

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/29/2025
NAME OF PROVIDER OR SUPPLIER Northbrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 64 Northbrook Way Willits, CA 95490	

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 - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</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 - Some</p>	<p>Based on interview and record review, the facility failed to provide medications as ordered by the prescriber, when two residents (Resident 1 and Resident 2) of three sampled residents received their medications late on two days. This failure decreased the facility's potential to prevent serious health consequences including worsening symptoms, disease progression, and increased risk of complications. Findings: A review of Resident 1's admission record, dated 12/19/25, indicated Resident 1 was admitted with diagnoses that included trigeminal neuralgia (a chronic pain condition causing sudden, severe, electric shock-like pain in the face, affecting the trigeminal nerve) and syndrome of inappropriate secretion of antidiuretic hormone (a condition that causes excessive water retention in the kidneys). During a concurrent interview and record review on 12/20/25 at 3:10 p.m. with the Director of Nursing (DON), Resident 1's Medication Admin Audit Reports dated 12/20/25-12/21/25 were reviewed. The report indicated Resident 1 had the following medications scheduled for 12/20/25 and 12/21/25 at 4 p.m.: - Gabapentin Oral Capsule (used to relieve chronic nerve pain) 100 MG (milligrams, a unit of weight) Give 2 capsules by mouth three times a day for trigeminal neuralgia; - Keppra(R) Oral Tablet (an anticonvulsant used as an add-on therapy for chronic nerve pain) 500 MG Give 1 tablet by mouth two times a day for trigeminal neuralgia; - Flomax(R) Oral Capsule (used to promote urine flow) 0.4 MG Give 1 capsule by mouth two times a day for urinary retention; - DULoxetine HCL Oral Capsule Delayed Release Sprinkle (an antidepressant used to relieve symptoms of various chronic pain conditions) 30 MG Give 1 capsule by mouth two times a day for trigeminal neuralgia; and, - lamoTRigine Oral Tablet (used to treat trigeminal neuralgia) 100 MG Give 1 tablet by mouth two times a day for trigeminal neuralgia. Further review of the report indicated the five medications had an Administration Time of 5:09 p.m. on 12/20/25, and 5:33 p.m. on 12/21/25. The DON stated medications were supposed to be administered within an hour of schedule, and confirmed Resident 1's 4 p.m. gabapentin, Keppra(R), Flomax(R), duloxetine, and lamotrigine were given late on 12/20/25 and 12/21/25. A review of Resident 2's admission record, dated 12/25/25, indicated Resident 2 was admitted with diagnoses that included bilateral osteoarthritis of the hip (degenerative joint disease of both hip joints characterized by deep ache or sharp pain), benign prostatic hyperplasia (or BPH, an enlarged prostate that causes difficulty peeing) and atherosclerotic heart disease (buildup of fats, cholesterol and other substances in and on the artery walls). During a concurrent interview and record review on 12/20/25 at 3:26 p.m. with the DON, Resident 2's Medication Admin Audit Reports dated 12/28/25-12/29/25 were reviewed. The report indicated Resident 2 had the following medications scheduled for 12/28/25 and 12/29/25 at 8 p.m.: - Diclofenac Sodium External Gel 1% (used to relieve pain) Apply to affected areas topically (to the skin) four times a day for pain. Apply 2 grams of gel to affected area 4 times daily; - Atorvastatin Calcium Oral Tablet (used to lower bad cholesterol and fats) 40 MG Give 1 tablet by mouth at bedtime; and, - Tamsulosin HCl Oral Capsule (used to improve urine flow) 0.4 MG Give 1 capsule by mouth at bedtime for BPH. Further review of the report indicated the three medications had an Administration Time of 10:18 p.m. on 12/28/25, and 9:27 p.m. on 12/29/25. The DON confirmed the 8 p.m. medications were given late. The DON stated the atorvastatin and tamsulosin might have been given late as both were labeled at bedtime but added both should have been given within an hour of 8 p.m., as it was it was scheduled as such. The DON stated medications must be administered as ordered, as risks for not following the scheduled for these medications could affect the adequacy of Resident 1 and 2's pain control, and could worsen their urinary symptoms. A review of the facility's policy titled, MEDICATION ADMINISTRATION - GENERAL GUIDELINES, dated May 2022, indicated, Medications are administered as prescribed in accordance with good nursing principles and practices. FIVE RIGHTS - Right resident, right drug, right dose, right route and right time, are applied for each medication being administered. Medications are administered within 60 minutes of schedule time.</p>		