

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Hanford Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1007 West Lacey Blvd Hanford, CA 93230	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42123</p> <p>Based on interview and record review, the facility failed to provide services which met professional standards of practice for one of seven sampled residents (Resident 1) when license nurse did not administered Resident 1's physician's order for omeprazole (medication for gastroesophageal reflux disease [GERD]-a condition which causes stomach acid to flow back into the esophagus [tube between the mouth and stomach]) 20 milligrams (mg- unit of measurement) for seven consecutive days and the physician was notified of the missed doses.</p> <p>This failure resulted in Resident 1 not receiving the omeprazole on 5/1/24, 5/2/24, 5/4/24, 5/5/24, 5/6/24, 5/7/24, 5/8/24 and placed Resident 1 at potential risk to experience symptoms of GERD such as heartburn [burning sensation in the chest], sensation of a lump in the throat, chest pain, difficulty swallowing and nausea.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), undated, the AR indicated, Resident 1 was admitted to the facility on [DATE] with diagnosis including GERD, dysphagia (difficulty swallowing), type 2 diabetes mellitus (problem with the way the body regulates and uses sugar as fuel), and diverticulitis (inflammation of bulging pouches in the wall of the large intestine [long tube from the small intestine to the anus]).</p> <p>During a concurrent interview and record review on 7/10/24 at 10:48 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 1's Medication Review Report (MRR), dated 5/2024 was reviewed. The MRR indicated, . Omeprazole Oral Tablet Delayed Release 20 MG . Give 1 tablet by mouth one time a day for GERD . Resident 1's Medication Administration Report (MAR), dated 5/2024 was reviewed. The MAR indicated, . Omeprazole 20 mg . [5/1/24 box blank] . [5/2/24 box marked code 5] . [5/3/24 box checked] . [5/4/24 box marked code 9] . [5/5/24 box marked code 9] . [5/6/24 box marked code 9] . [5/7/24 box marked code 9] . [5/8/24 box marked code 5] . LVN 1 stated a checkmark indicated the medication was administered, and codes 5 and 9 were used when a medication was not given. LVN 1 reviewed Resident 1's progress notes and stated she was unable to locate documentation indicating the reason why the medication was not given and if the physician was notified. LVN 1 stated Resident 1's physician should have been notified the medication was not given for seven consecutive days. LVN 1 stated Resident 1 had missed multiple doses of omeprazole which placed him at risk for increased heartburn, nausea, and vomiting.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review with the Supervising Registered Nurse (SRN) and the Assistant Director of Nursing (ADON) Resident 1's MAR was reviewed. The ADON stated code 5 indicated hold/see nurses notes and code 9 indicated other/see nurses notes. The ADON reviewed Resident 1's progress notes and stated she was unable to find documentation indicating why the omeprazole was not given. The ADON stated when the nurses have difficulty getting the omeprazole from the pharmacy, the physician should have been notified for an alternative medication. The ADON stated she remembered Resident 1 had issues with nausea when he was first admitted and not receiving the omeprazole placed him at risk for increased nausea.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 12/2012, the P&P indicated . Medication shall be administered in a safe and timely manner, and as prescribed . Medications must be administered in accordance with the orders, including any required time frame .</p> <p>During a review of the facility's P&P titled, Documentation of Medication Administration, dated 11/2022, the P&P indicated, . A medication administration record is used to document all medications administered . Documentation of medication administration includes, as a minimum . reason(s) why a medication was withheld, not administered .</p> <p>During a review of the facility's Job Description: LPN [Licensed Practical Nurse]/LVN, dated 11/2018, the job description indicated, . primary purpose of your job position is to provide direct nursing care to the residents . Drug Administration Functions . Prepare and administer medications as ordered by the physician . Implement and maintain established nursing objectives and standards .</p> <p>During a review of professional reference from https://my.clevelandclinic.org/health/diseases/17019-acid-reflux-gerd titled Acid Reflux & GERD, dated 2024, the reference indicated, . What are the symptoms of acid reflux and GERD . Backwash . acid, food or liquids backwashing from your stomach into your throat after eating . A burning feeling . Noncardiac chest pain . Nausea . Sore throat . feel like there's a lump in your throat, or feel it's hard to swallow . Acid overflow or backwash may make you feel queasy . Sore throat . Management and Treatment for GERD . Proton pump inhibitors (PPIs) . stronger acid blockers that promote healing .</p> <p>During a review of professional reference from https://www.registerednursing.org/does-nurse-always-follow-doctors-orders/ titled, Does a Nurse Always Have to follow a Doctor's Orders? dated 1/30/24, the reference indicated, .nurses cannot just randomly decide which order to follow and which not to follow. Unless there is a safety concern or an order that conflicts with personal or religious beliefs, failing to carry out orders can be grounds for discipline by the employer as well as the board of nursing, as it could be deemed neglect.</p> <p>During a professional reference review of Lippincott Manual of Nursing Practice 10th Edition, dated 2014, pages 16-17, indicated, .Standards of Practice .General Principles .Common Departures from the Standards of Nursing Care .Legal claims most commonly made against professional nurses include the following departures from appropriate care .failure to .follow physician orders .adhere to facility policy or procedure . administer medications as ordered .</p>		