

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2024
NAME OF PROVIDER OR SUPPLIER  Shafter Nursing Care		STREET ADDRESS, CITY, STATE, ZIP CODE  140 East Tulare Avenue Shafter, CA 93263	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure ordered medication for one of three sampled residents (Resident 1) was administered within the ordered time frame. This had the potential for adverse side effects for Resident 1.</p> <p>Findings:</p> <p>During an interview on 3/6/24, at 2:53 p.m., with Resident 1, Resident 1 stated her Percocet (pain medication) was supposed to be administered at 12 pm today and she did not receive it until approximately 2:30 p.m.</p> <p>During an interview on 3/6/24, at 4 p.m., with Director of Nursing (DON), DON stated Resident 1's Percocet was scheduled to be administered at 12:00 p.m. DON stated the medication was considered timely if it was administered one hour before or one hour after the scheduled time frame.</p> <p>During a concurrent interview and record review on 4/5/24, at 2:52 p.m., with DON, Resident 1's Med [medication] Admin [administration] Audit Report (MAAR), dated 3/6/24 was reviewed. The MAAR indicated, Percocet Oral Tablet.give 1 tablet by mouth every 6 hours.3/6/24 12:00 (scheduled time to be given) .3/6/24 13:59 (indicating medication was administered at 1:59 p.m. (59 minutes out of the allowed parameter for administration) . DON stated the Percocet should have been administered and documented by 1 p.m.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Medication Administration &amp; Documentation Procedures dated 8/2014, the P&amp;P indicated, To administer oral medications in a safe, accurate, and effective manner.Chart medication administration on Medication Administration Record (MAR) immediately following each resident's medication administration.</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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