

## California Department of Public Health

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

CA020000112

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

05/02/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

KYAKAMEENA CARE CENTER

2131 CARLETON STREET  
BERKELEY, CA 94704

(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) COMPLETE DATE
A 000	<p><b>Initial Comments</b></p> <p>The following reflects the findings of the California Department of Public Health during the relicensing survey visit from 4/26/2016 to 4/29/2016.</p> <p>Representing the Department: Health Facilities Evaluator Nurses: 33833, 35644, 36593, and 36736</p> <p>The resident census at the start of the survey was 54.</p>	A 000	<p><b>A 000</b></p> <p>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.</p>	
A 058	<p><b>1418.9(a) Health &amp; Safety Code 1418</b></p> <p>(a) If the attending physician and surgeon of a resident in a skilled nursing facility prescribes, orders, or increases an order for an antipsychotic medication for the resident, the physician and surgeon shall do both of the following:</p> <p>(1) Obtain the informed consent of the resident for purposes of prescribing, ordering, or increasing an order for the medication.</p> <p>(2) Seek the consent of the resident to notify the resident's interested family member, as designated in the medical record. If the resident consents to the notice, the physician and surgeon shall make reasonable attempts, either personally or through a designee, to notify the interested family member, as designated in the medical record, within 48 hours of the prescription, order, or increase of an order.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to obtain informed consent to increase the dose of anti-psychotic medication (Seroquel) for Resident 9.</p>	A 058	<p><b>A 058</b></p> <p><b>a. How the correction will be accomplished both temporary and permanent.</b> Inform consent was obtained to increase the dose of anti psychotic medication (Seroquel) for Resident 9.</p> <p><b>b. The title or position of the person responsible for the correction.</b> The Director of Nursing was responsible for the correction regarding Resident 9 increase dose of Seroquel.</p> <p>The Licensed Nurse will be responsible for obtaining inform consent when an antipsychotic medication is prescribed, ordered or increased by the physician.</p> <p><b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b></p>	

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

0099

QPK011

If continuation sheet 1 of 2

Accepted 10/12/16  
3

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A 058	<p>Continued From page 1</p> <p>Findings:</p> <p>1. During an interview and concurrent record review on 4/29/16 at 9:40 a.m., the Nurse Manager confirmed that Resident 9 had the following increased doses of Seroquel that was listed on the "Psychopharmacologic Drug Summary Sheet" showed:</p> <p>1. Seroquel 25 mg two tablets, twice a day dated 4/25/16 (100 mg total per day, no consent obtained)</p> <p>2. Seroquel 25 mg twice a day dated 5/21/15 (50 mg total, no consent obtained)</p> <p>In a follow up interview on 4/29/16 at 1:30 p.m., the Nurse Manager stated there were no more consents after 4/30/15 for the increased doses in Resident 9's Seroquel; confirming that the responsible party had not consented to the increase in the anti-psychotic medication, Seroquel.</p>	A 058	<p>In-service training was conducted to Licensed Nurses in regards to obtaining the informed consent from the resident's responsible party when the physician prescribes, orders or increases an order of antipsychotic medication.</p> <p>Medical Record designee will audit monthly to ensure that informed consent was obtained for all residents on antipsychotic medications.</p> <p>Interdisciplinary Team will review antipsychotic medication as needed during GDR and during quarterly care conference.</p> <p>d. Date the immediate correction of the deficiency will be accomplished. The date of the immediate correction of the deficiency was accomplished on 5/2/16.</p>	

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B 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the relicensing survey visit from 4/26/2016 to 4/29/2016.  Representing the Department: Health Facilities Evaluator Nurses: 33833, 35644, 36593, and 36736  The resident census at the start of the survey was 54.	B 000	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.	
B1275	T22 DIV5 CH3 ART3-72321(c)(1) Nursing Service--Patients with Infectious Dis  (c) The following shall be available in each nurse's station:  (1) The facility's infection control policies and procedures.  This Statute is not met as evidenced by: Based on observation and interview, the infection control policies and procedures were not available at both nurse's stations (A and B).  Findings :  On 4/28/16 at 11:00 a.m., the Licensed Vocational Nurse (LVN 4) stated there was no Infection Control policies and procedures available after searching through the cabinets at the nurses station A and B.	B1275	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 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	T22 DIV5 CH3 ART3-72321(c)(2) Nursing Service--Patients with Infectious Dis	B1280	d. Date the immediate correction of the deficiency will be accomplished.	

