STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055776	A. BUILDING _____ B. WING _____	**09/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTVIEW HEALTHCARE CENTER	**12225 SHALE RIDGE LANE AUBURN, CA 95602**

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 0552 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure that residents are fully informed and understand their health status, care and treatments.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to notify the Responsible Party (Public Guardian -PG) of a change in a pain medication regimen and the subsequent increases in the dosage of the medication for one of three sampled residents, (Resident 1). These failures resulted in the RP not having the right to choose and be informed of treatment options, risks, benefits, and alternatives for the care of a medically and behaviorally complicated resident. Findings: Resident 1 was a long term resident with multiple [DIAGNOSES REDACTED]. Resident 1 did not have the ability to participate in his own treatment. Resident 1 was under the legal guardianship of a conservator (Public Guardian -PG) who has the power to make decisions in the best interest of Resident 1 with full medical authority. Review of the Minimum Data Set (MDS) (an assessment tool)-Section C-Cognitive Patterns dated 7/23/2020 indicated Resident 1 had a Brief Interview for Mental Status (BIMS-an assessment tool for cognitive status) score of 99, that indicated the resident was unable to complete the interview. Resident 1 scored a 2 under Cognitive skills for Daily Decision Making which indicated he was moderately impaired. During an interview on 8/12/20 with Resident 1's PG, the PG indicated that the facility did not communicate to her that Resident 1: 1. had been placed on [MEDICATION NAME] (a controlled substance-Narcotic used to treat moderate to severe pain. This medication has a high risk for addiction and dependence), in March 2020, 2. that the Nurse Practitioner (NP) had increased the dose three fold, and that:, 3. the resident had a new [DIAGNOSES REDACTED]. He looked at me but had no verbal response when spoken to. There was no response when asked to blink. During previous encounters with Resident 1 over the past year he had always tried to talk with me. During a review of Resident 1's Prescription Order, dated 3/3/2020, the prescription order description was for [MEDICATION NAME] 10 mg every 12 hours for pain management. During a review of Resident 1's Care Plan(CP), start date of 4/2/20, the CP indicated under interventions to: Notify MD/RP of any .changes in pain as needed . Review of Resident 1's Care Conference (CC), dated 6/7/20, the CC notes indicated that RP was in attendance but had no documented evidence of pain being discussed. During a review of Resident 1's Prescription Order, dated 7/1/2020, the prescription order description was for an increase in [MEDICATION NAME] to 20 mg every 12 hours for pain management related to discomfort from muscle spasms. During a review of Resident 1's Prescription Order, dated 7/28/2020, the prescription order description was for another increase in [MEDICATION NAME] to 30 mg every 12 hours for round the clock pain management related to discomfort from spasms. Review of Resident 1's Progress Notes (PN), dated 8/6/20, written by Licensed Nurse (LN 1) the PN indicated a certified nursing assistant had notified LN 1 of Resident 1's confusion and disorientation. During an interview on 8/14/20 at 12:10 p.m., with the Unit Manager (UM), the UM stated, We thought (Resident 1) was a little more sedated so we changed the medication. During a review of Resident 1's Prescription Order, dated 8/19/2020, the prescription order description was for a decrease in [MEDICATION NAME] to 20 mg every 12 hours for round the clock pain management related to discomfort from spasms. During an interview on 9/9/2020 at 9:20 a.m., with Resident 1's PG, the PG stated again that she had been aware that Resident 1 had been on another pain medication for a foot wound back in January (that had healed in March) but had not been informed when they placed Resident 1 on [MEDICATION NAME] and had not been notified when they tripled his dosage. PG stated she did not understand how they could triple the dosage and give him a [DIAGNOSES REDACTED]. They need to keep me informed. PG further stated that she and Resident 1's mother were concerned about over sedation and addiction with Resident 1. During a review of the facility's policy and procedure (P & P) titled, Resident Rights, dated January 2011, the P & P indicated, These rights include the resident's right to: .choose a physician and treatment and participate in decisions and care planning .Residents are entitled to exercise their rights and privileges to the fullest extent possible.

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.