STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056215	A. BUILDING _____ B. WING _____	C 02/02/2017

RECEIVED MAR - 3 2017 BY:

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHBROOK HEALTHCARE CENTER	64 NORTHBROOK WAY WILLITS, CA 95490

(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 Standard Survey for Complaint: #CA00510976. The inspection was limited to the specific Complaint and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Health Facilities Evaluator Nurse 34331. One deficiency was issued for Complaint #CA00510976. Refer to F425.	F 000	Resident's triplicate was received From physician and medication received from pharmacy. 11/22/16 All residents have the potential to be affected.	1/22/16
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425	Licensed Nurses to receive education from Pharmacy Nurse or Director of Nurses or Director of Staff Development on appropriate medication pass documentation, emergency kit (e-kit) usage, Medical Director Communication and documentation related to communication with physicians. 2/28/17 Director of Nursing Services (DNS) and Registered Nurse (RN) supervisor working with pharmacy and agreeable physicians to become an authorized agent for medication refills as approved by the physician. This will allow Authorized Agent (RN Supervisor or DNS) to fill out prescription based on instructions from the practitioners, but agent cannot sign the prescriptions, physician will still need to sign the triplicate for scheduled medications.	2/28/17 2/28/17

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

Revised 2/25/17 Admin 2/28/17 2/17/17

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.

POC accepted 3/1/17 10:12am Administrator notified by telephone /s/Blake Carbaugh HFEN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056215	A. BUILDING _____ B. WING _____	C 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHBROOK HEALTHCARE CENTER	64 NORTHBROOK WAY WILLITS, CA 95490

(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 425	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide pharmaceutical services that ensured the needs of one resident (Resident 1) were met when a scheduled pain medication (Tramadol - a narcotic-like pain reliever used to treat moderate to severe pain) was not available for eight doses. This failure had the potential to contribute to Resident 1's pain and create distress. Findings: Review of Resident 1's admission record indicated she had a history of osteoarthritis (a form of arthritis caused by inflammation, breakdown, and the eventual loss of cartilage in the joints; the cartilage wears down over time) of the left hip, polymyalgia rheumatic (a disorder of the muscles and joints characterized by pain and stiffness, affecting both sides of the body, and involving the shoulders, arms, neck, and buttock areas), difficulty walking, and chronic pain. Resident 1 was admitted to the facility on 11/4/16 for physical rehabilitation therapy following left total hip replacement surgery. During a telephone interview on 11/21/16,at 3:15 p.m., Resident 1 stated, "Today they're out of Tramadol!" During an interview on 11/22/16 at 10 a.m., when asked why Resident 1 went without her pain medication for several hours, between 11/20/16 and 11/22/16, Administrative Staff A stated the facility had trouble getting triplicates from	F 425	Meeting with Medical Director on 2/17/17 with clarification if primary physician or on call physician or alternate physician is not accessible Medical Director will be notified for follow-up, including prescription approval. 2/21/17 Daily, during the work week, Medical Records will complete a Missed Medication audit for all medications not given due to availability. The DNS, RN supervisor or licensed nurse on duty will follow-up on the audit, including notification of physician's nurse practitioner, on call physician or Medical Director. Medical records will proved copy of the audit to DNS on a daily basis.	2/17/17 2/21/17 3/1/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056215	A. BUILDING _____ B. WING _____	C 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHBROOK HEALTHCARE CENTER	64 NORTHBROOK WAY WILLITS, CA 95490

(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 425	Continued From page 2 Resident 1's doctor (In triplicate prescribing, the physician keeps one copy of the prescription and sends two copies with the patient or to the pharmacist. The pharmacist keeps one copy and forwards the third to a specified state agency. Here the prescription is used to track the physician's prescribing practices and the patient's use of the controlled substance.) Administrative Staff A stated the pharmacy required a copy of the triplicate prescription to refill Resident 1's pain medications and "multiple calls" were made to the doctor without response. Administrative Staff A stated the facility communicated with the pharmacy mainly by fax and there could be a "lag time" between ordering medications from the pharmacy and delivery. Review of the facility's electronic medication administration record (eMAR) indicated Resident 1 had an order dated 11/4/16, for Tramadol tablet 50 m.g. (milligrams), give 1 tablet by mouth every 4 hours, for chronic pain. The eMAR indicated the last dose of Tramadol was administered on 11/20/16 at 12 p.m. There were no doses administered at 4 p.m. and 8 p.m. On 11/21/16, the eMAR indicated missed doses of Tramadol at 8 a.m., 12 p.m., 4 p.m., and 8 p.m. This was a total of six missed doses. On 11/21/16 at 12 a.m. and 4 a.m. the eMAR indicated a check mark and the licensed nurse's initials. During an interview on 11/22/16 at 2:30 p.m., Administrative Staff A confirmed a check mark on the eMAR indicated a medication was administered and an "X" indicated it was not administered. When asked why the eMAR indicated no Tramadol was given on 11/20/16 at 4 p.m. and 8 p.m., and then on 11/21/16 the Tramadol was documented as given at 12 p.m.	F 425	DNS or RN supervisor or DSD will provide further one to one education to licensed nurses as needed on process to have all orders completed timely on prescriptions refills. Auditing system will be reviewed for effectiveness at least weekly for one month, then monthly until issue resolved. System will be revised as need. 2/21/17 DNS or RN Supervisor will report findings from audit and follow-up required at least quarterly to QA meeting, monthly and as needed at Medical Director Meeting. Revisions to the plan will be made as system reviewed and effectiveness assessed.	2/21/17 3/3/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056215	A. BUILDING _____ B. WING _____	C 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHBROOK HEALTHCARE CENTER	64 NORTHBROOK WAY WILLITS, CA 95490

