

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/20/2013
FORM APPROVED
OMB NO. 0938-0391

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 03/12/2013
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 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey to investigate complaint #CA00345739 Representing the Department of Public Health: HFEN-1662/17069 Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	This Plan of Correction constitutes the facility's written credible allegation of compliance for the deficiencies noted. 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 is protected from discovery.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to meet professional standards of quality when Resident A's physician's order was not followed. Findings: Resident A's clinical record was viewed and indicated he was admitted to the facility on 6/28/12 and diagnoses included heart valve replacement (a condition that often requires treatment with a blood thinner). Resident A's clinical record contained an order, dated 6/28/12, for Lovenox (blood thinner) every 12 hours (at 8 a.m. and at 8 p.m.) until Resident A's INR (International Normalized Ratio- measure	F 281	F281 Corrective Action(s) for the affected resident No immediate corrective action could be taken. Resident discharged from the facility. Identification of other residents potentially at risk The Medical Records Director or designee will identify other residents potentially at risk by auditing residents' charts on anticoagulant medication.		

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

TITLE

(X6) 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.

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F 281	<p>Continued From page 1</p> <p>the time it takes for blood to clot and compares it to an average) was greater than 2.0, then it was to be discontinued.</p> <p>Review of Resident A's INR results, on 6/29/12, indicated it was "2.11." A Licensed Nurse (LN) documented she notified the physician of Resident A's INR results on 6/29/12 at 3.12 p.m.</p> <p>Resident A's Medication Flow Sheets indicated Resident A was given Lovenox on 6/30/12 at 8 a.m. and 8 p.m. and on 7/1/12 at 8 a.m. and 8 p.m. The medication Lovenox should have not been given per physician's order of 6/28/12 because Resident A's INR was greater than 2.0.</p> <p>During an interview with the DON (Director of Nursing), on 3/12/13 at 9 a.m., she confirmed Resident A's INR, on 6/29/12, was "2.11." The DON also confirmed the medication Lovenox should have not been given on 6/30/12 on 7/1/12, per physician's orders.</p> <p>Review of the "Nursing Practice Act Rules and Regulations" revealed "Article 2. Scope of Regulations 2725 (b). The practice of nursing within the meaning of this chapter means....(2) Direct and indirect patient care services, including, but no 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."</p>	F 281	<p>Immediate measures and systemic changes to ensure the deficient practice does not recur</p> <p>Licensed Nurses were inserviced on 3/26/13 regarding anticoagulants/INR policy and procedure</p> <p>An anticoagulant tracking form will be implemented to ensure the deficient practice does not recur</p> <p>Monitoring Process</p> <p>The Medical Records Director or designee will monitor for compliance through daily audits for a period of one week and weekly audits for the period of one month of resident charts taking anticoagulant medications</p> <p>Findings will be reported to the Quality Assurance committee for evaluation and recommendations</p> <p>Corrective action(s) will be completed by 4/12/13</p>		