

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Kit Carson Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 811 Court Street Jackson, CA 95642	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to provide pharmaceutical services to meet the needs of one of two sampled residents (Resident 1) when two medications that were used for breathing and eye irritation were not ordered and available for use. This failure caused Resident 1 to not receive medication as ordered by the doctor and had the potential to affect her breathing and vision. Findings: A review of Resident 1's admission RECORD, indicated that Resident 1 was admitted to the facility with diagnoses including chronic obstructive pulmonary disease (COPD, is a long-term lung disease that makes it hard to breathe, usually caused by emphysema and chronic bronchitis), shortness of breath, acute congestive heart failure (a sudden, severe worsening of heart failure where fluid rapidly builds up in the lungs and body), and acute cough. During a review of Resident 1's Order Summary Report, dated 7/24/26, the Order Summary Report, indicated that Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT, (a prescription dry-powder combination inhaler containing umeclidinium [62.5 mcg] and vilanterol [25 mcg] per actuation. It is used as a once-daily maintenance treatment for chronic obstructive pulmonary disease) was ordered for Resident 1 on 10/1/25 with the following directions: .1 puff inhale orally one time a day for COPD .During a review of Resident 1's Order Summary Report, dated 7/24/26, the Order Summary Report, indicated that Polyvinyl Alcohol Ophthalmic Solution 1.4 %, (an over-the-counter artificial tear product used as an ocular lubricant to relieve dry, irritated eyes) was ordered for Resident 1 on 3/16/25 with the following directions: .Instill 1 drop in both eyes every 8 hours for dry, irritated eyes .During a review of Resident 1's Care Plan Report, (a form where you can summarize a person's health conditions, specific care needs, and current treatments) dated 10/1/25, the care plan indicated, .[Resident 1] has SOB [shortness of breath] related to COPD. Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT [Umeclidinium-Vilanterol] 1 puff inhale orally one time a day for COPD. During a concurrent medication pass observation and interview on 7/23/26, at 9:33 AM, with Licensed Nurse (LN) 1, medications were observed being given to Resident 1. LN 1 stated that she did not administer the following medications to Resident 1: Anoro Ellipta Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT Polyvinyl Alcohol Ophthalmic Solution 1.4 % During an interview on 7/23/26, at 9:50 AM, with LN 1, LN 1 stated Resident 1 did not receive her medications as ordered. LN 1 further stated that the facility did not have an electronic method to directly order medications through their computer system. LN 1 further stated that Resident 1's breathing could worsen and her eyes could be impacted by not getting the prescribed medications. During an interview on 7/23/26, at 10:20 AM, with the Nurse Consultant (NC), the NC stated her expectation was for all medications that needed to be administered to the residents should have been readily available for use. The NC further stated the residents would not be at their optimal health by not getting their ordered medications. The NC confirmed that the facility did not have a method to order medications directly through their (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056198 If continuation sheet Page 1 of 2

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	computer systems.During a review of Resident 1's July Medication Administration Record (MAR), dated 7/23/26, the July MAR, indicated that Anoro Ellipla Inhalation Aerosol Powder Breath Activated 62.5-25 MCG/ACT was not given on 7/23/26 at the ordered timeframe of 9 AM.During a review of Resident 1's July MAR, dated 7/23/26, the July MAR indicated that Polyvinyl Alcohol Ophthalmic Solution 1.4 % was not given on 7/23/26 at the ordered timeframe of 8 AM.During a review of the facility's policy and procedure (P&P) titled, Pharmacy Services Overview, revised 4/26, the P&P indicated, .The facility shall accurately and safely provide or obtain pharmaceutical services, including the provision of routine and emergency medications and biologicals.Residents have sufficient supply of their prescribed medications and receive medications (routine, emergency or as needed) in a timely manner .Nursing staff communicate prescriber orders to the pharmacy and are responsible for contacting the pharmacy if a resident's medication is not available for administration.During a review of the facility's P&P titled, POLICY AND PROCEDURE IN MEDICATION ADMINISTRATION, revised 7/26, the P&P indicated, .Medications shall be administered in accordance with our established policies and procedures.Medications should be administered as MD order.		