

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OF SUPPLIER NAPA VALLEY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3275 VILLA LANE NAPA, CA 94558	
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 - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and Record Review, the facility failed to provide ordered [MEDICAL CONDITION] (a brain disorder that leads to shaking, stiffness, and difficulty with walking, balance and coordination) medication to Resident 1. This failure had the potential to result in an increase in Resident 1's neurological disease process causing a further reduction in physical balance, coordination and gait (walking stride). During a record review of Resident 1's Emergency Department's Report dated 6/3/20 indicated, Resident 1 had an X-ray and was diagnosed with [REDACTED]. Resident 1 was issued a shoulder immobilizer (brace that keeps the shoulder in alignment) and was diagnosed as a fall risk. Resident 1 was then transferred to the Skilled Nursing Facility. During an interview on 9/29/20 at 9AM, with Family Member 2, she stated, Family member (Resident 1) called me at midnight on 6/4/2020 to tell me he had not gotten his Parkinson medication for 2 days. Family Member 2 stated, I called the Facility Administrator on 6/5/2020 and she said, there must be some kind of a mix up and she would look into it. Family Member 2 stated, her family member (Resident 1) got his [MEDICAL CONDITION] medication a couple times a day and he was stiff and was upset that 2 days went by without receiving any Parkinson medication. During a record review on 9/29/20 at 1 p.m. of Resident 1's Medical Orders authored by MD 3, indicated an admitted and time of 6/3/20 at 11:50 a.m. MD 3 wrote a medication order for [MEDICATION NAME]-[MEDICATION NAME] (Parkinson Medication) 1 tablet 50-200mg to be given orally three times a day (8AM, 12PM, 4PM) with a start date of 6/4/20. During a record review on 9/29/20 at 1:15 p.m. of Resident 1's MAR (Medication Administration Review Record) indicated, on 6/4/20 there were 3 blank spots on the MAR, first blank was at 8AM, second blank was at 12PM and 3rd blank was at 4PM. No [MEDICATION NAME]-[MEDICATION NAME] doses were given on 6/4/20. During an interview on 9/29/20 at 1:20 p.m. with Administrator and Licensed Staff A, Licensed Staff A was asked why there was no [MEDICATION NAME]-[MEDICATION NAME] checked off as given on the MAR indicated [REDACTED]. Administrator had left the room at this time. On 10/2/20 at 12:34 p.m., received an email from Licensed Staff A stating, In regards to why medication not given this is also documented under comments by nurses as required, I am not able to provide additional documentation above what is already on the eMAR sent. During a record review on 9/29/20 at 1:25 p.m. of Resident 1's MAR, Licensed Staff C documented in comments section on 6/5/20 04:47 [MEDICATION NAME]-[MEDICATION NAME] tablet 50-200mg was administered early due to Resident request. Licensed Staff C also documented in comments section, resident did not receive previous dose due to supply unavailable. During a review of the facility's policy and procedure titled, Administering Medications, Revised April 2019, indicated, Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include enhancing optimal therapeutic effect of the medication and honoring resident choices and preferences.</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.