

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER WINDSOR POST-ACUTE CENTER OF BAKERSFIELD		STREET ADDRESS, CITY, STATE, ZIP 6212 TUDOR WAY BAKERSFIELD, CA 93306	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on interview and record review the facility failed to ensure controlled substance (drug or other substance that are tightly controlled by the government because it may be abused or cause addiction) were accounted for three of three sampled residents (Resident 1, Resident 2, and Resident 3). This failure lead to 96 drug diversions for Resident 1, Resident 2, and Resident 3. Findings: During an interview, on 2/26/20, at 2:46 PM, with Director of Nursing (DON), the DON stated Resident 3 brought controlled substances drug diversion (the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use) to his attention. He stated upon further investigation he found, controlled substances were being signed out in the controlled drug record (CDR) but not documented in the Medication Administration Record [REDACTED]. He stated the facility never had any issues before this. During a review of Resident 1's clinical record, the Physicians' Orders (PO) and MAR indicated [REDACTED]. 2/25/20 at 2 PM - signed out, not documented on MAR indicated [REDACTED]. 2/10/20 at 9 PM - signed out, not documented on MAR indicated [REDACTED]. 2/21/20 at 4 PM - signed out, not documented on MAR indicated [REDACTED]. The cells die early, leaving a shortage of healthy red blood cells, and can block blood flow causing pain). 12/24/20 at 10 PM - signed out, not documented on MAR indicated [REDACTED]. 12/24/20 at 10:20 PM - signed out, not documented on MAR indicated [REDACTED]. 12/1/19 at 6:30 PM - signed out, not documented on MAR indicated [REDACTED]. He stated he was not aware, had audits been done, it would have caught the drug diversions that were taking place. During a review of the facility's policy and procedure (P&P) titled Medication administration Controlled Substances, dated 11/17, the P&P indicated, 2. The Director of Nursing and the Consultant Pharmacist establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determine that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 4. When a controlled medication is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record when removing dose from storage . 5. Administer the controlled medication and document dose administration on the MAR. 9. Any discrepancy in a controlled medication count is reported to the director of nursing immediately . The DON investigates the discrepancy and researches all the records related to medication administration and the supply of the medication, including medication reconciliation .</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.