

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

PRINTED: 08/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/17/2013
NAME OF PROVIDER OR SUPPLIER <b>GOLDEN LIVING CENTER - HY-PANA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4545 SHELLEY COURT STOCKTON, CA 95207</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) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for the investigation of an entity reported incident #CA00360740.  Representing the Department: HFEN 32525 HFEN 31979  Inspection was limited to the specific incident investigated and does not represent the findings of a full inspection of the facility.	F 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.		
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.	F 329	This Plan of Correction constitutes my written credible allegation of compliance for the deficiency noted.  483.25 (I) Drug Regimen is Free From Unnecessary Drugs  1. Corrective action(s) accomplished for the patient identified to have been affected by the deficient practice.  For the resident identified monitoring form for behavioral manifestations and adverse effects was put in place July 20, 2013 and a care plan was initiated for the use of the medication. on August 8, 2013, (see attached copies)	7/20/13 8/8/13	

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 329	Continued From page 1  This REQUIREMENT is not met as evidenced by: Based on staff interview, and clinical record review, the facility failed to monitor behavioral manifestations, monitor for adverse side effects and initiate care planning for Resident 1 for use of the antipsychotic medication iloperidone. This failure had the potential to impact Resident's 1 disease management outcomes.  Findings:  Resident 1 was admitted to the facility on 9/6/11 with multiple diagnosis that included bipolar disorder, chronic depressive personality disorder, cirrhosis of the liver (a diseased or damaged liver), hypertension (high blood pressure) and diabetes mellitus (a disorder that disrupts the way the body uses sugar).  The most recent Minimum Data Set (MDS, a standardized assessment tool) dated 6/18/13 indicated that Resident 1 was independent in decision making with no long-term or short-term memory problems, and was not receiving "Antipsychotic" medications.  A review of the clinical records on 7/18/13 reflected a physician order for iloperidone (an antipsychotic medication used to treat mental illness) 4 milligrams by mouth twice daily. The behavior manifestations and adverse effects were not being monitored. There was no care plan for the use of this medication.	F 329	2. How other patients having the potential to be affected by the same deficient practice be identified and what corrective action will be taken.  An audit was completed by DNS and ADNS for all residents with psychotropic medications to ensure that monitoring form was in place and there was a care plan for the medication. Corrective action taken as appropriate.  8/8/13  3. What immediate measures and systemic changes will be put in place to ensure the deficient practice does not recur.  Inservices was conducted for licensed staff covering entering psychotropic medication orders, informed consent verification, printing of behavior and side affects monitoring form and advising Social Service for adding or updating information in for the Behavioral Management Committee. (Summary Report of Meeting and attachments enclosed).  7/19/13		

*[Handwritten Signature]*  
8/29/13

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9/29/13