CORRECTIV. ACTION PLANS

DOMICILIARY - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
176 C. Acceptable practices are employed for maintenance and repair of equipment, buildings, and grounds.	User: Jennifer Anderson Date: 06/03/2009 Rating: (P) Provisional Met Comments: User: Jennifer Anderson Date: 06/03/2009 Rating: (P) Provisional Met Comments: The process for equipment maintenance and electrical inspection is inconsistent and does not follow facility practice. Random check of equipment throughout facility found equipment without tags, with expired tags or with conflicting tags.	Please note it is the policy of the Veterans Home of California-Barstow to maintain electrical and patient care equipment in safe operating condition. Plant Operations and Health & Safety Officer monitor with a random inspection weekly. All safety stickers will be removed and a new safety tickler will be applied. A weekly monitoring tool will be completed and documentation will be sent for the Standard Compliance Coordinator to monitor compliance.		Chief of Plant Operations and Health & Safety Officer	
214B. A program is established for the safe procurement, control, and distribution of drugs.	User: Emily Ishikawa Date: 06/03/2009 Rating: (P) Provisional Met Comments: 2 of the random review of residents in the domiciliary had expired medications (one was for nitroglycerin SL exp 5/09, the other was a diabetic antiseptic solution exp in 12/08). Procedures need to be reviewed to ensure of the proper disposal of outdated drugs.	Please note that the Veterans Home of California-Barstow has been vigorously conducting random audits monthly by the Residential Care Leader to verify outdated medications and rule out duplicate Medications. Additionally, when the resident comes to the clinic for their Preventative Medicine exam they are required to bring all their Medications for review. The audits will be documented and presented to the Quality Assurance Committee for further review and corrective action.			

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#73 2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who: - Is licensed or registered, if applicable, by the State in which practicing; and - Is certified as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body.	User: Jennifer Anderson Date: 06/03/2009 Rating: (N) Not Met Comments: Review of personnel folder showed that the individual that the facility has assigned as a temporary lead activity staff is not a certified recreation therapist or activities director. Also she is only in a lead position and is not the supervisor of the activity staff. Direct Administrative responsibility for this section is still that of the facility assistant administrator, who does not meet the qualification outlined in this standard.	Please note that for over a year the Veterans Home of California – Barstow has been vigorously recruiting for a Supervisory Recreational Therapist. We have not had a qualified candidate. The current Recreational Therapist has applied for the National Recreational Therapist Certificate and has also submitted an application for the Supervisory Recreational Therapist.		Human Resources	On-going

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#112 m. Unnecessary drugs: 1. General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used: i. In excessive dose (including duplicate drug therapy); or ii. For excessive duration; or iii. Without adequate monitoring; or iv. Without adequate indications for its use; or v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or vi. Any combinations of the reasons above.	User: Emily Ishikawa Date: 06/08/2009 Rating: (N) Not Met Comments: Several patients are on supplements without adequate monitoring, including iron, zinc, vitamin B12. One patient had orders for pantoprazole 40mg daily and sucralfate 1g qid for stomach acid even though the mechanism of actions does not justify this. A domiciliary resident did not have adequate indication for clonazepam 0.5mg bid and 1mg bedtime use (nothing in the problem list that would be appropriate for clonazepam use). 2 residents were on darvocet (Beers criteria), when other pain medications could have been utilized. One 89 year old resident was on conjugated estrogen 1.25mg/day in addition to premarin vaginal cream 0.625mg/day, with a documented previous hx of CAD/MI/PE. At these doses, the risk vs. benefit may need to be justified.	Please note it is the policy of the Veterans Home of California - Barstow to follow procedures relating to unnecessary drugs. The CMO will do an in-service to physicians on justification. As part of the Quality Assurance progress nursing will continue both monthly focus monitor comparison, or random resident chart reviews of physician orders, medication records and recap for errors. Audits will be turned in to Standards Compliance Coordinator for review in the Quality Assurance Meeting. (1) Patients that are on supplements, Chief Medical Officer will discuss with the attending physician adequate lab monitoring for patients on supplements. (1) Resident on Pantoprazole 40 mg and Sucralfate 1g qid for stomach acid. The sucralfate was discontinued on 06/03/09. (2) The Domiciliary resident that had clonazepam 0.5 mg. BID and 1 mg. bedtime use, had the diagnosis of Parkinson's disease listed as a diagnosis on the Physician's Annual Physical exam dated 06/12/08. The		Director of Nursing and Standards Compliance Coordinator	

