Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	051824	10/30/2018
Name of Provider or Supplier	**Street Address, City, State**	
Camarena Health	344e 6th St, Madera, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0100	STAFFING AND STAFF RESPONSIBILITIES CFR(s): 491.8(b)(1) and (3) 491.8(b) Physician responsibilities. The physician performs the following: (1) . . . provides medical direction for the clinic's . . . health care activities and consultation for, and medical supervision of, the health care staff. (3) . . . provides medical orders, and provides medical care services to the patients of the clinic or center. This STANDARD is not met as evidenced by: This Standard was not met as evidenced by: Based on staff and family interview, clinical record, and administrative document review, the facility failed to provide oversite of its secondary provider when an incorrect medication was ordered for a patient after a clinic visit. This failure caused undue harm to Patient 1 causing her to feel ill. Findings: During an interview with Staff 1, on 10/30/18, at 8:15 a.m., she stated the patient was given an incorrect prescription from the provider. The next day the patients daughter called to report it and the proper medication was ordered. During an interview with Complainant 1, on 10/31/18, at 8 a.m., she said my mom was complaining of a cough and runny nose, I came home about 11:30 p.m., I saw cough syrups, N.S.(Normal Saline) for her nose. I looked at the table, I couldn't believe it, my mom's BP (blood pressure) runs low, I asked her what they told her at the Doctors, they said they would give her something for her runny nose. She said I took what they gave me. I called the clinic, I wanted to know why they gave my mother BP medication. I asked who inputted the order, they said it was the Doctor.

They said my mom was supposed to get Loratadine. I spoke with the Doctor, I said I wanted to speak with the Administrator. I drove over to the clinic and asked for someone from Administration. They took my statement, and said someone would get back to us. No one helped us, and we left. I never got a call back, no one wanted to address our concerns.

During an interview with Staff 2, on 11/30/18, at 11:35 a.m., he stated the patient complained of a cough and cold. At the end of our visit I felt she needed a cough medication, Loratadine (an antihistamine used for controlling of cough, sneezing, itching, watery eyes), I sent Lisinopril (a medication used to control high blood pressure by relaxing blood vessels and there by decreasing blood pressure). Under my drop down menu it puts together my most used medications. I inadvertently gave her Lisinopril from the drop down menu. Unless there is an allergy to the medication, it would not alert me something was wrong. The following day the error was brought to my attention, I made the correction.

During an interview with Staff 3, on 11/30/18, at 11:55 a.m., she stated they were notified by Complainant 1 the next day. Patient 1 only took one pill, Complainant 1 wanted us to know what had happened. We researched it, we already had a process in place for controlled substances, we have made a mandatory field for Diagnosis associated for all medications,

During an interview with MD 1, on 11/30/18, at 12 p.m., he stated all of our PA's (Physicians Assistance) have a supervisor, and I oversee all others. Complaints come into Risk Management, forwarded up to me and I had communications about it.

During an interview with Patient 1, on 2/14/19, at 12:30 p.m., she stated I had a cough. I went to the clinic, he (Staff 2) saw me. I went to the pharmacy, eye drops and another medication. I took the medication, I felt bad, I went to bed. When my daughter came she read the medication and asked why I took BP medication when I don't have high BP. She was upset, I could have hurt myself, no one called, I thought it was something for my cough. I can't read very much English, or Spanish. I went to the Doctor for my cough and headache, flu, that's why I went to the Doctor by myself. I talked to the Doctor, he had a student with him and was teaching the man. He didn't tell me what the medication was , he just told me to go to the pharmacy and get my medications. He gave me drops for my nose, and a medication for my throat and another medication, that made me sick. I went to sleep, when I woke up I felt better. My daughter said they gave me the wrong medication. My daughter called, they said they would call in the write medication, they said someone would call me back, no one ever called.

During an interview on 8/30/19 at 10 a.m., MD 2 stated that he was responsible for the oversight of care provided by Staff 1 to Patient 1.

The facility policy and procedure titled "DELEGATION OF SERVICES AGREEMENTS BETWEEN SUPERVISING PHYSICIANS AND PHYSICIAN ASSISTANTS AND WRITTEN SUPERVISION PROTOCOL' dated 3/1/2019 contained the following documentation: "DRUG ORDERS: 5.2, B, Drug orders shall either be based on protocols established or adopted by Supervising Physician, or shall be approved by Supervising Physician for the specific patient prior to being issued or carried out." "SUPERVISING PHYSICIAN RESPONSIBILITIES: 5.4, A. Supervising Physician shall remain electronically available at all times while PA is performing medical services, unless another approved supervising physician who has

	signed Delegation of Services Agreements for PA is available."