.	ion
	According to the Tylenol Package stored at room to	manufacture's instruction on the , the suppositories should be emperature between 59 and 79°		The Director of Nursing is respons for the correction. c. Descriptions of the monitoring	
B197	F. 0 T22 DIV5 CH3 /	ART3-72357(I) Pharmaceutical	B1970	process to prevent recurrence of deficiency. NOC Shift Licensed Nurse will che	
	evniration date (of the kept in stock after the on the label and no contaminated Irugs shall be available for use.	1	and monitor daily to ensure that suppositories are stored appropr in the medication refrigerator will right refrigerator temperature (2 degrees F - 46 degrees F).	iately th the
,	Based on obset did not remove the medication			d. Date the immediate correction the deficiency will be accomplished the date of the immediate correction of the deficiency was accomplished.	hed. ection
	emergency kit i	isulin Humulin N was found in ar in the medication refrigerator. Th was March 2016.	1 e	5/2/16. B1970	
	2. One bubble milliorem (mo)	pack of hydrocodone 5/325 tablet with an expiration date of nd in a medication cart		a. How the correction will be accomplished both temporary permanent. 1. Insulin Humulin was removed	
	sheen/stion at	at 11:30 a.m., during an id concurrent interview with the or (NM), while in the presence of		Emergency Kit immediately on 4/26/16. 2. Hydrocodone was removed the medication cart immediate 4/28/16.	

California	Department of Pul	blic Health (X1) PROVIDER/SUPPLIER/CLIA	X2) MULTIPLI	CONSTRUCTION	(3) DATE SURVEY COMPLETED
CTATEMENT	OF DEFICIENCIES OF CORRECTION	1 (X1) BROAIDSHASOLLEIPUIGEN	•		An gleenere menter e ten m.
AND PLAN C	n equinaction			1	
		CA020000112	B. WING		05/02/2016
		STREET ADDI	RESS, CITY, S	TATE, ZIP COOE	
NAME OF P	ROVIDER OR SUPPLIER	2131 CARL			
WAKAM	EENA CARE CENTE				
L (bet entire			10	COMPECTION	(X5)
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B1970	Continued From p	page 4	B1970	Nurse supervisor will check	
P(910				Emergency Kits daily to ensure that	
	Director of Nurses	s, one vial of Insulin Humulin N refrigerated emergency kit with		there are no expired medications in	•
	expiration date of	March 2016.		the Emergency Kit.	
				Licensed Nurses on all shifts will	
	2. During an obse	ervation on 4/28/16 at 11:30 pack of hydrocodone 5/325 mg		check and remove any expired	
	a.m., one bubble	vas stored in the medication cart.		medications from the medication ca	art.
	The expiration de	ate was 3/9/16 . Licensed		In-service training was provided to	
	Vacational Nurse	(I VN) 1 immediately removed		Licensed Nurses regarding the	
	the expired medi	cation from the medication cart.	ļ	removal of expired medication fron	n (
	tito compiler in a	•		the medication cart and Emergency	r ·
Boost	TOO DIVE CHS A	AT3-72367(a) Pharmaceutical	B2015	Kit.	
10201	ServicePerson	al Medications		1	ļ
ì	1			b. The title or position of the perso	חנ
	(a) Medications	brought by or with the patient on	ļ	responsible for the correction.	,
ļ	I admission to the	facility shall not be used unless	-	The Nursing Supervisor and License	±d
	I the contents of t	he containers have been	1	Nurses will be responsible for the	
	examined and p	ositively identified after admission	1	correction-	ļ
ļ	by the patient's [physician or a pharmacist			
	retained by the f	acility.		c. Descriptions of the monitoring	
	Thic Statuta is 1	not met as evidenced by:		process to prevent recurrence of	
[Resed observati	ion and interview, the facility faller	1	deficiency.	
	in identify that F	lesident 23 had a supply of	.1	Nursing Supervisor will check	
	personal medica	ation in his belongings.	,	Emergency Kit daily to ensure that	.
