

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Noble Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2740 North California Street Stockton, CA 95204	

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>50018</p> <p>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 a medication used to control pain was not ordered and delivered.</p> <p>This failure had the potential for Resident 1 to experience nerve pain.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility in the winter of 2024, with diagnosis of, but not limited to, Type 2 Diabetic Mellitus (DM) (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), acute and chronic respiratory failure with hypoxia (condition in which your lungs have a hard time loading your blood with oxygen or removing carbon dioxide).</p> <p>During a review of Resident 1's Order Summary Report dated 10/23/2024, the Order Summary Report indicated that Gabapentin (a medication used for nerve pain, which can be caused by different conditions, including diabetes and shingles) Oral Capsule 100 MG (Gabapentin) was ordered for Resident 1 on 5/02/24 with the following directions:</p> <p>Give 1 capsule by mouth three times a day for DM Neuropathy (weakness, numbness, and pain from nerve damage, usually in the hands and feet.)</p> <p>During a medication pass observation and interview on 10/23/24 at 12:13 PM with Licensed Nurse (LN) 1, medications were observed being given to Resident 1. During the observation, LN 1 stated that she did not administer Resident 1's Gabapentin medication because the medication was not available.</p> <p>During an interview on 10/24/24 at 12:18 PM with Resident 1, Resident 1 confirmed that she did not receive her dose of Gabapentin.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Noble Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2740 North California Street Stockton, CA 95204	
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>During an interview on 10/23/24 at 1:01 PM with the Infection Preventionist (IP), the IP stated that Gabapentin was an important medication because it was used for pain management. The IP stated that the nurses should give medications as ordered by the doctor. The IP also stated that if residents do not get the pain medication as prescribed, it could lead to pain for them. The IP further stated that nurses should order medications when there are four to six pills left because it would allow time for the pills to arrive from the pharmacy.</p> <p>During an interview on 10/23/24 at 1:12 PM with the Director of Staff Development (DSD), the DSD stated that Gabapentin was important for neuropathy. The DSD also stated that the nurses should reorder medications when there are about eight left. The DSD also stated that it was the responsibility of the nurses who are working on the medication carts to order the medications. The DSD further stated that if medications were not ordered timely, adverse reactions could occur for the residents and their symptoms could worsen.</p> <p>During an interview on 10/23/24 at 1:19 PM with LN 1, LN 1 stated that Resident 1 did not receive her medications as ordered. LN 1 stated that it was very frustrating not having the medication available. LN 1 also stated she did not check the Emergency Kit ([E-Kit] a box containing emergency medications) to see if Gabapentin was available. LN 1 further stated that the risks for not having the medication available for Resident 1 could be that her pain would increase.</p> <p>During an interview on 10/23/24 at 2:27 PM with LN 2, LN 2 stated that somebody should have followed up with the pharmacy to ensure that Resident 1's medication was ordered and available.</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated 10/23/2024, the MAR indicated that Gabapentin Oral Capsule 100 MG (Gabapentin) was not given on 10/23/24 at the ordered timeframe of 1 PM.</p> <p>A review of the facility's policy and procedure titled, Medication Reordering, revised 2/2023, in the section, Policy Explanation and Compliance Guidelines, indicated, .Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner .Each time a nurse is administering medications and observes (6) or less doses left of one kind, that nurse will reorder the medication .</p> <p>A review of a facility contract titled, PHARMACY SERVICES AGREEMENT, dated 5/11/2022, in the section, OBLIGATIONS OF THE PHARMACY, indicated, .On Monday through Friday, Pharmacy will make three (3) scheduled deliveries per day. On Saturday and Sunday, Pharmacy will make two (2) scheduled deliveries, if requested and based on needs of Customer .</p>		