

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

PRINTED: 03/12/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/10/2021
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NAME OF PROVIDER OR SUPPLIER  VISTA KNOLL SPECIALIZED CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 WESTWOOD ROAD VISTA, CA 92083
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  Category: Pharmacy Services ERI #: CA00660148  <del>Representing the California Department of Public Health: Health Facilities Evaluator Nurse 39660.</del>  <del>The investigation was limited to the specific entity reported incident and does not represent the findings of a full inspection of the facility.</del>  One deficiency was identified from this investigation.  Glossary of Abbreviations:  Director of Nursing - DON Licensed Nurse - LN Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,	F 000		
F 755 SS=D		F 755		3/16/21

RECEIVED  
CA DEPT OF PUBLIC HEALTH

MAR 11 2021

LICENSING & CERTIFICATION  
SAN DIEGO DISTRICT OFFICE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE 03/09/2021
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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 755	<p>Continued From page 1</p> <p>dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to make sure current and accurate records were kept for controlled drugs to prevent diversion (theft or unauthorized use) for three of three residents (1, 2, and 3) reviewed for controlled drug use.</p> <p>As a result, the facility could not ensure controlled drugs were accounted for to prevent misuse or abuse.</p> <p>Findings:</p> <p>An investigation and record review was initiated on 10/22/19 in response to a facility reported incident sent to the California Department of Public Health. A narcotic count sheet for a 30-day supply of a controlled drug called Norco (pain</p>	F 755	<p>This document will serve as credible allegation of our intent to correct deficient practices identified. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code.</p> <p>F755 Pharmacy Srvs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THE RESIDENTS</p>		

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VISTA KNOLL SPECIALIZED CARE FACILITY

STREET ADDRESS, CITY, STATE, ZIP CODE

2000 WESTWOOD ROAD  
VISTA, CA 92083

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F 755	<p>Continued From page 2 medication) was missing.</p> <p>Per the Drug Enforcement Agency (DEA), Norco, Oxycodone, and Percocet (pain medications) are schedule II drug/medications, with high potential for abuse or misuse.</p> <p>1. Resident 1 was admitted to the facility on 11/27/2011 per the facility's Admission Record. Resident 1 had physician orders to receive Norco for mild to moderate pain.</p> <p>Resident 1's narcotic count sheets (documents that tracks narcotic drug use) were missing for the month of June.</p> <p>2. Resident 2 was admitted to the facility on 2/27/19 per the facility's Admission Record. Resident 2 had physician orders for Percocet for moderate to severe pain.</p> <p>Resident 2's narcotic count sheets were missing for the month of June.</p> <p>During an interview on 10/22/19 at 1:52 P.M. with the DON, related to both Resident 1 &amp; 2's missing narcotic count sheet, the facility could not find the missing documentation.</p> <p>3. Resident 3 was admitted to the facility on 2/27/19 per the facility's Admission Record. Resident 3 had physician orders to receive Oxycodone for moderate to severe pain.</p> <p>During an interview and record review on 10/25/19 at 1:53 P.M., LN 1 stated Resident 3's narcotic count sheet and electronic medication administration record (EMAR) did not match. LN 1 stated Resident 3's narcotic control sheet</p>	F 755	<p>IDENTIFIED TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>1) Narcotic Count Sheets Reconciliation</p> <p>On 10/20/19, ADON, clinical Director and Unit Manager conducted one hundred percent medication carts narcotic count audit, comparing bubble packs to controlled drug record count sheets with no discrepancies found. Subsequent order review for all residents with orders for Schedule II pain medications had medication available as ordered for administration.</p> <p>2) Pain Medications administered as ordered</p> <p>Interviews and Clinical assessments performed by RN on 7/21/19 for residents 1, 2 and 3 related to current pain management regimen with no concerns expressed by resident or identified upon assessment. The Resident Representative as well as the MD were notified on 10/20/19.</p> <p>HOW OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY SAME DEFICIENT PRACTICE BE IDENTIFIED AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>All residents in the facility have the same potential to be affected by the same deficient practice.</p> <p>A facility system for receiving controlled</p>	

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F 755	<p>Continued From page 3</p> <p>showed that Resident 3's oxycodone was removed from the medication card two times on 10/25/19 at 6 A.M. and 11:12 A.M., but that Resident 3's EMAR did not indicate it was given. LN 1 stated there was no documented evidence that Resident 3 received her pain medication on 10/25/19.</p> <p>During an interview on 10/25/19 at 2:45 P.M., the DON stated the facility was unable to find the narcotic count sheets for Resident 1 and 2 for the month of June. The DON stated that it was likely the drugs and the narcotic count sheet were taken together so the drugs could not be tracked. The DON stated the facility needed to revise the narcotic accountability process to make sure drugs were not being diverted and they were given to the resident. The DON stated we need to audit both the narcotic count and the EMAR, to make sure the resident receives their medication.</p> <p>Per the facility's nursing management at the time of incident, the facility did not have a written process to prevent diversion of the narcotic count sheet and bubble card (prepackaged 30 day supply of medication to be administered at a defined time) together.</p> <p>Per the facility's policy, dated 08/17, titled Pharmacy Service, Narcotic Count /Handling, "...Facility LN will administer and sign for the narcotic in the EMAR and Narcotic count sheet ..."</p>	F 755	<p>substances from pharmacy delivery to storage on medication cart has been reviewed and revised. The system was reviewed by the Director of Nursing in collaboration with the Pharmacy Consultant.</p> <p>Controlled medication will be verified by LN upon pharmacy delivery to ensure that delivery manifest, controlled drug sheet and number of tablets in bubble pack all coincide.</p> <p>Controlled medications will be immediately secured by LN in narcotic drawer of medication cart and double locked.</p> <p>Director of Nursing/Designee on 7/21/19 gave an in-service to the License Nursing Staff on controlled substance storage, loss and diversion of medications, medication ordering/receiving from pharmacy and documentation of narcotic medications on controlled drug sheets and EMAR.</p> <p>WHAT IMMEDIATE MEASURES AND SYSTEMIC CHANGES WILL BE PUT INTO PLACE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:</p> <p>All DC and completed narcotic medications will be collected along with the count sheet twice a week and as needed by nursing supervisor/designee.</p> <p>Med Records/Designee will do monthly</p>		

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F 755	Continued From page 4	F 755	<p>audit of all narcotic sheets and compare to pharmacy manifest receipts.</p> <p>All Findings will be submitted to administrator, DNS and QA&amp;A for further evaluation.</p> <p>DESCRIPTION OF THE MONITORING PROCESS AND POSITIONS OF PERSONS RESPONSIBLE FOR MONITORING:</p> <p>Unit manager/Designee will run random pharmacy drug utilization report no less than three times per week and reconcile with narcotic count sheets and bubble packs.</p> <p>Medical Records Director/Designee will audit pharmacy drug utilization report monthly and compare to completed, existing and/or discontinued medications narcotic count sheets to ensure that all are accounted for and are then uploaded to the resident's electronic medical record, any discrepancy will be reported to the Director of Nursing/Designee for follow up as needed.</p> <p>Monitoring to continue X 6 months and findings to be presented to QAPI for further evaluation on frequency of continued process.</p>		