

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555861	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2024
NAME OF PROVIDER OR SUPPLIER Grand Oaks Care		STREET ADDRESS, CITY, STATE, ZIP CODE 897 North M Street Tulare, CA 93274	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38993</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified for one of three sampled residents (Resident 1) when Resident 1 was not administered prescribed medications. This failure had the potential for Resident 1 to have health complications.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR), dated December 2023, the MAR indicated, Bumetanide (removes excess fluid from your body).give 1 tablet by mouth two times a day for CHF [congestive heart failure-when the heart cant pump enough blood to provide body with the blood and oxygen it needs]. Bumetanide was not administered on 12/3, 12/4, and 12/5. There was no documentation the physician was notified of the medication not being administered.</p> <p>During a review of Resident 1 ' s Progress Notes (PN), the PN ' s indicated, E-MAR-Administrations Note. 12/3/2023 at 8:18 a.m., Bumetanide.awaiting pharmacy refill. E-MAR-Administrations Note 12/4/23 at 6:34 p. m., Bumetanide.awaiting pharmacy refill. E-MAR-Administrations Note.12/5/23 at 8:03 a.m., Bumetanide. pending delivery</p> <p>During a concurrent interview and record review on 1/26/24 at 4:42 p.m., with Director of Nursing (DON), DON reviewed Resident 1 ' s MAR dated December 2023. DON was unable to provide evidence the physician was notified of the unadministered medications. DON stated, the nurse should have notified the physician when the medication was not administered.</p> <p>During a review of the facility policy and procedure (P&P) titled Medication Administration dated 1/21, the P&P indicated, If two consecutive doses of a vital medication are withheld or refused, the physician is notified.</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified for one of three sampled residents (Resident 1) when Resident 1 was not administered prescribed medications. This failure had the potential for Resident 1 to have health complications.</p> <p>Findings:</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Medication Administration Record (MAR), dated December 2023, the MAR indicated, Bumetanide (removes excess fluid from your body).give 1 tablet by mouth two times a day for CHF [congestive heart failure-when the heart cant pump enough blood to provide body with the blood and oxygen it needs]. Bumetanide was not administered on 12/3, 12/4, and 12/5. There was no documentation the physician was notified of the medication not being administered.</p> <p>During a review of Resident 1's Progress Notes (PN), the PN's indicated, E-MAR-Administrations Note. 12/3/2023 at 8:18 a.m., Bumetanide.awaiting pharmacy refill. E-MAR-Administrations Note 12/4/23 at 6:34 p. m., Bumetanide.awaiting pharmacy refill. E-MAR-Administrations Note.12/5/23 at 8:03 a.m., Bumetanide. pending delivery</p> <p>During a concurrent interview and record review on 1/26/24 at 4:42 p.m., with Director of Nursing (DON), DON reviewed Resident 1's MAR dated December 2023. DON was unable to provide evidence the physician was notified of the unadministered medications. DON stated, the nurse should have notified the physician when the medication was not administered.</p> <p>During a review of the facility policy and procedure (P&P) titled Medication Administration dated 1/21, the P&P indicated, If two consecutive doses of a vital medication are withheld or refused, the physician is notified.</p>		

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<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>38993</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure when medications were not documented when administered for one of three sampled residents (Resident 1). This failure resulted in an inaccurate medication administration record (MAR).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR), dated December 2023, the MAR indicated, Amiodarone (used to treat irregular heart rate) give 1 tablet by mouth one time a day. Aspirin 81 (helps to prevent heart attack or stroke) tablet.give 1 tablet by mouth one time a day for CAD (coronary artery disease-reduction of blood flow caused by plaque in the arteries). Bumetanide (removes excess fluid from your body).give 1 tablet by mouth two times a day for CHF [congestive heart failure-when the heart cant pump enough blood to provide body with the blood and oxygen it needs]. Carvedilol (used to treat high blood pressure) give 1 tablet by mouth two times a day for HTN (hypertension). Omeprazole (used to treat gastroesophageal reflux disease [GERD]).give 1 tablet by mouth two times a day for GERD. Amiodarone was not administered on 12/12, aspirin was not administered on 12/12, Bumetanide was not administered on 12/12, and 12/13, Carvedilol was not administered on 12/12, and 12/13, and Omeprazole was not administered on 12/13. The MAR was blank on the medication administration times (indicating the medications were not administered).</p> <p>During a concurrent interview and record review on 1/26/24 at 4:42 p.m., with Director of Nursing (DON), DON stated, on 12/12 and 12/13, Resident 1 ' s medications were administered and were not documented on the MAR. DON stated, the medications should have been documented when the nurse administered them.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Medication Administration dated 1/21, the P&P indicated, The individual who administers the medication dose, records the administration on the resident ' s MAR immediately following the medication being given. The resident ' s MAR/TAR is initialed by the person administering the medication, in the space provided under the date, and on the line for that specific medication dose administration and time.</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure when medications were not documented when administered for one of three sampled residents (Resident 1). This failure resulted in an inaccurate medication administration record (MAR).</p> <p>Findings:</p> <p>(continued on next page)</p>		

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