Licensing and Certification Division  
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B1280	Continued From page 1  (c) The following shall be available in each nurse's station:  (2) Name, address and telephone numbers of local health officers.  This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the name, address and telephone numbers of local health officers were available in each nurse's station: Findings: During observation and concurrent interview on 4/28/16 at 10:30 a.m., the DON (Director of Nursing) searched the nursing station B and stated that the information for the local health officers was not there. The DON then walked towards station A and asked the staff at the nursing station for help. The DON and the staff both searched station A but were not able to locate the information binder for the facility's infection control policies, procedures, the name, address and telephone numbers of local health officers.	B1280	The date of the immediate correction of the deficiency was accomplished on 5/2/16.  <b>B 1280</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> The name, address and telephone numbers of Local Health Officers were made available on both nurse's station.  <b>b. The title or position of the person responsible for the correction.</b> The Director of Nursing is responsible for the correction.  <b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b> The Director of Nursing will conduct daily rounds to ensure that the name, address and telephone numbers of Local Health Officers are available in each Nurse's Station.  <b>d. Date the immediate correction of the deficiency will be accomplished.</b> The date of the immediate correction of the deficiency was accomplished on 5/2/16.		
B1910	T22 DIV5 CH3 ART3-72357(e) Pharmaceutical Service--Labeling and Storage  (e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.  This Statute is not met as evidenced by: Based on observation and interview, the facility did not separated external use drugs from drugs	B1910	<b>B 1910</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> The tube of topical ointment and		

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B1910	Continued From page 2 for internal use.  Findings:  During an observation and concurrent interview on 4/26/16 at 11:30 a.m., while in the presence of Director of Nurses (DON), one tube of topical ointment was stored with internal used medications in the bottom shelf of the medication refrigerator. The Nurse Manager removed the ointment and stated topical medications must be stored separately from the internal medications.	B1910	internal used medication which were both stored at the bottom shelf of refrigerator were separated.  "Internal" and "External" labels were placed on two separate compartments in the refrigerator.  In-service training was provided to Licensed Nurses regarding Labeling and Medication Storage.  <b>b. The title or position of the person responsible for the correction.</b> The Director of Nursing is responsible for the correction.	
B1915	T22 DIV5 CH3 ART3-72357(f) Pharmaceutical Service--Labeling and Storage  (f) Drugs shall be stored in appropriate temperatures. Drugs required to be stored at room temperature shall be stored at a temperature between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F). Drugs requiring refrigeration shall be stored in a refrigerator between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs."  This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility stored one box of Tylenol suppositories in the medication refrigerator in the medication room.  Findings:  During an observation and concurrent interview on 4/26/16 at 11:30 a.m. with the Nurse Manager	B1915	<b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b> Nursing Supervisor will check and monitor daily the storage and labeling of medications in the refrigerator to ensure that "internal medications" are separated from "external medications".  <b>d. Date the immediate correction of the deficiency will be accomplished.</b> The date of the immediate correction of the deficiency was accomplished on 5/2/16.  <b>B1915</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> Tylenol suppositories were stored in	