(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 425	Continued From page 3	F 425		

and 4 a.m. but not given for subsequent administration times of 8 a.m., 12 p.m., 4 p.m., 8 p.m., Administrative Staff A stated, "I don't know." When asked if the two doses of Tramadol on 11/21/16 at 12 a.m. and 4 a.m. were taken from facility's emergency supply kit (e-kit: a locked box of limited amounts of various medications that can be used for urgent need), Administrative Staff A stated she did not know and stated the facility required authorization to open the e-kit from their pharmacy with a doctor-signed triplicate prescription. When asked for the facility's e-kit authorization forms used for Resident 1's Tramadol, Administrative Staff A presented one authorization form dated 11/4/16. There were no e-kit authorization forms provided for Tramadol use dated 11/21/16.

During an interview on 11/22/16 at 1:50 p.m., when asked how she felt when she missed several doses of the Tramadol, Resident 1 stated, "I had pain...I feel like they're going to run out of my meds now."

Review of the licensed nurse's progress notes, indicated on 11/20/16 at 5:01 p.m. and 8:10 p.m., "Awaiting delivery from pharmacy." Progress notes dated 11/21/16, at 9:11 a.m., and 11:58 a.m., indicated, "Waiting for M.D. to sign continuation letter (refill authorization)." Progress notes dated 11/21/16, at 5:08 p.m., and 8:40 p.m., indicated, again, "Awaiting delivery from pharmacy."

Review of the pharmacy's document, "Verbal Prescription Order for Controlled Substances," indicated Resident 1's Tramadol was eventually called in to the pharmacy on 11/21/16 at 3:26 p.m. by an on call nurse practitioner. Concurrent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056215	A. BUILDING _____ B. WING _____	C 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHBROOK HEALTHCARE CENTER	64 NORTHBROOK WAY WILLITS, CA 95490

(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 425	Continued From page 4 review of the pharmacy's delivery manifest, dated 11/22/16, indicated Tramadol was delivered by the pharmacy and signed in by Licensed Nurse B at 1:04 a.m. Review of Resident 1's eMAR indicated Tramadol doses were administered from this point forward, as ordered. During a telephone interview with the Pharmacy Consultant on 1/6/17, at 4:06 p.m., a request was made for copies of all authorizations to dispense Tramadol for Resident 1, and all authorizations to open the facility's e-kit for access to Tramadol for Resident 1 during her stay at the facility. A subsequent electronic mail (e-mail) letter was sent to the Pharmacy Consultant with the requests. On 1/10/17, copies of Tramadol prescriptions dated 11/4/16, 11/7/16, and 11/21/16 were received, in addition to delivery manifests, however, there were no authorization forms provided that allowed the facility to open the e-kit. During a telephone interview on 1/24/17 at 4:45 p.m., when asked if he recalled administering Tramadol to Resident 1 on 11/21/16 at 12 a.m. and 4 a.m., Licensed Nurse B stated, "I don't remember, I probably took it out of the e-kit." When asked what the facility's policy was for opening the e-kit, Licensed Nurse B stated "I believe it's our policy to call the pharmacy... the pharmacy always wants a triplicate." Licensed Nurse B could not recall if he telephoned the pharmacy with a request to open the e-kit on 11/21/16 to dispense Tramadol to Resident 1. During a follow-up telephone interview on 1/26/17 at 4:07 p.m., Licensed Nurse B stated, "We don't have a sign-out sheet on the e-kit for Tramadol ... I don't think I gave it [on 11/21/16 at 12 a.m. and	F 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056215	A. BUILDING _____ B. WING _____	C 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHBROOK HEALTHCARE CENTER	64 NORTHBROOK WAY WILLITS, CA 95490

(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 425	Continued From page 5 4 a.m.] ... I just didn't circle it," (manually circling a medication administration time on a MAR indicated the medication was not given or taken by the resident). The facility's policy and procedure titled, "Medications, Provisions of Routine or Emergency," Number NCMA-15, revised 5/2007, indicated it was the policy of the facility to provide or obtain routine and emergency medications in order to meet the needs of each resident. Procedure #1 indicated, "Medications prescribed on a routine, emergency, or PRN (as needed) should be administered in a timely manner."	F 425		