

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER YUBA CITY POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1220 PLUMAS ST YUBA CITY, CA 95991	
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)		
F 0758 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Pharmacy Consultant's recommendations were acted upon for one of three sampled residents (Resident 1). The Pharmacy Consultant identified an irregularity during Resident 1's Medication Regimen Review (MRR) on 8/24/2019, related to monitoring a psychoactive (alters mind, emotions and behavior) medication, and the facility did not act upon the recommendation per facility policy. This failure had the potential to cause serious harm for the resident. Findings: A review of Resident 1's record indicated that she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. interest), anxiety disorder (a chronic condition characterized by an excessive and persistent sense of apprehension, with symptoms as sweating, palpitations , and feelings of stress), Type 2 diabetes (A chronic condition that affects the way the body processes blood sugar), and chronic pai[DIAGNOSES REDACTED] (Pain that lasts longer than six months). A review of Resident 1's Physician order [REDACTED]. The findings of the medication regimen review are reported to the Director of Nursing and the attending physician. Recommendations are acted upon and documented by the facility staff and or the prescriber. A review of the Consultant Pharmacist's Medication Regimen Review report, dated 8/24/2019, indicated a recommendation for Resident 1 that read: Resident has been on varying doses of routine and/or prn (as needed) [MEDICATION NAME] since November, 2016. The resident has had an order for [REDACTED]. Since the resident has required ongoing, PRN [MEDICATION NAME] for chronic (a long period of time) anxiety, add additional information that helps support the need for ongoing prn [MEDICATION NAME]. During an interview on 10/14/2029 at 2:00 pm, the Director of Nurses (DON) stated that she had not seen the pharmacist recommendation MRR dated 8/24/2019 and did not know where the pharmacist recommendation letter was located in Resident 1's chart. She confirmed the physician response to the Consultant Pharmacist's Medication Regimen Review report, dated 8/24/2019 had not been found or acted upon.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.