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B1915	Continued From page 3  (NM), while in the presence of Director of Nurses (DON), one box of Acetaminophen (Tylenol) 325 mg suppositories was stored in the medication refrigerator. The refrigerator temperature was 31° Fahrenheit (F). NM inspected the box of Tylenol and stated that Tylenol suppositories had to be stored at room temperature.  According to the manufacture's instruction on the Tylenol Package, the suppositories should be stored at room temperature between 59 and 79° F.	B1915	the right refrigerator temperature (36 degrees F - 46 degrees F).  In-service training was provided to Licensed Nurses regarding proper storage of suppositories.  b. The title or position of the person responsible for the correction. The Director of Nursing is responsible for the correction.  c. Descriptions of the monitoring process to prevent recurrence of deficiency. NOC Shift Licensed Nurse will check and monitor daily to ensure that suppositories are stored appropriately in the medication refrigerator with the right refrigerator temperature (36 degrees F - 46 degrees F).	
B1970	T22 DIV5 CH3 ART3-72357(I) Pharmaceutical Service--Labeling and Storage  (I) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.  This Statute is not met as evidenced by: Based on observation and interview, the facility did not remove these expired medications from the medication storage:  1. One vial of Insulin Humulin N was found in an emergency kit in the medication refrigerator. The expiration date was March 2016.  2. One bubble pack of hydrocodone 5/325 milligram (mg) tablet with an expiration date of 3/9/16 was found in a medication cart.  Findings:  1. On 4/26/16 at 11:30 a.m., during an observation and concurrent interview with the Nurse Manager (NM), while in the presence of	B1970	d. Date the immediate correction of the deficiency will be accomplished. The date of the immediate correction of the deficiency was accomplished on 5/2/16.  B1970 a. How the correction will be accomplished both temporary and permanent. 1. Insulin Humulin was removed from Emergency Kit immediately on 4/26/16. 2. Hydrocodone was removed from the medication cart immediately on 4/28/16.	

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B1970	Continued From page 4  Director of Nurses, one vial of Insulin Humulin N was found in the refrigerated emergency kit with expiration date of March 2016.  2. During an observation on 4/28/16 at 11:30 a.m., one bubble pack of hydrocodone 5/325 mg for Resident 24 was stored in the medication cart. The expiration date was 3/9/16. Licensed Vocational Nurse (LVN) 1 immediately removed the expired medication from the medication cart.	B1970	Nurse supervisor will check Emergency Kits daily to ensure that there are no expired medications in the Emergency Kit.  Licensed Nurses on all shifts will check and remove any expired medications from the medication cart. In-service training was provided to Licensed Nurses regarding the removal of expired medication from the medication cart and Emergency Kit.	
B2015	T22 DIV5 CH3 ART3-72367(a) Pharmaceutical Service--Personal Medications  (a) Medications brought by or with the patient on admission to the facility shall not be used unless the contents of the containers have been examined and positively identified after admission by the patient's physician or a pharmacist retained by the facility.  This Statute is not met as evidenced by: Based observation and interview, the facility failed to identify that Resident 23 had a supply of personal medication in his belongings. Findings: During an observation and concurrent interview on 4/26/16 at 3:40 p.m., Director of Nursing (DON) picked up a bottle of medication under Resident 23's bed. DON confirmed the bottle of morphine sulfate ER 15 milligram (mg) tablets to be taken one tablet two times per day, had Resident 23's name printed on the label. The bottle had eight tablets still in the container. Resident 23 stated he had the morphine sulfate in his briefcase and he probably dropped it on the floor. Upon further questioning, Resident 23 handed another bottle of medication with Resident 8's name on the label. The medication	B2015	<b>b. The title or position of the person responsible for the correction.</b> The Nursing Supervisor and Licensed Nurses will be responsible for the correction.  <b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b> Nursing Supervisor will check Emergency Kit daily to ensure that there are no expired medications in the Emergency Kit. Licensed Nurses on all shifts will check and remove any expired medication from the medication cart.  <b>d. Date the immediate correction of the deficiency will be accomplished.</b> The date of the immediate correction of the removal of the Insulin Humulin was on 4/26/16 and for the Hydrocodone was on 4/28/16.	



