

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VALLEY CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1205 8TH STREET BAKERSFIELD, CA 93304</b>	
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 0760  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that residents are free from significant medication errors.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) maintained their highest practical well-being when medications ordered to treat [DIAGNOSES REDACTED] (low level of blood sugar (glucose) the body's main energy source) were not given. This failure had the potential to cause adverse outcomes for Resident 1. Findings: During a review of Resident 1's Physician order [REDACTED]. Inject 1 mg intramuscularly as needed for [DIAGNOSES REDACTED] If BS (blood sugar) less than 70 and call MD. During a review of Resident 1's PO dated 12/17/19, the PO indicated, Glucose Gel 15 GM/32ML (gram, unit of measure / milliliters-unit of measure) give 32 ml by mouth as needed for [DIAGNOSES REDACTED] if blood sugar &lt;60 (less than 60) administer 1 package, if patient is responsive During a concurrent interview and record review on 3/10/2020, at 2:36 PM, with Director of Nursing (DON), Resident 1's Medication Administration Record [REDACTED]. DON confirmed the following: 2/3/2020, at 6:30 AM, Resident 1's BS was 48. [DATE]20, at 6:30 AM, Resident 1's BS was 52. 1/16/2020, at 6:30 AM, Resident 1's BS was 45. 1/18/2020, at 4:30 PM, Resident 1's BS was not checked. 12/9/19, at 11:30 AM, Resident 1's BS was 49. 12/12/19, at 6:30 AM, Resident 1's BS was not checked. 12/18/19, at 6:30 AM, Resident 1's BS was 47. 12/21/19, at 6:30 AM, Resident 1's BS was not checked. 12/23/19, at 6:30 AM, Resident 1's BS was not checked. 12/24/19, at 6:30 AM, Resident 1's BS was not checked. DON reviewed the monthly MAR for 2/2020, 1/2020, and 12/19 and she confirmed there was no documentation [MEDICATION NAME] or Glucose Gel were given or refused on 2/3/2020, at 6:30 AM, [DATE]20, at 6:30 AM, 1/16/2020, at 6:30 AM, 12/9/19, at 11:30 AM, or 12/18/19, at 6:30 AM. DON stated her expectation is BS be checked, low BS are treated according to PO and that it be documented. During a review of the facility's policy and procedure (P&amp;P) titled, Administering Medications, revised 12/12, the P&amp;P indicated, 3. Medications must be administered in accordance with the orders, including any required time frame. 8. The following information must be checked/verified for each resident prior to administering medications: [REDACTED]. Vital signs, if necessary. 18. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR indicated [REDACTED].</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.