NONE B WING 03/08/2011 NAME OF PROVIDER OR SUPPLIER CALIFORNIA MENS COLONY N Hwy 1, SAN LUIS DBISPO, CA 93409 SAN LUIS OBISPO COUNTY (X4) ID PREFIX (SACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX TAG TAG The following reflects the findings of the Department of Public Health during an inspection visit: 1. In order to prevent serious injury or death to a patient, Staff A was reassigned to a non-patient care position pending the outcome of		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/8UPPLIE		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE				
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Representing the Department of Public Health: Surveyor ID # 09671, HFEN The inspection was limited to the specific facility event investigated and does not represent the the incident investigation and administrative review, and until Staff A's competency for medication administration could be verified.		Complaint Intake Numb CA00213591 - Substan Representing the Depa Surveyor ID # 09671, H	per: Itilated Introduction of Public Heal IFEN I led to the specific fac	cility		or death to a patient, Stareassigned to a non-patiposition pending the out the incident investigation administrative review, ar Staff A's competency for medication administration	aff A was ent care come of a and and until	10/21/09			
findings of a full inspection of the facility. Health and Safety Code Section 1280.1(c): For purposes of this section "Immediate jeopardy" means a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious Injury or death to the patient. It should be noted that Staff A has not provided patient care since 10/20/09. Responsible: Director of Nursing (DON)/Chief Nurse Executive (CNE)		findings of a full inspect Health and Safety (purposes of this s means a situation noncompliance with o licensure has caused,	ion of the facility. Code Section 128 section "Immediate in which the one or more requion is likely to cau	0.1(c): For jeopardy" licensee's rements of		It should be noted that S has not provided patient since 10/20/09. Responsible: Director of (DON)/Chief Nurse Execution (DON)	care f Nursing				
T22 DIV5 CH1 ART-3-70263(g)(2) Pharmaceutical Service General Requirements Administrative review is continuing. Staff A continues to be reassigned to a non-patient care position.			LD/I	rmaceutical		continuing. Staff A conti be reassigned to a non-		05/09/11			
(g) No drugs shall be administered except by licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe or furnish. This shall not preclude the administration of aerosol drugs by respiratory therapists. The order shall include the name of the drug, the dosage and the frequency of administration, the route of administration. If other than oral, and the date, time and signature of the prescriber or furnisher. Orders for drugs should be		licensed personnel at and upon the order of to prescribe or furnish administration of ac therapists. The order drug, the dosage administration, the rou than oral, and the da	uthorized to admir of a person lawfully on. This shall not p erosol drugs by shall include the n and the freq ute of administration te, time and signa	nister drugs authorized preclude the respiratory name of the quency of on, if other siture of the		policy and procedure title "Medication Administrati Standards" was reviewe was determined that no were required regarding medication administratio acute care hospital.	ed, on d, and it changes in in the	10/21/09			
Event ID:XQR411 4/20/2011 5:10:38PM ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DAT			DICHIDDLIED DEDDEST					(X6) DATE			

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Any deficiency statement ending with an elaterisk (1) denotes a deficiency which the institution may be a	excused from correcting providing it is d	etermined
that other safeguerds provide sufficient protection to the patients. Except for nursing homes, the finding	po above are disclosable 90 days follow	ing the date
of survey whether or not a plan of correction is provided. For nursing homes, the above flightings and pix	and of correction are disclossible 14 de-	va following

the date these documents are made available to the facility. If deficiencies are offed, an approved plan of correction is requisite to continued program

on of Correction accepted participation.

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8TATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER.			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE BUR COMPLETE	l l	
		NONE		B. WING		03/0	3/2011
	OVIDER OR SUPPLIER NIA MENS COLONY		STREET ADDRESS, N Hwy 1, SAN LL		IP CODE CA 93409 SAN LUIS OBISPO COL	NTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIAT	D DE CROSS	(X6) COMPLETE DATE
	Continued From page	1					
	written or transmitted Verbal orders for dr person lawfully auth and shall be recommedical record, notingiving the verbal or individual receiving furnisher shall countours.	ugs shall be given onzed to prescribe ded promptly in t ng the name of der and the signa the order. The p	only by a or furnish the patient's the person ture of the rescriber or		3. Simulated, oral medic administration compet training and validation was initiated with acut hospital Registered N 11/11/09. Responsible: DON/C	ency review e care urses on	05/09/10
	administered as ordere Based on observati facility document revis	on, interview, reco	e Coroner's		 California Men's Colo Registered Nurses sh competency validated medication administra Responsible: DON/CI 	all be for oral tion.	9/18/10
	Report, the facility of policy to assure the right patient; the like Patient 2 the right Patient 2's dose of met	right medication is consed nurse falle medication. Patient	given to the ed to give 1 received		 Compliance for medic administration for pair medication effectivene monitored through the assessment documen 	ess will be pain	06/20/10 & ongoing
	CAUSED OR WAS INJURY OR DEAT CONSTITUTED AN	REMENTS OF LIKELY TO CAUSI IH TO A PAT IMMEDIATE JEOF ANING OF THE	LICENSURE E SERIOUS IENT AND PARDY (IJ)		audit, which is comple monthly by the Shift C Nurses. Responsible: DON/CI 6. Development of Califo Colony, Health Care S	harge NE ornia Men's Services	04/12/11
	Findings: Record review reveals who was confined to was in the same room in	Room 211 - bed D). Patient 2		Patient Safety Commi reduce potential medicare errors and development CMC Patient Safety PResponsible: Chief Exponsible: Chief Exponsible: Chief Exponsible: Chief Exponsible: Chief Exponsible: Chief Exponsible: Chief Exp	cal/health op the lan. secutive	
Event ID:X	//-		4/20/2011	5:10:3		··-	
LABORATOR	Y DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESE	STATIVE'S SIGNAT	URF	TITLE		(X8) DATE .