	Findings:	-	1	there are no expired medications	
1	During an obse	rvation and concurrent interview		the Emergency Kit. Licensed Nurses on all shifts will d	heck
	on A/96/16 at 3:	:40 p.m., Director of Nursing]	and remove any expired medication	Ari
1	TOON) picked (in a bottle of medication under	l	from the medication cart.	
	Resident 23's b	ed. DON confirmed the bottle of		How die diedlednou eare	
	morphine suita	te ER 15 milligram (mg) tablets to ablet two times per day, had		d. Date the immediate correction	rof
1	Desident 23 a t	name printed on the label. The		the deficiency will be accomplish	ed.
	Hesineliit volg 1	t tablets still in the container.	ļ	The date of the immediate correct	tion
1	Regident 23 str	ated he had the morphine suitate .	in	of the removal of the Insulin Hum	nulin
	his briefcase a	nd he probably dropped it on the		was on 4/26/16 and for the	
1	Hoor Upon furi	ther questioning, Hesident 23	\	Hydrocodone was on 4/28/15.	
	handed another	er hottle of medication with		HADLOCOROUG Mas Out 4/ 50/ To:	
1	Besident 8's na	ame on the label. The medication	.		

California Dei	partment of Pi	Ublic Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE (SURVEY
STATEMENT OF I	DEFICIENÇIËS)RRECTION	IDENTIFICATION NUMBER:			LOWER	1
		CA020000112	B, WING		05/0	2/2016
	Aes on custile	STREET ADS	DRESS, CITY, I	STATE, ZIP CODE		
NAME OF PROVI	DER OR SUPPLIE		LETON STF			
KYAKAMEEN	A CARE CENT		Y, CA 9470)4		
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B2015 Co	ntinued From	page 5	B2015	B 2015 a. How the correction will be		
wa mo Du sta inv	s Amitriptyline outh at bedtim- iring an intervi ited the admis rentory of med	25 mg tablets take one tablet by		a. How the correction accomplished both temporary an permanent. The medication was identified immediately. Attending MD was informed regarding situation. In-service was provided to License		
Pt /b	narmaceutical NEmergency :	ART3-72377(b)(2) Service-Equipment and Supplie supplies as approved by patient	B2185	Nurses regarding medication inventory upon admission. Medic brought in by resident will not be per policy and be kept in medicat room or give to resident's respon	ation used ion	
nu m	ommittee shall ursing station. eet the following. The emerge	mittee or pharmaceutical service be readily available to each Emergency drug supplies shall ing requirements: ency drug supply shall be stored in		party. b. The title or position of the per responsible for the correction. Director of Nursing will be response	son	
a m bi or pi e D	portable contrainment that the roken to gain in four sing servith the marchaet whe mergency kit of the same as well from a used from the property with the same as the same as well from the same as well from the same as well as well from the same as well from the same as well as	ainer which is sealed in such a tamper-proof seal must be access to the drugs. The director ice or charge nurse shall notify the en drugs have been used from the or when the seal has been broken in the kit shall be replaced within the supply resealed by the		for the correction. c. Descriptions of the monitoring process to prevent recurrence of deficiency. Medication inventory will be dorn admission by the Admitting Nursiany medications brought in by resident will not be used and will	s f ne on e.	
F	Based on obse eview, the fac emergency kit	not met as evidenced by: servation, interview, and record ility did not replaced one opened in the refrigerator and one of emergency kit within 72 hours.		stored in the medication room o be given back to resident's responsible party. d. Date the immediate correctly the deficiency will be accomplis	r will on of	
	room observal Nurse Manadi	11:30 a.m., during the medication tion while accompanied by the er (NM) and Director of Nurses afrigerated emergency kit and one		The immediate correction of deficiency was accomplished on 4/26/16.		

<u>California</u>	Department of Pu	blic Health	(Y2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
QTATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETÉD
7H14. 1 1111		CA020000112	B. WING		05/0	2/2016
	HOVIDER OF SUPPLIER		OORESS, CITY, S			
		2131 CA	RLETON STRI			
KYAKAM	EENA CARE CENT	ER BERKEL	EY, CA 94704		KANPATION.	(X5)
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B2185	Continued From (page 6	B2185	B 2165 a. How the correction will b	ė.	
