

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER WHITNEY OAKS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3529 WALNUT 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	<p>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 Physician order [REDACTED]. A PPD (purified protein derivative, a skin test that determines if you have [MEDICAL CONDITION] (an infectious disease that mainly affects the lungs)) was not read after 72 hours of administration; and 2. A 2-step PPD was not done 7 days after a negative PPD result. These failures had the potential for delayed treatment and spread of [MEDICAL CONDITION] infection. Findings: Resident 1 was admitted to the facility in late 2019 with [DIAGNOSES REDACTED]. Review of Resident 1's Physician order [REDACTED]. Special Instructions: Inject 0.1 ML Intradermal (within or between the layers of the skin) . READ RESULTS IN 72 HRS . Once A Day on the 2nd, 5th of the Month; PM. Review of Resident 1's Medications Administration History dated 1/1/20 - 1/31/20 indicated PPD - 1 Step On Admission was administered on 1/2/20. There was no documented evidence the result was read on 1/5/20 which was 72 hours after administration. Review of Resident 1's Physician order [REDACTED]. Special Instructions: Inject 0.1 ML Intradermal . READ RESULTS IN 72 HRS . Review of Resident 1's Medications Administration History dated 1/1/20 - 1/31/20 indicated, PPD 2 - Step After The Initial PPD in 7 Days (TB Screening) - If 1st Test Negative . was administered on 1/7/20 and the result was read on 2/10/20. Further review indicated the PPD was also administered on 1/23/20 (16 days after ppd administration) and the result was read on 1/26/20. In an interview with the Infection Preventionist (IP) on 3/12/20 at 8:48 a.m., the IP confirmed there was no documented evidence the PPD result was read on 1/5/20 as ordered. The IP further confirmed the PPD was administered on 1/7/20 and then on 1/23/20, which is more than 7 days after the first negative PPD result. In an interview with the Director of Nursing (DON) on 3/12/20 at 9:00 a.m., the DON stated the PPD result should have been read 72 hours after PPD was administered on 1/3/20. The DON further stated 2-step PPD should have been administered in 7 days after the first initial negative PPD result administered on 1/7/20. Review of a facility policy titled, [MEDICAL CONDITION] Screening - Administration and Interpretation of [MEDICATION NAME] Skin Test (TST), revised 3/20, indicated, Interpret the TST forty-eight (48) to seventy-two (72) hours after administration . Unless otherwise indicated, administer a booster of 0.1 ml . of PPD one to two weeks after the initial TST for individuals with < 10 mm of induration . Review of a facility policy titled, Administering Medications, revised 8/19, indicated, Medications must be administered in accordance with the orders, including any required time frame.</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.