		AND HUMAN SERVICES & MEDICAID SERVICES				FORM A	12/19/2017 PPROVED 1938-0391			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
555801			B. WING			C 12/15/2017				
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE  1139 GIRBY WAY POC Acceptable 1/12/18  ROSEVILLE, CA 95661 P. S. Pinkhaa HFES						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON BE	.(X5) COMPLETION DATE			
F 000	INITIAL COMMEN		F	000			:			
F 281 SS=D	California Departmabbreviated survey reported incident #Representing the IHFEN, 38881  The inspection was complaint investig the findings of a fusion of the services provate outlined by the must-  (i) Meet profession This REQUIREMING.  (ii) Meet profession This REQUIREMING.  (iv) Based on interview the facility failed the facility failed the of quality for 1 of the physician's or administration of	g reflects the findings of the partment of Public Health during an survey for the investigation of facility dent #CA00552449.  If the Department of Public Health:  If the Department of Public Heal		281	PLAN OF CORRECTIONS  "This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."  "This plan of correction is prepared, submitted and/o executed solely because it required by local, state and/or federal regulations codes, and or guidelines.	or is				
	(a forward slip of	nosis included spondylolisthesis one of the bones of the spinal p another) in the lumbar region	<b>3</b>							

Any deficiency statement ending with an asteriak (\*) denoted 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 80 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.

LABORATORY QIRECTORIO, OF

DERVSUPPLIER REPRESENTATIVE'S SIGNATURE

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 12/19/2017 1APPROVED 0.0938-0391	
BTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X9) DATE SURVEY COMPLETED			
555801			B. WING		Anni A Milli	C 12/15/2017		
	ROVIDER OR SUPPLIER EEK CARE CENTER			113	EET ADDRESS, CITY, STATE, ZIP CODE 9 CIRBY WAY SEVILLE, CA 95661			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETION DATE	
F 281	(base of the spine) Resident 1's physis Indicated, "Monitor shift using scale of 0= no pain 1-2 = least pain 3-4 = mild pain 5-6 = moderate pain 9-10 = very severe A physician's order order for a narcott PRN (as needed) The Medication A July 2017 indicate the PRN narcottle and 7/26 with a p  A telephone inter Supervisor Nurse The SN confirms was administered pain level of 6 (e the physician's or medication for se A Pain Care Plar approach, "Admil A policy titled "Pa	1-2 = least pain 3-4 = mild pain 5-6 = moderate pain		281	As this transmission is required by law, it is not waiver of the provisions within applicable laws a regulations or any other codes, statutes or regulations."  Resident 1 has discharg from the facility.  DON/designee reviewed resident charts in the facility on 10/10/2017 for compliance with prn parameters.  DON inserviced license nurses of prn pain medication parameters physicians orders follow pain scale mild, moders severe and worst pain 10/16/2017	mission is aw, it is not a provisions able laws and or any other es or  as discharged litty.  ee reviewed all rts in the 0/10/2017 for with prn pain orders.  iced licensed on pain parameters per orders following mild, moderate,		

PRINTED: 12/19/2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ С 586801 B. WING 12/15/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY PINE CREEK CARE CENTER HOSEVILLE, CA 95661 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ίD (X6) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX DATE TAG TAG DEFICIENCY) F 281 F 281 Continued From page 2 According to the California Nursing Practice Act in the Business and Professions Code, Chapter 6 Nursing, Section 2725, "(b) The practice of Medical Records/designee nursing within the meaning of this chapter means will review all prn pain those functions...that require a substantial medications administered amount of scientific knowledge or technical skill, daily for 1 week, then including all of the following: (2) Direct and indirect patient care services, including, but not weekly x 4 weeks to make limited to, the administration of medications and sure all physician therapeutic agents, necessary to implement a parameter orders are being treatment, disease prevention, or rehabilitative correctly followed. regimen ordered by and within the scope of COMPLETION DATE: licensure of a physician." November 7th, 2017 If any parameters are found to be not followed correctly, Medical Records will notify DON. DON will follow up with coaching and or disciplinary action for any incorrect parameter administration. Findings will be discussed in next Quarterly OA meeting scheduled for January 26th, 2018