STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055884	A. BUILDING _____ B. WING _____	C 03/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN TOMAS CONVALESCENT HOSPITAL	3580 PAYNE AVENUE SAN JOSE, CA 95117

(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 survey regarding a complaint investigation conducted on 3/8/17 to 3/9/17. For Complaint CA00525092 regarding Quality of Care/Treatment, a federal deficiency was identified (see F281). Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 29260, Health Facilities Evaluator Nurse.	F 000		
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to meet a standard of nursing practice when licensed vocational nurse A (LVN A) did not accurately transcribe a medication order for one of three sampled residents (Resident 1). Also, for Resident 1, Percocet was not administered within the physician's ordered time frame. This practice resulted in inaccurate medication administration.	F 281	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MAR 21 2017 L & C DIVISION SAN JOSE Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider to 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 the provisions of the Health and Safety Code Section 1280	4/3/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/20/2017

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.

3/21/17 POC accepted

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F 281	Continued From page 1 Findings: 1. A physician's order dated 3/6/17 at 9:02 a.m. indicated Resident 1 was to start weaning off Percocet (a narcotic analgesic pain medication) 10/325 milligrams (mg) one tablet every six hours for one week, one tablet every eight hours for one week, one tablet every 12 hours for two weeks, one tablet every day for two weeks, then discontinue Percocet. Review on 3/8/17 of Resident 1's a medication record (MR) dated 3/6/17, indicated LVN A transcribed the above order as an "as needed" (PRN) order and not as a scheduled order to be administered every 6 hours. During an interview on 3/8/17 at 2:15 p.m. with the director of nursing (DON), she reviewed the above physician's order for Resident 1 and stated LVN A transcribed it incorrectly to the PRN MR, but should have transcribed it to the scheduled MR. During an interview on 3/8/17 at 3:07 p.m. with registered nurse B, she reviewed Resident 1's above physician's order for Percocet and stated she recognized it as routine, and not as a PRN order. Review on 3/8/16 of the facility's policy, PHYSICIAN'S ORDERS indicated, "The Licensed Nurse shall then transcribe the order onto the Medication Administration Record (MAR)...as it applies." 2. A physician's order dated 3/6/17 at 9:02 a.m. indicated Resident 1 was to start weaning off Percocet 10/325 mg, one tablet every six hours	F 281	and CFR et seq require it. This Plan of Correction constitutes our credible allegation of compliance. F281 Corrective Action(s): 1. Resident 1 Percocet order was transcribed in MAR (medication administration audit) as Routine medication on 3/7/2017. 2. The Director of Nursing conducted 1:1 in-service to the Licensed Nurse that administered Resident's 1 Percocet at 5 hour interval instead of 6 hours per physician's order. How the facility will identify other residents having the potential to be affected by the deficient practice: • The medical record staff conducted clinical chart audit beginning 3/7/17 and ongoing to ensure that physician's orders are accurately transcribed in medication administration record. • The medical record staff conducted PRN (as needed) medication administration record beginning 3/9/17 to ensure that as needed medications are administered at the right time/right interval per physician's order. • The Director of Nursing conducted in service to licensed nursing staff beginning 3/14/2017, topic includes accuracy in transcribing physician's order and medication administration in timely manner as prescribed by physician.	

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F 281	Continued From page 2 for one week. Review on 3/8/17 of a Controlled Drug Record for Percocet indicated on 3/6/17 Resident 1 was administered one Percocet at 5:30 p.m. and one at 10:30 p.m. (five hours apart). Review on 3/8/17 of Resident 1's PRN MR detail indicated on 3/6/17 she was administered Percocet at 5:30 p.m. and 10:30 p.m. for pain. During an interview on 3/8/17 at 2:15 p.m. with the DON, she reviewed the above documents and stated on 3/6/17 Resident 1 was administered Percocet five hours apart, but according to the correct physician's order, it should have been administered six hours between doses. Review on 3/8/17 of the facility's 12/2012 revised policy, "Administering Medications" indicated, "Medications must be administered in accordance with the orders, including any required time frame."	F 281	Deficient practice was cite as an example. What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur: • The following systemic change shall take effect immediately to prevent recurrence: 1. The Night Shift Licensed Nurse shall conduct a 24 hour audit on all residents' clinical record for new physician order to ensure accurate transcription in medication administration record. The Night Shift Licensed Nurse shall mark the new order as audited once the audit is completed and validate transcription is correct. 2. The Medical Records staff shall conduct a daily audit (Monday-Friday) to ensure that physician's orders are accurately transcribed. Copy of audit shall be provided to the Director of Nursing. 3. The Medical Records staff shall conduct daily audit (Monday-Friday) on PRN (as needed) medication administration record to ensure that medications are administered at the right time interval/as physician's order. Copy of audit shall be provided to the Director of Nursing. How the facility plans to monitor its performance to make sure that solutions are sustained: • The Director of Nursing or designee shall review at least 2 (two) physician's order daily to ensure that order is correctly transcribed in medication administration	

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F 281	Continued From page 3	F 281	record. • The Director of Nursing or designee shall review at least 2 (two) PRN/as needed medication record daily to ensure that medications are administered in timely manner or per physician's order. Issues of non compliance will be brought to the attention of the Quality Assurance Committee during the quarterly meeting for tracking, trending and resolution. Dates when corrective action will be completed: April 3, 2017	