

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555588</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VIBRA HOSPITAL OF NORTHERN CALIFORNIA D/P SNF</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2801 EUREKA WAY REDDING, CA 96001</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 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure services provided met professional standards of quality when bowel care was not administered as ordered for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to experience severe constipation and pain with the potential for hospitalization. Findings: Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1 had a history of [REDACTED]. A review of a physician's orders [REDACTED]. Give orally mixed in 4-6 ounces of water every 8 hours prn for constipation. If no BM by bedtime on 2nd night, start [MEDICATION NAME], give at 9 pm. If no BM, give 2nd dose at 5 am. If no results, give 3rd dose at 1 pm. If still no results after third dose, call MD (medical doctor/physician). A review of a physician's orders [REDACTED]. A review of the August 2019 bowel records indicated Resident 1 had no BM on the following dates: 8/21/19, 8/22, 8/23, and 8/24/19 (Resident 1 had no BM for 4 days until 8/25/19). A review of the August 2019 Medication Administration Records (MAR) indicated Resident 1 was administered [MEDICATION NAME] on 8/24/19 at 6:44 am, a [MEDICATION NAME] suppository on 8/24/19 at 4:11 pm, and MOM on 8/25/19 at 7:02 pm. The documentation indicated Resident 1 did not receive MOM or [MEDICATION NAME] on 8/22/19 and 8/23/19 as ordered or that the physician was contacted. A review of the September 2019 bowel records indicated Resident 1 had no BM on the following dates: 8/30/19, 8/31, 9/1, and 9/2/19 (a total of 4 days) and on 9/4/19, 9/5, 9/6, and 9/7/19 (total of 4 days). A review of the September 2019 MAR indicated [REDACTED]. The documentation indicated Resident 1 did not receive MOM on 8/31/19, 9/1, 9/2, 9/5, and 9/6/19 as ordered. The documentation also indicated Resident 1 did not receive [MEDICATION NAME] on 8/31/19 and 9/5/19 as ordered. On 10/30/19 at 9 am, during an interview with Resident 1's representative (Res Rep), she stated Resident 1 had inadequate bowel care while in the facility. She stated Resident 1 was supposed to receive [MEDICATION NAME] and prunes daily due to a history of obstipation (severe or complete constipation). Res Rep stated that Resident 1 had recently been admitted to the hospital due to constipation and that Resident 1 had not had a BM for 8 days while at the facility. On 1/22/20 at 12 pm, an interview was conducted with the facility's Director of Nursing (DON) and Assistant Director of Nursing (ADON). The DON and ADON stated the staff had not followed the physician's orders [REDACTED]. The DON and ADON acknowledged Resident 1 did not receive adequate bowel care as ordered, placing him at risk for constipation and pain and discomfort.</p>		
F 0755  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to administer bowel care medications as ordered by the physician for one of three sampled residents (Resident 1). This failure had the potential for Resident 1 to experience severe constipation and pain requiring hospitalization. Findings: Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1 had a history of [REDACTED]. A review of a physician's orders [REDACTED]. Give orally mixed in 4-6 ounces of water every 8 hours prn for constipation. If no BM by bedtime on 2nd night, start [MEDICATION NAME], give at 9 pm. If no BM, give 2nd dose at 5 am. If no results, give 3rd dose at 1 pm. If still no results after third dose, call MD (medical doctor/physician). A review of the August 2019 bowel records indicated Resident 1 had no BM on the following dates: 8/21/19, 8/22, 8/23, and 8/24/19. A review of the August 2019 Medication Administration Records (MAR) revealed the following bowel care issues: On 8/21/19, Resident 1 had no BM. On 8/22/19, Resident 1 had no BM (day 2). Resident 1 did not receive MOM or [MEDICATION NAME] and there was no documentation that the physician had been notified. On 8/23/19, Resident 1 had no BM (day 3). Resident 1 did not receive MOM or [MEDICATION NAME] and there was no documentation that the physician had been notified. On 8/24/19, Resident 1 had no BM (day 4). Resident 1 was administered [MEDICATION NAME] at 6:44 am with no results. No additional doses of [MEDICATION NAME] were given. Resident 1 received a [MEDICATION NAME] suppository at 4:11 pm with no results. There was no documentation the physician had been notified. On 8/25/19 at 4:10 am, Resident 1 had a large BM. A review of the September 2019 bowel records indicated Resident 1 had no BM on the following dates: 8/30/19, 8/31, 9/1, and 9/2/19 (total of 4 days) and on 9/4/19, 9/5, 9/6 and 9/7/19 (total of 4 days). A review of the September 2019 MAR indicated [REDACTED]. On 8/31/19, Resident 1 had no BM (day 2). Resident 1 did not receive MOM or [MEDICATION NAME] as ordered and there was no documentation that the physician had been notified. On 9/1/19, Resident 1 had no BM (day 3). Resident 1 did not receive MOM or [MEDICATION NAME] as ordered and there was no documentation that the physician had been notified. On 9/2/19, Resident 1 had no BM (day 4). Resident 1 did not receive MOM. Resident 1 received [MEDICATION NAME] at 5:49 pm; no additional [MEDICATION NAME] doses were given. On 9/3/19, Resident 1 received a [MEDICATION NAME] suppository at 4:34 am. Resident 1 had a medium sized BM at 5:27 pm. On 9/4/19, Resident 1 had no BM. On 9/5/19, Resident 1 had no BM (day 2). Resident 1 did not receive MOM or [MEDICATION NAME] as ordered and there was no documentation that the physician had been notified. On 9/6/19, Resident had no BM (day 3). Resident 1 did not receive MOM or [MEDICATION NAME] as ordered and there was no documentation that the physician had been notified. On 9/7/19, Resident 1 had no BM (day 4). Resident 1 received MOM at 6:30 am. Resident 1 did not receive [MEDICATION NAME] as ordered and there was no documentation that the physician had been notified. On 9/8/19, Resident 1 was administered a [MEDICATION NAME] suppository at 5:03 am. Resident 1 had a large BM at 5:38 pm. On 10/30/19 at 9 am, during an interview with Resident 1's representative (Res Rep), she stated Resident 1 had inadequate bowel care while in the facility. She stated Resident 1 was supposed to receive [MEDICATION NAME] and prunes daily because he had a history of [REDACTED]. Res Rep stated that in recent history Resident 1 had been admitted to the hospital due to constipation. She stated Resident 1 had not had a bowel movement for 8 days while at the facility. On 1/22/20 at 12 pm, an interview was conducted with the facility's Director of Nursing (DON) and Assistant Director of Nursing (ADON). The DON and ADON stated the staff had not followed the physician's orders [REDACTED]. They acknowledged Resident 1 did not receive bowel care as ordered by the physician, placing him at risk for constipation, and pain and discomfort.</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.