

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lodi Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 321 West Turner Road Lodi, CA 95240	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>40841</p> <p>Based on observation, interview, and policy record review, the facility failed to ensure medications were stored locked for the census of 82, when a medication cart (Med Cart 2) was left open and unattended in the hallway.</p> <p>This failure had the potential for medication misuse and drug diversion.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 8/1/24 at 11:17 a.m. with Licensed Nurse 1 (LN 1), the Medication Cart 2 was observed left opened and unattended in the hallway. There were other residents in their wheelchairs and staff near the medication cart.</p> <p>LN 1 was not near the Medication Cart 2, but was sitting down and, on the phone, talking at the nursing station. LN 1 confirmed she was not aware the medication cart was unlocked and confirmed it should always be locked.</p> <p>During an interview on 8/1/24 at 12:07 p.m. with the Director of Nursing (DON), the DON confirmed the expectation is staff members lock the medication cart when they are not attending to (close by) the cart. The DON further stated staff may not see residents sitting in wheelchairs because they are too low when staff is sitting at the nursing station.</p> <p>During an interview on 8/1/24 at 12:10 p.m. with the DON and the Administrator (ADM), the ADM stated he would tell LN 1 to write a statement which indicated nurse was aware of the medication cart being unlocked.</p> <p>A review of the facility's policy titled, Medication Labeling and Storage, dated 2/2023, stipulated, The facility stores all medications and biologicals are locked compartment . Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biological are locked when not in use .</p> <p>Based on observation, interview, and policy record review, the facility failed to ensure medications were stored locked for the census of 82, when a medication cart (Med Cart 2) was left open and unattended in the hallway.</p> <p>(continued on next page)</p>

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.

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