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B2015	Continued From page 5 was Amitriptyline 25 mg tablets take one tablet by mouth at bedtime. During an interview on 4/26/16 at 4:50 p.m., DON stated the admission nurse should have done the inventory of medications when Resident 23 was admitted to the facility 4/15/16.	B2015	<b>B 2015</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> The medication was identified immediately. Attending MD was informed regarding situation. In-service was provided to Licensed Nurses regarding medication inventory upon admission. Medication brought in by resident will not be used per policy and be kept in medication room or give to resident's responsible party.	
B2185	T22 DIV5 CH3 ART3-72377(b)(2) Pharmaceutical Service--Equipment and Supplies  (b) Emergency supplies as approved by patient care policy committee or pharmaceutical service committee shall be readily available to each nursing station. Emergency drug supplies shall meet the following requirements:  (2) The emergency drug supply shall be stored in a portable container which is sealed in such a manner that the tamper-proof seal must be broken to gain access to the drugs. The director of nursing service or charge nurse shall notify the pharmacist when drugs have been used from the emergency kit or when the seal has been broken. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist.  This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not replaced one opened emergency kit in the refrigerator and one intravenous (IV) emergency kit within 72 hours.  Findings:  On 4/26/16 at 11:30 a.m., during the medication room observation while accompanied by the Nurse Manager (NM) and Director of Nurses (DON), one refrigerated emergency kit and one	B2185	<b>b. The title or position of the person responsible for the correction.</b> Director of Nursing will be responsible for the correction.  <b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b> Medication inventory will be done on admission by the Admitting Nurse. Any medications brought in by resident will not be used and will be stored in the medication room or will be given back to resident's responsible party.  <b>d. Date the immediate correction of the deficiency will be accomplished.</b> The immediate correction of deficiency was accomplished on 4/26/16.	



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B2185	Continued From page 6  IV emergency kit were opened. The kits did not have opened dates and the log of used items was filled out. The kits were not replaced within 72 hours and they were not resealed by the pharmacist. The NM stated the emergency kits will be returned to the pharmacy.	B2185	<b>B 2185</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> One refrigerated emergency kit and one IV emergency kit were sent back to the pharmacy and both were replaced on 4/26/16. Nursing Supervisor will check emergency kits daily to ensure that they are sealed. If emergency kits are opened, it will be returned to pharmacy for replacement.  In-service training was provided to Licensed Nurses regarding notification to the pharmacist when a drug has been used or when a seal has been broken in the emergency kits. Drugs used from emergency kit will be replaced within 72 hours and the supply resealed by the pharmacist.	
B4150	T22 DIV5 CH3 ART5-72523(c)(2)(C) Patient Care Policies and Procedures  (c) Each facility shall establish and implement policies and procedures, including but not limited to:  (2) Nursing services policies and procedures which include:  (C) Screening of all patients for tuberculosis upon admission. These procedures shall be determined by the patient care policy committee. A tuberculosis screening procedure may not be required if there is satisfactory written evidence available that a tuberculosis screening procedure has been completed within 90 days of the date of admission to the facility. Subsequent tuberculosis screening procedures shall be determined by the attending physician.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to provide a tuberculosis screening for Resident 1 upon admission to the facility. Findings: During an interview and concurrent record review on 4/28/16 at 4:42 p.m., Director of Nursing confirmed Resident 1 was not screened for tuberculosis upon admission to the facility. Resident 1 was admitted to the facility on 3/24/16.	B4150	<b>b. The title or position of the person responsible for the correction.</b> Nursing Supervisor will be responsible for the correction.  <b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b> Nursing Supervisor will check emergency kits daily. If emergency kit was opened or if seal was broken, Nursing Supervisor will call the pharmacist for replacement. Nursing Supervisor will ensure that drugs used from emergency kit will be replaced within 72 hours and the	

