

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2020
NAME OF PROVIDER OF SUPPLIER SHAFTER NURSING CARE		STREET ADDRESS, CITY, STATE, ZIP 140 EAST TULARE AVENUE SHAFTER, CA 93263	
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 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure care plan on pain management was updated for one of three sampled residents (Resident 1). This failure had the potential for not providing the appropriate treatment to manage pain Findings: During a review of Resident 1's physician's orders [REDACTED]. During an interview on 9/3/2020, at 12:45 PM, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated, the facility is no longer accepting patients on Hospice. LVN 1, stated when a patient is failing to thrive or not eating, the physician and family is notified, and plan of care is changed to comfort care. LVN 1, stated the LVN's then provide the services such as pain medications. During a review of Resident 1's Progress Notes (PN), dated 7/29/20 at 04:47 AM, the PN indicated, upon brief and dressing changes resident appears to be in excruciating pain with movement. Only pain med {medication} in mar {medication administrative record} is [MEDICATION NAME] 5 (narcotic - pain medication). During an interview on 9/09/20, at 12:02 PM, with Director of Nursing (DON) and Administrator, Administrator stated, we are not allowing Hospice services to come in the facility because of COVID-19 (COVID - an infectious disease caused by a new coronavirus). DON stated, we are providing the same service, comfort code, which was the same services the hospice nurses were providing. During a concurrent interview and record review on 9/25/2020 at 11 AM, with DON, Resident 1's Change of Condition, dated 7/24/2020 , and Care Plans were reviewed. DON stated, Resident 1's condition had been changed when placed on comfort care. DON verified there was no Interdisciplinary Team (IDT) meeting and updated care plan for pain management During a review of the facility's policy and procedure (P&P) titled, Pain Management Review undated, the P&P indicated, The interdisciplinary team evaluates the effectiveness of each resident's pain management plan at the time of the initial comprehensive assessment, quarterly, following a significant change, and annually. Findings and/or recommendations are documented in medical record as indicated, Update plan of care, as needed. During a review of the facility's P&P titled, Pain Management Guidelines dated 2/10/15, the P&P indicated, The licensed nurse/IDT (interdisciplinary team) periodically evaluates frequency of PRN (as needed) medication usage and consults physician regarding routine pain medication, if indicated. Patients/residents are evaluated for pain upon admission, change of condition and as indicated using standardized pain scales.		
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.