	IV emergency kit have opened date filled out. The kits hours and they w	were opened. The kits did not es and the log of used items was were not replaced within 72 ere not resealed by the NM stated the emergency kits	S	accomplished both tempore permanent. One refrigerated emergency one IV emergency kit were to the pharmacy and both verplaced on 4/26/16.	a ry and y kit and sent back vere	
B4150	Care Policies an		B4150	Nursing Supervisor will che emergency kits daily to ens they are sealed. If emerger opened, it will be returned	ure that ncy kits are	
	(c) Each facility of policies and producto:	shall establish and implement cedures, including but not limited	,	pharmacy for replacement. In-service training was pro-	•	
		ices policies and procedures		Licensed Nurses regarding to the pharmacist when a been used or when a seal	notification drug has has been	
	determined by the Auberculosis s	f all patients for tuberculosis upon se procedures shall be the patient care policy committee preening procedure may not be	.	broken in the emergency lused from emergency kit is replaced within 72hours a supply resealed by the ph	will be nd the	
	required if there available that a has been comp	ls satisfactory written evidence tuberculosis screening procedu leted within 90 days of the date e facility. Sübsequent tuberculos edures shall be determined by the	re of sis	 b. The title or position of responsible for the correl Nursing Supervisor will be for the correction. 	ction.	
	Based on intentifailed to provide Resident 1 upo Findings: During an inter on 4/28/16 at 4 confirmed Resident 1 upon tuberculosis ut	not met as evidenced by: view and record review, the facility and the facility on admission to the facility. view and concurrent record review and concurrent record review and concurrent record facility. Let's p.m., Director of Nursing ident 1 was not screened for non admission to the facility. In admitted to the facility on 3/24.	ew	c. Descriptions of the ma process to prevent recur deficiency. Nursing Supervisor will of emergency kits daily. If e was opened or if seal wa Nursing Supervisor will of pharmacist for replacem Nursing Supervisor will of drugs used from emerge	rence of heck mergency kit s broken, all the ent. ensure that	

California	Department of Put	olic Health ————————————————————————————————————	(X2) MULTIPLE	CONSTRUCTION	XS) DATE SURVEY
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED
AND PLAN C	T OUTREO FOR		L'I BERTONION,	, "	
		CA020000112	B. WING		05/02/2016
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NAME OF P	ROVIDER OR SUPPLIÉR			TATE, ZIP CODE	
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L' zhell/settani				DROVIDED'S PLAN OF CORRECTIO	N (X5)
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B 5000	Continued From p	age 7	85000	supply resealed by the pharmacist.	
	TOO DIVE CHEAP	T5-72547(a)(2) Content of	B5000	d. Date the immediate correction (of \
المممدي	Health Records	A STATE OF THE STA		the deficiency will be accomplished	
	•			The immediate correction of the	
	(a) A facility shall :	maintain for each patient a	· I	deficiency was accomplished on	1
	health record which	ch shall include:	1	4/27/16.	
	(0) Current report	of physical examination, and			į
	evidence of fuberi	culosis screening.		B 4150	
	CAIGETION OF FORCE	04100.0		a. How the correction will be	
				accomplished both temporary and	'
			1	permanent.	
]	,_		İ	On 3/24/16, Resident 1 was given Tuberculosis screening on left	
	This Statute is no	ot met as evidenced by: ow and record review, there was	. 1	forearm, Tuberculosis results were	
	Based on Intervie	berculosis screening for	' 	pending at that time.	•
	Resident 6 in the	patient health record .		performig at that time.	
) looidon o in the	F		b. The title or position of the pers	on
	Findings:			responsible for the correction.	
1		an duit a interview and	1	PM Shift Licensed Nurse scheduled	lon
	On 4/28/16 at 4:3	30 p.m., during an interview and	'	3/24/16 was responsible for the	'
	concurrent recon	d review, the Nurse Manager 5's tuberculosis (TB) screening		immediate correction.	'
	yes done on 11/	13/15 but there was no evidence	e		
1	that Besident 6's	TB screening result entered on	ı	c. Descriptions of the monitoring	
	Resident 6's hea	ith record.		process to prevent recurrence of	
\ \	· ·		Į.	deficiency.	fus.
B504	O T22 DIV5 CH3 A	AT5-72547(a)(5)(B) Content of	B5040	Medical Records Designee will auc	III
	Health Records			Tuberculosis Screening after all	
			1	admission to ensure that orders for	⁷¹
	(a) A facility shall	I maintain for each patient a		Tuberculosis Screening Were administered.	
1	health record wh	nich shall include:		aummsæreu.	
