

PRINTED: 04/30/2015
FORM APPROVED
OMB NO. 0938-0391

PC approved 5/28/15 Charlotte Reed 11/1/15

(X4) DATE

If continuation sheet Page 1 of 2

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 04/27/2015
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</p> <p>Review of Resident A's Resident Progress Note, dated 1/10/15 at 8:51 p.m., indicated LN 1 flushed Resident A's nephrostomy tubes with normal saline. A Resident Progress Note, dated 1/11/15 at 9:59 p.m., indicated again LN 1 flushed Resident A's nephrostomy tubes with normal saline.</p> <p>Review of Resident A's physician's orders indicated no order for LN 1 to flush Resident A's nephrostomy tubes.</p> <p>During an interview with the Director of Nursing (DON), on 3/11/15 at 9:52 a.m., she confirmed she was unable to locate a physician's order for LN 1 to flush Resident A's nephrostomy tubes on 1/10 and 1/11/15.</p> <p>Review of the "Nursing Practice Act Rules and Regulations" revealed "Article 2. Scope of Regulation 2725 (b). The practice of nursing within the meaning of this chapter means ... (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, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code." (Nursing Practice Act Rules and Regulations Issued by the Board of Registered Nursing 1997 State of California Department of Consumer Affairs, pp. 5.).</p>	F 281	<p>Identification of other residents potentially at risk</p> <p>Residents with nephrostomy tube will identified through an audit by Medical Records. There were no other residents identified that has nephrostomy.</p> <p>Measures will be put into place and systemic changes to ensure the deficient practice does not occur</p> <p>DON/Designee will review identified residents' orders and look at order specific to flushing the nephrostomy. DON/Designee will carry out MD's order for nephrostomy flushing. DON will inservice all licensed nurses on nephrostomy care and policy of getting physician's order for all procedures.</p> <p>Monitoring Process</p> <p>DON/Designee will review all nephrostomy orders from admission for nephrostomy flushing order.</p> <p>DON/Designee will report to Quality Assurance Committee for revision, evaluation and recommendation if needed.</p> <p>Corrective actions will be completed by May 29, 2015</p>		