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#112 - continued		medication was also reordered with same doses by the Clinic Nurse Practitioner on 06/04/09 for the same diagnosis of dyskinesia related to resident's history of Parkinson's disease. Both Resident pain medications were addressed by physicians on 12/24/08, 01/02/09, 02/24/09 and 06/16/09 and discussed with the residents the risk and benefits. (3) Residents still insisted on Darvocet for pain control. (4) The 89-year-old Resident on conjugated estrogen 1.25 mg/day, the medication was discontinued 04/03/09. The Premarin vaginal cream was discontinued 04/13/09.			

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#113 2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that: ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. i. Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and	User: Emily Ishikawa Date: 06/08/2009 Rating: (N) Not Met Comments: Several patients are on psychotropic medications without either appropriate GDR or documented clinical justifications. These include zolpidem, temazepam, venlafaxine, citalopram, trazodone, bupropion. Some of these GDR were recommended by the pharmacist with the physician not adequately documenting clinical justification, while others there were no attempts made at GDR. One patient was on quetiapine indicated for depression/insomnia without clinical justification documented even after the pharmacist entered written request it from the provider.	Please note it is the policy of the Veterans Home of California – Barstow to provide anti-psychotic medications to residents based on a comprehensive assessment of the resident and their symptoms. Patient using Zolpidem, the physician addressed the medication 05/12/09 order as PRN. Patient refuses to have a dose reduction. 4 Residents on Venlafaxine, Trazodone, Bupropion were all prescribed for depression with justification. Standards of Care do not recommend GDR for anti-depressants. 2 Residents on Temazepan are at the geriatric doses and are PRN, since 04/09/08 and 07/16/08. The patient on Quetiapine was justified by the Psychiatrist on 05/06/09 on Report of Consultation for Bi Polar disorder.		Director of Nursing	

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#114 n. Medication Errors. The facility management must ensure that: 1. Medication errors are identified and reviewed on a timely basis; and 2. Strategies for preventing medication errors and adverse reactions are implemented.	User: Emily Ishikawa Date: 06/08/2009 Rating: (N) Not Met Comments: One patient was on spironolactone with the indication labeled as for gynecomastia spironolactone's side effect is gynecomastia; pt likely was using for either fluid/blood pressure/heart failure). Another patient had written order for buproprion 300mg XL daily, however, on the MAR even though the bupropion 300mg XL daily was typed out, someone crossed out this order and hand wrote buspar 300mg XL daily. If anyone was going off the MAR, this could have been critical as the max dose for buspirone is 60mg/day. Another patient had orders for clonidine 0.1mg po q8h PRN systolic BP >175. Clonidine should not be used as a PRN order for hypertension due to its potential for rebound effects. In the same patient, tiotropium 1 inhalation po qd PRN bronchitis, even though it is a preventative medication	Please note that it is the facility's policy to educate licensed nursing staff on proper procedure for documentation on the MAR. Licensed nurses will receive in-service training on proper documentation on or before July 24, 2009. (1) Resident on Spironolactone clarification for Aldactone for Hypertension was done on 06/02/09 by physician, during survey process. (2) Patient on Buproprion 300 mg XL daily. The MAR was corrected during the survey 06/01/09. The patient did not receive the wrong medication, no negative outcome. (3) Patient on Clonidine 0.1 mg po q 8h PRN, the medication was discontinued by the physician on 06/02/09. The Tiotropium 1 inhalation qd PRN the diagnosis for acute bronchitis has been changed to COPD. (4) The Infection Control Nurse will review residents receiving antibiotic doses of Levoquin to assure that the antibiotic medication is being given in conjunction with iron supplement 2 hours before or 6 hours		Director of Nursing and Nurse Instructor	

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#114 - continued	and should be used scheduled for COPD (problem list only indicated "acute bronchitis"). Another patient completed an antibiotic course of levofloxacin while given an iron supplement at the same time. Iron doses should have been separated by at least 2 hours before or 6 hours after taking levofloxacin.	afterwards as directed.			