•	/E) his property makes	s which shall be signed and		d. Date the immediate correction	of
	(a) Nurses note	s which shall be signed and notes shall include:		the deficiency will be accomplished	ed.
	Adrem Milaes II	And Schools grid abriller 11 orders no reg 24.1		Immediate correction of the	
1	(B) Meaningful 8	and informative nurses' progress	3	deficiency was accomplished on	
	notes written by	licensed nurses as often as the		5/2/16.	
	patient's condition	on warrents. However, weekly			,
	nurses' progres	s notes shall be written by			

California Department of Put	blic Health	Leavine	CONSTRUCTION	(X3) DATE	SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	- Golder, (Value)	COMP	LETED
WIND LIMITAL DOLLARS			•		
	CA020000112	B. WING		05/0	2/2016
NAME OF PROVIDER OR SUPPLIER	STREET A	DDAESS, CITY, S	TATE, ZIP CODE		
	2131 CA	RLETON STR			,
KYAKAMEENA CARE CENTE		EY, CA 9470	PROVIDER'S PLAN OF CO	PRECTION	(X5)
VOTE LANGUE DECEMBER	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	1 BHOULD RE	COMPLETE DATE
specific to the pate plan and the patie treatments. This Statute is not Based on intervie failed to write an notes for Resider Findings: During an intervie on 4/28/16 at 4:5 notes dated 3/29 Lisinoprol 10 mill 84/50 was noted based on the nut	n each patient and shall be ient's needs, the patient care ent's response to care and of met as evidenced by: In met as evidenced by: In and record review, the facility informative nurse's progress at 1's health records. In and concurrent record review of p.m., Resident 1's nurse's resident 1's nurse's resident 1's nurse's resident by mouth; then Brigarm tablet	w P	a. How the correction will be accomplished both temporary permanent. On 11/13/16, Tuberculosis so for Resident 6 was given on a forearm. b. The title or position of the responsible for the correction. c. Descriptions of the monitor process to prevent recurrent deficiency. Medical Records Designee was administered. d. Date the immediate continuere administered. d. Date the immediate continuered deficiency will be accomplished by a complished. B 5040 a. How the correction will accomplished both tempor permanent. Resident 1's Lisinopol was administered on 3/29/16. Click Care (PCC) E-MAR, 1. If medication was administered a check mark	ry and creening ight e person on. eduled on or the coring nce of vill audit sion to creening rection of mplished. e ed on be rary and not Per Point	

STATEMEN	<u>a Department of Pur</u> IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATÉ SUFI COMPLETE	ĒĎ
. tr		CA020000112	B. WING	and the second s	05/02/2	016
NAME OF F	PROVIDER OR SUPPLIER		HESS, OTY, S L ETON STR I	TATE, ZIP CODE FFT		•.
KYAKAN	IEENA CARE CENTE	-	Y, CA 94704	!	-	
(X4) IĎ PREFIX TAG	(EACH OFFICIEND)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULO BE C	(X5) OMPLETE DATE
B5040	licensed nurses on specific to the patier plan and the patier treatments. This Statute is not Based on interview failed to write an innotes for Resident Findings: During an interview on 4/28/16 at 4:50 notes dated 3/29/1 Lisinoprol 10 millig 84/50 was noted. It based on the nurs	each patient and shall be ent's needs, the patient care it's response to care and met as evidenced by: and record review, the facility formative nurse's progress 1's health records. and concurrent record review p.m., Resident 1's nurse's 6 at 11:03 a.m., showed ram tablet by mouth; then IB/P Director of Nursing confirmed es' notes, a person cannot tell if cation was given or withheld.	B5040	Licensed Nurse initial. 2. If medication was not administed Nurse will click 5 for hose progress notes or 9 for other see progress notes on the PCC Elicensed Nurse will document uprogress notes for reasons why medication was not administere BP 84/50. b. The title or position of the presponsible for the correction. Licensed Nurse was responsible the correction. c. Descriptions of the monitoric process to prevent recurrence deficiency. Medical Records Designee will a PCC E-MAR weekly to ensure documentation are done accordingly under 5 and 9 categories d. Date the immediate correct the deficiency will be accomplished to 5/2/16.	nd / rs / -MAR. nder d, i.e. erson for audit dingly tot i.e. thon of lished.	