

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2024
NAME OF PROVIDER OR SUPPLIER Palomar Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 N Fig Street Escondido, CA 92025	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</p> <p>Based on observation, interview and record review, the facility failed to assess a resident's ability to self-administer medications for one of one resident reviewed for self-administration of medications. (Resident 3).</p> <p>This failure had the potential for Resident 3 to over or under medicate himself. In addition, staff had no knowledge if Resident 3 took the medications.</p> <p>Findings:</p> <p>Resident 3 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total or partial paralysis of one side of the body) and hemiparesis (muscle weakness on one side of the body) following cerebral infarction (disrupted blood flow to the brain) according to the facility's Admission Record.</p> <p>During observation and interview on 3/21/24, at 12:10 P.M. with Resident 3, Resident 3 stated he had a red rash on his right leg that was not resolving. Resident 3 stated he notified his primary care physician outside the facility and referred him to a dermatologist (skin doctor). Resident 3 stated he went to see the dermatologist who ordered three doses of antibiotics and an ointment for the rash. Resident 3 stated he picked up the medications from the pharmacy and returned to the facility. Resident 3 further stated he took the 3 doses of the antibiotics and was able to apply the ointment by himself. Resident 3 stated he applied the ointment to the right leg rash which extended to his hip by standing at the bedside while holding on the bedrail. Resident 3 further stated the nursing staff did not check if he was able to self-administer medications.</p> <p>An interview was conducted on 3/21/24, at 12:20 P.M. with Resident 3's assigned medication nurse, Licensed Nurse (LN) 1. LN 1 stated he heard from report that Resident 3 brought in medication from outside pharmacy and refused to give them to the nurses. LN 1 stated he had not seen the medications and staff had not checked. LN 1 further stated it was facility policy to obtain a physician's order, assess the resident for self-administration of medications, care plan and provide a lock box. LN 1 stated he was unsure if Resident 3 had a self-administration of medication assessment.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Director of Nurses (DON) was interviewed on 3/21/24, at 12:25 p.m. The DON stated she was aware Resident 3 brought in medications from outside pharmacy. The DON stated staff called her and she spoke with Resident 3 on the phone. The DON stated Resident 3 reported to the DON that he brought antibiotics and an ointment from the dermatologist and gave the prescription to a nurse. The DON stated she was unsure if Resident 3 still had the medications at bedside. The DON further stated it was important to know if a resident kept medications at bedside because the resident may have a drug interaction and potential overdose if the resident was not supervised.</p> <p>During a review of the facility's undated policy and procedure (P&P) titled, Self Administration of Medications, the P&P indicated, .If a resident desires to participate in self-administration, the interdisciplinary team (team members with various areas of expertise who work together toward the goals of their residents) will assess and periodically re-evaluate the resident .4. If the resident is a candidate for self-administration of medications, this will be indicated in the chart. 5. Resident will be instructed regarding proper administration of medication by the nurse .</p>		