Any deficioncy elatement ending with an associatek (*) denotes a deficiency which the inefficiency providing it is determined.

Any deficioncy statement ending with an expense (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other valouands provide sufficient protection to the patients. Except for nursing homes, the findings above are disclossible 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 disclossible 14 days following the date these documents are made available to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SUR COMPLET		
		NONE		A. BUILDING B. WING		_ 03/0	3/2011
	OVIDER OR SUPPLIER		STREET ADDRESS, O N Hwy 1, SAN LUI		IP CODE CA 93409 SAN LUIS OBISPO	COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL .	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION) REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
	approximately 8 PM. he did not receive he Patient 1 had no or stable in the evening am on	was to receive his lethadone on Patient 2 complair his normal dose of ders for Methadon hours of Methadon hours of Methadon to the touch with tiated for 20 minute at hours, a Senial from Staff J at City Coroner there was eceived a dose of patient in the same he urine was done he urine was done to the Senior Department of the Senior Department of Methadone. The Senior Department of Methadone of Significant death: Diabetes Heart Disease Chronic Renal dispersion of methadone to me said in an in Patient 1 was not to mission of medianer of media	/2009 at need to staff Methadone. The and was 109. At 5:20 as found his mouth less but was led by Staff lay) at 5:50 // 2009 at lor Deputy CMC. Staff J lass a chance less a chance less a chance less and it was louty Coroner less deceased less and less a chance less and				
Event ID;	user would not be with	Jaioty recommend	4/20/2011	5:10:	38PM		
	Y DIRECTORS OR PROVID	X C		URE	TITLE C L C	5/11	(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. Except for nursing homes, the findings 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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IEE/AC HERCHICHECY MUST BE PROCEDED BY PLU. REFOLIATORY OR ISS DENTIFYING INFORMATION) Continued From page 3 The Coroner's Report states that medication administration records show that Staff A gave Patient 2 his 8 PM dose of Methadone. However, according to Patient 2, he complained to Staff A that he did not receive his Methadone dose and Staff A responded that he would come back and give it to him later - but never did. At around 12.45 AM, Patient 2 complained to Staff I on the next shift that he had not received his methadone The inventories of narcotics indicate that only the prescribed amounts of Methadone were delivered during the shift. Documentation from Staff I on 10/21/2009 at 9 am states that Patient 2 complained he did not get his 8 PM dose of Methadone and indicates possibility that Patient 1 inadvertently received it. Lasty, the Coroner's report states there was no indication that Patient 2 gave his dose of methadone to Patient 2 and confirms Patient 2's complaint about not receiving his normal dose. The Senior Deputy Coroner's report indicated that based upon the facts and circumstances, it was likely Patient 1 received the dose of methadone that was intended for Patient 2. A review of the training record for Staff A showed he is an active Registered Nurse and that he had passed the facility Basic Medication Administration on 7/17/2007. Controlled Medication Administration on 9/28/2007 and Medication Administration on 6/28/2007 and Medication Administration on 6/28/2007 and Medication Administration on 6/28/2008. Vent IDXORH1 4/20/2011 5-10/38PM Operior Vincetors of Province Province For Justing Homes, the above findings and plans of corection growing it is determined to their safeguards provide sufficient protection to provided plans of corection are disclosed to 14 days following date these courselves to ornitional plans of corection are disclosed to 14 days following that these courselves to ornitional plans of corection are disclosed to 14 days following date these courselves to orni		ı			COUNTY		
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	_	NONE	B WING		03/0	8/2011
NAME OF PR	OVIDER OR SUPPLIER	STREET ADDRE	SS, CITY, STATE, ZI	IP CODE		
CALIFOR	NIA MENS COLONY	N Hwy 1, SAN	LUIS OBISPO,	CA 93409 SAN LUIS OBISPO	COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
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	medication error as cause or lead to it patient harm while the health care medication error occurred administrated to the Staff A, a licensed F of patient care an Patient 1 and 2 on the Patient 2 complained dose of Methadone	curs when the medication are the right patient. Registered Nurse, was in charge did delivery of medications for the evening shift of 1/2009. The did not get his regular and Patient 1 died from a				
	2's Methadone do with one or more re-	to administer as ordered Patient se constitutes non-compliance quirements of licensure and has ely to cause serious injury or				
	described above that serious injury or dea constitutes an imm	prevent the deficiency (ies) as t caused, or is likely to cause, th to the patient, and therefore mediate jeopardy within the and Safety Code Section				
Event ID:	XQR411	4/20/201	1 5:10:3	8PM	-	
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