

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055916	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER KAWEAH MANOR CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 3710 WEST TULARE AVENUE VISALIA, CA 93277	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure for medication storage of controlled medication (medication with the potential for diversion and abuse - opioid pain killers and tranquilizing drugs are examples) when an unlicensed staff member accessed narcotic (controlled medication) e-kits (emergency kits - special kits used when a resident needs a narcotic medication urgently and cannot wait for the pharmacy to bring their own supply). This failure resulted in diversion of the controlled medication. Findings: During an interview with the Administrator, on 5/13/20, at 12 PM, the Administrator stated the facility changed the pharmacy which provided their in-house medications from Pharmacy 1 to Pharmacy 2. The Administrator stated Pharmacy 1 came to pick up their remaining medications, which included two narcotic e-kits, and various other non-narcotic medication and supplies. The Administrator stated the facility was notified on 4/3/20 that Pharmacy 1 had not received the two narcotic e-kits. The Administrator stated the facility started an investigation which revealed their Social Services Director (SSD) had represented himself to staff as a licensed staff member and obtained access to the narcotic e-kits in order to assist gathering them for Pharmacy 1 to retrieve. The Administrator stated SSD was observed with the e-kits in his office. The Administrator stated SSD was unlicensed and should not have had any access to the e-kits. During an interview with Pharmacy 1 Director (PD 1), on 6/2/20, at 12:30 PM, PD 1 stated the pharmacy did not receive two narcotic e-kits back from the facility. PD 1 stated each kit contained: 1. [MEDICATION NAME]/[MEDICATION NAME] (a painkiller - also known as Tylenol #3) 300/30 milligrams (MG - a unit of measurement) - six tablets 2. [MEDICATION NAME] (a sedative medication - also known as [MEDICATION NAME]) 0.5 MG - six tablets 3. [MEDICATION NAME] (a painkiller - also known as [MEDICATION NAME]) 50 MG - six tablets 4. [MEDICATION NAME] sulfate (a painkiller) 10 MG/milliliter (ML - a unit of measurement) 1 milliliter vial - one vial The facility policy and procedure titled Medication Storage in the Facility dated 8/14, indicated Only authorized licensed nursing and pharmacy personnel have access to controlled medications.</p>		
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.