

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER GLENWOOD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1300 NORTH C ST OXNARD, CA 93030	
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	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to ensure medications were provided to a resident (Resident 1), by a licensed nurse. This failure had the potential for a medication error to occur. Findings: According to Potter and Perry's, Fundamentals of Nursing: ninth edition, dated (2017), Because medication administration and evaluation are a critical part of nursing practice, nurses need to understand the actions and effects of all medications taken by their patients. Administering medications safely requires an understanding of legal aspects of health care, pharmacology (the uses, effects, and modes of action of drugs), pharmacokinetics (how drugs move through the body), the life sciences, pathophysiology (processes associated with disease or injury), human anatomy, and mathematics. Administering medications requires unique nursing knowledge and skills. Do not delegate any part of the medication administration process to nursing assistive personnel. During an interview with Resident 1, on 6/19/20, at 1:20 p.m., Resident 1 described an incident when a certified nursing assistant (CNA) brought a cup of medications to the room for Resident 1 to take. Resident 1 stated, Only nurses should give me my medications. I refused to take the medications until a nurse brought them. During an interview with a registered nurse (LN 2), on 6/25/20, at 3:11 p.m., the LN 2 stated, I would never ask a CNA to dispense medication for me. They are not licensed to do that. During an interview with a certified nursing assistant (CNA 1), on 6/25/20, at 3:20 p.m., the CNA 1 stated, I can't give meds. I am not licensed for that. During an interview with a CNA (CNA 2), on 6/25/20, at 3:40 p.m., the CNA 2 stated, CNAs can't give meds. During an interview with the director of nurses (DON), on 6/25/20, at 4:30 p.m., the DON stated, A licensed vocational nurse (LN1) did ask a CNA to give pain medication to Resident 1. LN1 knows she shouldn't have done that. She gave a cup with medications in it to take to Resident 1. During an interview with LN1, on 6/25/20, at 4:45 p.m., the LN1 stated, I did ask a CNA to take a pain medication to Resident 1. I know I shouldn't have done it. I gave a CNA a cup of medication to take to Resident 1. I don't remember which pain medication it was. During a review of the facility's policy and procedure (P&P) titled, Medication Administration, dated 5/2007, the P&P indicated, 6. The nurse preparing the drug administers it. During a review of the Medication Administration Record [REDACTED]. Both of these medications are controlled medications (a drug that is tightly controlled by the government because it may be abused or cause addiction). During a review of the facility's undated job description for a licensed vocational nurse, the job description indicated, .implement and maintain established policies, procedures, objectives, quality assurance, safety, and environmental and infection control .must be knowledgeable of nursing and medical practices and procedures, as well as laws, regulations, and guidelines that pertain to long-term care.		
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.