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#141 d. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the e	User: Emily Ishikawa Date: 06/03/2009 Rating: (P) Provisional Met Comments: There were 2 insulin vials, which were opened but not properly labeled with the date opened in the ICF. There also was dexamethasone opthalmic solution just expired 5/09. In the SNF there were nicorette 2mg boxes and loratadine 10mg tablets both expired 5/09. In the clinic, there were hemeoccult (exp 3/09), sani dex antibiotic alcohol gel hand wipes (exp10/08), Cavilon emolient creams (exp 4/08), and Kova blood tubes (exp 12/08), which were long outdated.	The insulin vials were removed immediately and reordered the same day. The Surveyor was present when this correction was made. The vials had been dated but the date had rubbed off. These would have been found that night, 06/01/09 during QA audit of dating and labeling of vials, medications already in progress as POC. The two boxes of nicorette and loratadine with expiration date of 05/09 were removed immediately. These would have also been found that night 06/01/09 with the QA audit medication dating and labeling in progress as POC. The outdated items/medications found in the clinic during survey were discarded immediately. The facility has initiated the same monitoring tool in the clinic to be turned into the DON weekly x3 months for reporting to the QA Committee.		Director of Nursing and Senior Registered Nurse	

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#142 e. Storage of drugs and biologicals. 1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	User: Emily Ishikawa Date: 06/03/2009 Rating: (N) Not Met Comments: In the SNF there was an exam room which was unlocked, in addition to a medication cart which was also unlocked.	It is the policy of this facility that security of all medication carts is to be maintained. The Nurse Instructor will in-service all Licensed Nursing Staff on the facility's policy and procedure for Security of Medication Carts on or before July 24, 2009. A random weekly audit x3 months Medication Carts in all nursing care areas will be conducted by the Nurse Instructor and turned into the Don for report to QA Committee.		Director of Nursing and Nurse Instructor	

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
#149 c. Space and equipment. Facility management must: 1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and 2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	User: Jennifer Anderson Date: 06/03/2009 Rating: (P) Provisional Met Comments: The process for equipment maintenance and electrical inspection is inconsistent and does not follow facility practice. Random check of equipment throughout facility found equipment without tags, with expired tags or with conflicting tags.	Please note it is the policy of the Veterans Home of California-Barstow to maintain electrical and patient care equipment in safe operating condition. Plant Operations and Health & Safety Officer monitor with a random inspection weekly. All safety stickers will be removed and a new safety sticker will be applied. A weekly monitoring tool will be completed and documentation will be sent for the Standard Compliance Coordinator to monitor compliance.		Chief of Plant Operations and Health & Safety Officer	

CORRECTIVE ACTION PLANS

LIFE SAFETY CODE – Veterans Home Of California - Barstow – Date Surveyed: June 1 - 3, 2009

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
K 012 NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California-Barstow to maintain all walls clean and free from penetration holes.	Are penetrations in smoke barrier walls properly sealed to resist the passage of smoke?	On May 14, 2009 an inspection of the holes in the walls that were identified for non-compliance with regulatory standards were evaluated by Plant Operations. The holes were repaired with 3M Fire Barrier 2000+ Silicone Sealant, immediately in the Electrical room, 700 wing Room 323 and TV area 400 pod 300 wing, Also, on May 21, 2009 in-service training was provided to all plant operation personnel regarding recognizing, repairing and monitoring for hole penetrations. As all facility rooms and corridors are potentially affected, on May 13 and June 8, 2009 Plant Operations staff inspected all facility rooms and corridors for wall penetrations. No additional deficiencies were noted.			