

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2020
NAME OF PROVIDER OF SUPPLIER DYCORA TRANSITIONAL HEALTH - QUAIL LAKE		STREET ADDRESS, CITY, STATE, ZIP 1221 ROSEMARIE LANE STOCKTON, CA 95207	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to notify the attending physician of a recommendation to review the [MEDICAL CONDITION] medications following an emergency room (ER) visit for one of three sampled residents (Resident 1) following a [MEDICAL CONDITION] episode. This failure had the risk potential to result in Resident 1 experiencing further [MEDICAL CONDITION] and complications. Resident 1 was found on the floor and sustained an injury from a [MEDICAL CONDITION]. Findings: According to the 'Admission Record', the facility admitted Resident 1 over a year ago with multiple [DIAGNOSES REDACTED]. The most recent quarterly assessment indicated he scored 7 out of 15 in a Brief Interview for Mental Status (BIMS) which indicated he was cognitively impaired. During an observation and interview with Resident 1 on 1/24/20, at 12:30 p.m., he was sitting up in his wheelchair and was noted with stitches to his right eyebrow. Resident 1 stated he sustained an injury to the right eyebrow from a fall. A review of Resident 1's nursing 'General Note' dated 1/17/20, indicated, After finished receiving report at 0700 (7 a.m.) from the NOC (night) nurse was alerted by another charge nurse who was passing down the hallway that resident is on the floor. Noted resident lying on the foot of the bed on his R (right) side with a pool of blood on the floor. Resident noted with a gash (cut) to his R eyebrow and the side of the mouth. At approximately 0713 (7:13 a.m.), resident started having [MEDICAL CONDITION]. At 0715 (7:15 a.m.), resident stopped having [MEDICAL CONDITION]. At 0718 (7:18 a.m.), Resident had another [MEDICAL CONDITION] for 1 min 30 sec. MD (Medical Doctor or physician) ordered to send resident out to ER (emergency room) for eval (evaluation). A review of Resident 1's 'General Note' dated 1/17/20, indicated he had returned back to the facility from the ER. A review of Resident 1's ER medication list dated 1/17/20, indicated, Additional Instructions: Recommend adjustment of antiepileptic medication. Resident 1's ER 'Medication Reconciliation' list dated 1/17/20, was reviewed and compared to the physician orders at the facility and reflected the following [MEDICAL CONDITION] medications: [REDACTED]. 1/17/20 - [MEDICATION NAME] 100 mg, 3 capsules by mouth at bedtime (ER order). This order indicated a dose increase. 11/3/19 - [MEDICATION NAME] acid (medication used to treat [MEDICAL CONDITION] disorders) 250 mg, 2 capsules by mouth every 8 hours. 1/17/20 - [MEDICATION NAME] acid 250 mg 1 capsule by mouth 3 times a day (ER order). This order indicated a dose reduction. 1/17/20 - [MEDICATION NAME] (medication used to treat [MEDICAL CONDITION] disorders) 500 mg tablet 3 times a day (ER order). This was a new order that was not included in Resident 1's facility orders. 12/3/19 - [MEDICATION NAME] (medication used to treat [MEDICAL CONDITION] disorders) indicated same dosage as the ER order dated 1/17/20. 12/3/19 - [MEDICATION NAME] (medication used to treat [MEDICAL CONDITION] disorders) 10 mg per milliliter (ml a measurement of volume) solution, give 5 ml 2 times a day. 1/17/20 - [MEDICATION NAME] 10 mg /ml solution, give 10 ml 2 times a day. This order indicated a double dosage increase. During an interview with a Licensed Nurse (LN) 1 on 1/24/20, at 12:50 p.m., she validated Resident 1's [MEDICAL CONDITION] medication orders had not been changed following the ER visit on 1/17/20. LN 1 stated the nurse who received Resident 1 on return from the ER should have clarified the ER orders with the resident's primary physician and documented any changes. During an interview and concurrent Resident 1's physician orders comparison review with LN 2 on 1/24/20, at 1 p.m., she validated the ER physician had recommended an adjustment of the [MEDICAL CONDITION] medication. LN 2 stated Resident 1's physician should have been notified of the ER physician's recommendation. LN 2 stated there was no documentation the attending physician was made aware of the recommendations. A review of the facility's 'Medication Orders' policy dated 8/2014, indicated, The prescriber is contacted by nursing to verify or clarify an order. If the order is from a prescriber other than the attending physician, the order is verified with the current attending physician. During an interview with the Director of Nursing (DON) on 1/24/20, at 2:10 p.m., she stated Resident 1's [MEDICAL CONDITION] medications recommendations from the ER should have been brought to her attention and faxed to the pharmacist and his primary physician for their input.</p>		

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.