STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555450	A. BUILDING _____ B. WING _____	**03/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AMERICAN RIVER CENTER	**3900 GARFIELD AVENUE CARMICHAEL, CA 95608**

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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure care and services were provided according to accepted standards of clinical practice when medications were prepared incorrectly for 1 resident (Resident 1), for a census of 91. This failure increased the potential for Resident 1 to be over or under medicated. Findings: Resident 1 was admitted [DATE] with [DIAGNOSES REDACTED]. Resident 1 had a Brief Interview of Mental Status (BIMS, a test of cognition) score of 15 which indicated Resident 1 was cognitively intact. Review of Resident 1's physician's orders [REDACTED]. Further review of Resident 1's physician's orders [REDACTED]. Review of Resident 1's Progress Note dated 1/14/20 at 8:20 a.m. indicated, [MEDICATION NAME] 300 mg was accidentally popped to the medication cup-Nurse double check and removed extra [MEDICATION NAME]- (Resident 1) was upset and verbally outburst- nurse supervisor made aware- resident kept the rest of medications- refused to take them and hold them . This note was written by Licensed Nurse 1 (LN 1). A telephone interview was conducted with Resident 1 on 1/22/20 starting at 4:27 p.m. Resident 1 provided the following information: -(Resident 1) stated she was supposed to receive 4 pills in the morning including [MEDICATION NAME] and LN 1 prepared her medications on the morning of the incident on 1/14/20. Resident 1 further stated she took the medications from LN 1 and when she spit out her medications, (Resident 1) found 2 capsules of [MEDICATION NAME] instead of 1 capsule. -(Resident 1) stated she was given half the dose (1 tablet) of her [MEDICATION NAME] on the morning of 1/22/20. (Resident 1) further stated she informed the (student nurse) the dose was not right and (Resident 1) was given the correct dose. In an interview conducted with the Director of Nursing (DON) on 1/23/20 starting at 1:55 p.m., the DON confirmed she was notified of the incident between Resident 1 and LN 1 on 1/14/20. The DON stated she conducted an investigation and the LN 1 admitted she popped 2 tablets of [MEDICATION NAME] instead of one for Resident 1. The LN 1 further told the DON she caught her mistake prior to the medication being administered to Resident 1. A telephone interview was conducted with the Supervising Nurse (SN) on 1/30/19 starting at 7:08 a.m. The SN confirmed the LN 2 who was on orientation prepared and administered medications for Resident 1 on 1/22/20. The SN further stated she received a report from the LN 2 regarding the incident with Resident 1. The LN 2 informed the SN she initially prepared and administered 1 tablet of [MEDICATION NAME] to Resident 1. The LN 2 administered the 2nd tablet after Resident 1 informed the LN 2 she was supposed to receive 2 tablets of the said medication. A facility policy revised 11/1/19 and titled, NSG305 Medication: Administration: General indicated, To provide a safe, effective medication administration process. A facility policy revised 11/1/19 and titled, Medication Administration: Oral indicated, .Verify medication order on Medication Administration Record [REDACTED].Correct: .Dose . A facility policy revised 1/1/13 and titled, 6.0 General Dose Preparation and Medication Administration indicated, .Prior to administration of medication, facility staff should take all measures required by facility policy .but not limited to the following: .Facility staff should: .Verify each time a medication is administered that it is the correct medication, at the correct dose .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE