

PRINTED: 12/19/2017
FORM APPROVED
OMB NO. 0938-0391

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

TITLE

(X0) 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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2017
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661		
(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 281	<p>Continued From page 1 (base of the spine).</p> <p>Resident 1's physician order dated 7/18/17 Indicated, "Monitor for presence of pain q [every] shift using scale of 0-10 0 = no pain 1-2 = least pain 3-4 = mild pain 5-6 = moderate pain 7-8 = severe pain 9-10 = very severe/horrible/worst pain</p> <p>A physician's order dated 7/18/17 Indicated an order for a narcotic pain medication to be given PRN (as needed) q 4 hours for severe pain.</p> <p>The Medication Administration Record (MAR) for July 2017 Indicated Resident 1 was provided with the PRN narcotic pain medication on 7/24, 7/25, and 7/26 with a pain scale of 6 out of 10.</p> <p>A telephone interview was conducted with the Supervisor Nurse (SN) on 10/10/17 at 2:45 p.m. The SN confirmed the above pain medication was administered on 3 consecutive days for a pain level of 6 (equivalent to moderate pain) and the physician's order indicated to administer said medication for severe pain.</p> <p>A Pain Care Plan dated 7/18/17 Indicated on the approach, "Administer medication as ordered..."</p> <p>A policy titled "Pain Assessment and Management", revised October 2010 Indicated under Defining Goals and Appropriate Interventions: "...2. Pain management interventions shall reflect the sources, type and severity of pain."</p>	F 281	<p>As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations."</p> <p>Resident 1 has discharged from the facility.</p> <p>DON/designee reviewed all resident charts in the facility on 10/10/2017 for compliance with prn pain medication orders.</p> <p>DON inserviced licensed nurses of prn pain medication parameters per physicians orders following pain scale mild, moderate, severe and worst pain on 10/16/2017</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 585801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2017
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661		
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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 nursing within the meaning of this chapter means those functions...that require a substantial amount of scientific knowledge or technical skill, including all of the following: (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician."	F 281	<p>Medical Records/designee will review all prn pain medications administered daily for 1 week, then weekly x 4 weeks to make sure all physician parameter orders are being correctly followed.</p> <p>COMPLETION DATE: November 7th, 2017</p> <p>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.</p> <p>Findings will be discussed in next Quarterly QA meeting scheduled for January 26th, 2018</p>		