

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Oakwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Cohasset Rd Chico, CA 95926	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43755</p> <p>Based on interview and record review, the facility failed to ensure medications were administered per physician ' s order when one of three residents (Resident 1) received Tacrolimus External cream (a medicated ointment for skin rash with petroleum (a skin protectant used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin) as an ingredient) in error and was allergic to it. This failure caused Resident 1 to experience burning to his back.</p> <p>Findings:</p> <p>During a review of the facility ' s policy titled, Medication Administration revised January 1, 2012, indicated, The purpose is to ensure the accurate administration of medications for residents in the Facility. Medications will be administered directed by a Licensed Nurse and upon the order of a physician or licensed independent practitioner. Orders will be reviewed for allergies, food/drug interaction.</p> <p>A review of Resident 1 ' s Admission Record (undated), indicated Resident 1 was admitted on [DATE] with diagnoses that included pneumonia, chronic obstructive pulmonary disease (COPD, a lung disease), heart failure, and dementia. Petroleum was noted as an allergy.</p> <p>A review of Resident 1 ' s progress note type eINTERACT sBAR (a type of written communication to inform physicians of a change of condition of a resident) dated 11/14/24 at 2:21 pm, Licensed Nurse A (LN) documented a change of condition in Resident 1 ' s skin and color or condition. LN A documented, Nursing observation, evaluation, and recommendations are Heat rash to the back. Physician recommendations were to keep site clean and dry and offload (take the pressure off) the site.</p> <p>A review of Resident 1 ' s progress note type System Note dated 11/17/24 at 9:16 pm, LN B noted Pt cont (patient continued) on alert charting for a rash on his upper and lower back Rash cont (continued) to be present, dark purple red in color scattered all over.</p> <p>A review of Resident 1 ' s progress note type Wound Progress Note dated 11/18/24 at 7:05 am, LN C documented MD (Medical Director) alerted R/T (related to) rash on back. MD request new order for Clotrimazole (anti-fungal medication) and Tac (Triamcinolone acetonide, a steroid that treats skin conditions) cream</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s physician orders dated 11/18/24 at 8:00 am, indicated an order for Tacrollmus External cream 0.1% (Tacrolimus Topical), instead of Tac cream, apply to back topically four times a day for heat rash for 30 days.</p> <p>A review of Resident 1 ' s November Medication Administration Record (MAR), indicated Resident 1 received Tacrollmus External Cream 0.1% on 11/18/24 at 8:00 am, 12:00 pm, and at 8:00 pm, and on 11/19/24 at 8:00 am.</p> <p>A review of Resident 1 ' s physicians orders dated 11/19/24 at 2:14 pm, indicated a discontinue order for Tacrollmus External Cream 0.1%, reason was due to Incorrect med.</p> <p>A review of Resident 1 ' s progress note type Alert Note dated 11/19/24 at 2:43 pm, LN E documented . Noted order entered erroneously (incorrectly) for tacrolimus ointment with petroleum base. Petroleum listed as allergy for resident. Ointment pulled from treatment cart and resident showered as to assist with removing any remaining ointment on skin from last application. Res c/o (complained) of burning pain on skin .</p> <p>A review of Resident 1 ' s physician discharge summary from the acute care hospital on 11/21/24, the summary indicated Resident 1 had a diagnosis of Candidal dermatitis (a fungal/yeast infection of the skin). Resident 1 was started on an antifungal medication.</p> <p>During an interview with Resident 1 on 12/4/24 at 3:31 pm, Resident 1 stated, Someone put petroleum jelly on my back, and I had to go to the hospital. It burned my back.</p> <p>During an interview with LN F on 12/4/24 at 3:50 pm, LN F indicated that Resident 1 has had a petroleum allergy for a long time and that tacrolimus ointment had a petroleum base and should not have been ordered and the pharmacy should have known that.</p> <p>During an interview with the Director of Nursing (DON) on 1/15/25 at 9:40 am, the DON indicated that the original order was supposed to be Triamcinolone. When the LN imputed the order into the computer, she used a drop-down box to identify the medication. The LN incorrectly picked the medication Tacrolimus instead of Triamcinolone which caused the medication error. DON indicated it was noted the next day during their review of new medications. The DON confirmed it was a medication error and should not have happened.</p> <p>During an interview with the Pharmacist (Phar) on 1/15/25 at 1:28 pm, Phar indicated that Tacrolimus does have petroleum as an inactive (the part of the medication that supports the active ingredient) ingredient. He confirmed that Resident 1 had an allergy to petroleum and should not have had this medication. It should have been flagged by our system, but it did not because it was not listed as an active ingredient, but it still should have been checked and it was not.</p>		