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B5000	Continued From page 7	B5000	supply resealed by the pharmacist.	
B5000	T22 DIV5 CH3 ART5-72547(a)(2) Content of Health Records  (a) A facility shall maintain for each patient a health record which shall include:  (2) Current report of physical examination, and evidence of tuberculosis screening.  This Statute is not met as evidenced by: Based on interview and record review, there was no evidence of tuberculosis screening for Resident 6 in the patient health record .  Findings:  On 4/28/16 at 4:30 p.m., during an interview and concurrent record review, the Nurse Manager stated Resident 6's tuberculosis (TB) screening was done on 11/13/15 but there was no evidence that Resident 6's TB screening result entered on Resident 6's health record.	B5000	d. Date the immediate correction of the deficiency will be accomplished. The immediate correction of the deficiency was accomplished on 4/27/16.  B 4150 a. How the correction will be accomplished both temporary and permanent. On 3/24/16, Resident 1 was given Tuberculosis screening on left forearm. Tuberculosis results were pending at that time.  b. The title or position of the person responsible for the correction. PM Shift Licensed Nurse scheduled on 3/24/16 was responsible for the immediate correction.  c. Descriptions of the monitoring process to prevent recurrence of deficiency. Medical Records Designee will audit Tuberculosis Screening after all admission to ensure that orders for Tuberculosis Screening were administered.	
B5040	T22 DIV5 CH3 ART5-72547(a)(5)(B) Content of Health Records  (a) A facility shall maintain for each patient a health record which shall include:  (5) Nurses' notes which shall be signed and dated. Nurses' notes shall include:  (B) Meaningful and informative nurses' progress notes written by licensed nurses as often as the patient's condition warrants. However, weekly nurses' progress notes shall be written by	B5040	d. Date the immediate correction of the deficiency will be accomplished. Immediate correction of the deficiency was accomplished on 5/2/16.	

## California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA020000112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>05/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>KYAKAMEENA CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2131 CARLETON STREET BERKELEY, CA 94704</b>		
(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) COMPLETE DATE
B5040	Continued From page 8  licensed nurses on each patient and shall be specific to the patient's needs, the patient care plan and the patient's response to care and treatments.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to write an informative nurse's progress notes for Resident 1's health records. Findings: During an interview and concurrent record review on 4/28/16 at 4:50 p.m., Resident 1's nurse's notes dated 3/29/16 at 11:03 a.m., showed Lisinoprol 10 milligram tablet by mouth; then B/P 84/50 was noted. Director of Nursing confirmed based on the nurses' notes, a person cannot tell if Resident 1's medication was given or withheld.	B5040	<b>B 5000</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> On 11/13/16, Tuberculosis screening for Resident 6 was given on right forearm.  <b>b. The title or position of the person responsible for the correction.</b> PM Shift Licensed Nurse scheduled on 11/13/16 was responsible for the immediate correction.  <b>c. Descriptions of the monitoring process to prevent recurrence of deficiency.</b> Medical Records Designee will audit TB Screening after all admission to ensure that orders for TB Screening were administered.  <b>d. Date the immediate correction of the deficiency will be accomplished.</b> Immediate correction of the deficiency was accomplished on 5/2/16.  <b>B 5040</b> <b>a. How the correction will be accomplished both temporary and permanent.</b> Resident 1's Lisinoprol was not administered on 3/29/16. Per Point Click Care (PCC) E-MAR, 1. If medication was administered, it will indicate a check mark and		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA020000112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2016</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**KYAKAMEENA CARE CENTER****2131 CARLETON STREET  
BERKELEY, CA 94704**

(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) COMPLETE DATE
B5040	<p>Continued From page 8</p> <p>licensed nurses on each patient and shall be specific to the patient's needs, the patient care plan and the patient's response to care and treatments.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to write an informative nurse's progress notes for Resident 1's health records.</p> <p>Findings: During an interview and concurrent record review on 4/28/16 at 4:50 p.m., Resident 1's nurse's notes dated 3/29/16 at 11:03 a.m., showed Lisinoprol 10 milligram tablet by mouth; then B/P 84/50 was noted. Director of Nursing confirmed based on the nurses' notes, a person cannot tell if Resident 1's medication was given or withheld.</p>	B5040	<p>Licensed Nurse initial.</p> <p>2. If medication was not administered, Licensed Nurse will click 5 for hold / see progress notes or 9 for others / see progress notes on the PCC E-MAR. Licensed Nurse will document under progress notes for reasons why medication was not administered, i.e. BP 84/50.</p> <p>b. The title or position of the person responsible for the correction. Licensed Nurse was responsible for the correction.</p> <p>c. Descriptions of the monitoring process to prevent recurrence of deficiency. Medical Records Designee will audit PCC E-MAR weekly to ensure documentation are done accordingly under progress notes when medication that were held or not given under 5 and 9 categories.</p> <p>d. Date the immediate correction of the deficiency will be accomplished. Immediate correction of the deficiency was accomplished on 5/2/16.</p>	