

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2024
NAME OF PROVIDER OR SUPPLIER  Auburn Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 Bell Road Auburn, CA 95603	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32096</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1's) rights were exercised safely when the resident self-administered medications without being evaluated or monitored by the health professionals.</p> <p>This failure resulted in Resident 1 taking multiple non-prescription supplements and vitamins, taking duplicate medications and increased the potential for adverse effects, medication errors, and ineffective medication therapy.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record, Admission Record, indicated the resident was a long term resident in the facility with diagnoses that included chronic inflammation disorder affecting nerves (disorder that leads to loss of strength or sensation), diabetes (a serious condition where your blood sugar level is too high), pain and hallucinations.</p> <p>In a concurrent observation and interview on 6/20/24 starting at 11:19 a.m. in Resident 1's room, with Licensed Nurse (LN 1) present, multiple bottles of vitamins and supplements were observed on the resident's bedside table as follows:</p> <ol style="list-style-type: none"> <li>1. Nerve Renew Optimizer (for nerve pain)</li> <li>2. Nitric Oxide booster (for nerve pain)</li> <li>3. Curcumin Nerve Defense (for nerve pain)</li> <li>4. Omega 3 (dietary supplement)</li> <li>5. CytoD +K2 (Vitamin D, Vitamin K, for immune support)</li> <li>6. On Guard + (Immune booster)</li> <li>7. Meta PWR (for metabolic assist)</li> <li>8. Insulin Plant (supplement for diabetes)</li> </ol> <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>9. [NAME] (digestive supplement for constipation)</p> <p>10. QL-5, Active PK (for regulating stress hormone)</p> <p>11. [NAME] Nano Silver spray (an antiseptic)</p> <p>In addition to the vitamins and supplements bottles, there were two medication cups each contained 7-8 loose pills on the bedside table. Resident 1 stated, I am taking them three to four hours after my meds [Medications] and indicated she purchased the supplements and vitamins for herself, and they were not prescribed by the doctor. LN 1 verified the above findings.</p> <p>Review of Resident 1's clinical record, Order Summary Report for June 2024, included the resident had physician orders for prescription narcotics for nerve pain, medications for general pain, narcotic breakthrough pain medication, medications for diabetes and bowel care, and multi-vitamins and supplements. The vitamins and supplements noted in the resident's room were not listed in the physician orders.</p> <p>In a concurrent interview and record review on 6/20/24 at 11:25 a.m. at the nursing station, LN 1 stated it was the facility policy to evaluate the residents' capacity for self-administration of medications who wished to do so, and to be approved by the physician. LN 1 verified there was no self-medication evaluation for Resident 1 in her clinical record and the vitamins and supplements in her room were not listed on the physician order list. LN 1 indicated she did not know Resident 1 was self-administering medications and/or for how long she had been doing so. LN 1 stated it raised safety concerns for her non-prescription medication storage in her room. LN 1 acknowledged Resident 1 took duplicate medications and multiple vitamins and supplements without being monitored for the effectiveness of the medications which increased potential for adverse effects and medication errors.</p> <p>Review of the facility's revised February 2021 policy and procedure, Self-Administration of Medications, stipulated, Residents have the right to self-administer medications if the interdisciplinary team [IDT] has determined that it is clinically appropriate and safe for the residents to do so. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. This is documented in the medical record and the care plan. Reassessed periodically based on changes in the resident's medical and/or decision-making status.</p> <p>In an interview and record review on 6/20/24 at 12:21 p.m. in the conference room, the Director of Nursing (DON) verified there was no IDT evaluation for self-administration of medications for Resident 1. The DON stated it was concerning that the physician was not aware that Resident 1 took the non-prescription vitamins and supplements in conjunction with other prescription medications. The DON acknowledged there was potential for safety issues when the residents' self-administered medications without being evaluated and subsequent monitoring by LNs. The DON stated Resident 1 should have been evaluated whether self-administration of medication was clinically appropriate for the resident and, if indicated, it should have been care planned.</p>		