

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2026
NAME OF PROVIDER OR SUPPLIER  Pelican Ridge Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  466 Flagship Road Newport Beach, CA 92663	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, and facility P&amp;P review, the facility failed to provide the pharmaceutical services to meet the resident's needs for one of 20 sampled residents (Resident 13). * The facility failed to follow the physician's order for the administration parameters set for the carvedilol (a medication to treat high blood pressure) and midodrine (a medication to treat low blood pressure) medications. This failure had the potential for negative outcomes for the resident. Findings: Review of the facility's P&amp;P titled Medication Administration - General Guidelines dated October 2017 showed medications are to be administered in accordance with written orders of the attending physician. Medical record review for Resident 13 was initiated on 1/29/26. Resident 13 was readmitted to the facility on [DATE]. Review of Resident 13's H&amp;P examination dated 11/24/25, showed Resident 13 had capacity. Review of Resident 13's MAR for December 2025 showed the following physician's orders:- dated 11/24/25 (discontinued 12/5/25), to administer carvedilol 3.125 mg, give one tablet by mouth two times a day for hypertension (high blood pressure), hold for SBP less than 100 mmHg or heart rate less than 60; - dated 12/6/25, to administer carvedilol 3.125 mg, give one tablet by mouth two times a day for hypertension, hold for SBP less than 100 mmHg or heart rate less than 60;- dated 12/8/25 (discontinued 12/21/25), to administer midodrine HCl 2.5 mg, give one tablet by mouth two times a day for hypotension (low blood pressure), hold if SBP greater than 130 mmHg; and- dated 12/21/25, to administer midodrine HCl 5 mg, give one tablet by mouth two times a day for hypotension, hold if SBP greater than 140 mmHg. Review of Resident 13's MAR for December 2025 showed the following: - dated 12/3/25, the carvedilol was held at 0900 hours, however, there were no vital signs documented;- dated 12/10/25, the midodrine was held at 0900 hours, the BP was 127/71;- dated 12/10/25, the carvedilol was held at 1700 hours, the BP was 106/67 and heart rate was 61; - dated 12/11/25, the carvedilol was held at 0900 hours, the BP was 104/67 and heart rate was 69; - dated 12/11/25, the carvedilol was held at 1700 hours, the BP was 103/51 and heart rate was 93; - dated 12/12/25, the carvedilol was held at 1700 hours, however, there were no vital signs documented; - dated 12/17/25, the midodrine was administered at 0900 hours, the BP was 145/76; - dated 12/17/25, the carvedilol was held at 1700 hours, the BP was 105/62 and heart rate was 89; - dated 12/19/25, the midodrine was administered at 1700 hours, the BP was 137/64; - dated 12/21/25, the carvedilol was held at 0900 hours, the BP was 102/61 and heart rate was 82; - dated 12/22/25, the carvedilol was held at 0900 hours, however, there were no vital signs documented; - dated 12/22/25, the carvedilol was held at 1700 hours, however, there were no vital signs documented; - dated 12/24/25, the carvedilol was held at 0900 hours, the BP was 112/62 and heart rate was 75; - dated 12/25/25, the midodrine was held at 0900 hours, however, there were no vital signs documented; - dated 12/27/25, the carvedilol was held at 0900 hours, the BP was 108/51 and heart rate not documented; and- dated 12/27/25, the carvedilol was held at 1700 hours, the BP was 108/76 and heart rate was 76. Review of Resident 13's MAR</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055121
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>for January 2026 showed the following: - dated 1/1/26, the carvedilol was held at 1700 hours, the BP was 108/64 and heart rate was 66; - dated 1/4/26, the carvedilol was held at 0900 hours, the BP was 104/64 and heart rate was not documented; - dated 1/4/26, the carvedilol was held at 1700 hours, the BP was 108/64 and heart rate was 78; - dated 1/5/26, the midodrine was held at 0900 hours, however, there were no vital signs documented; - dated 1/5/26, the midodrine was held at 0900 hours, however, there were no vital signs documented; - dated 1/5/26, the midodrine was administered at 1700 hours, the BP was 145/70; and - dated 1/8/26, the midodrine was administered at 0900 hours, the BP was 152/74. On 1/29/26 at 1532 hours, an interview and concurrent medical record review for Resident 13 was conducted with the DON. The DON was informed and verified the above findings. On 2/2/26 at 1310 hours, an interview was conducted with the Administrator. The Administrator was informed and stated the facility's policy was for the licensed nurses to follow the physician's orders.</p>		