STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055237	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Victoria Healthcare and Rehabilitation Center	340 Victoria Street Costa Mesa, CA 92627

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	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to ensure the administration of the controlled medications were accurately documented on the MAR (Medication Administration Record) for one of three sampled residents (Resident 1). * The facility failed to accurately document the hydrocodone/APAP 5-325 mg (a controlled medication) administration to Resident 1. This failure had the potential for the medications to be administered in error and opportunities for drug diversion or drug misuse.Findings: Review of the facility's P&P titled Controlled Medications revised 12/2019 showed when a controlled medication is administered to the resident the licensed nurse enters the date, time, and amount administered on the accountability record. Review of the facility's P&P titled Recognition and Management of Pain revised 7/2017 showed the medications administered to the resident will be documented on the MAR. Medical record review for Resident 1 was initiated on 9/3/25. Resident 1 was readmitted to the facility on [DATE], and discharged to the community on 8/23/25. Review of Resident 1's Order Summary Report showed a physician's order dated 8/18/25, for the following:- for hydrocodone/APAP 5-325 mg tablets, give one tablet by mouth every four hours as needed for pain level 4-7 (in a pain scale of 0-10, 0 = no pain to 10 = severe pain); and- for hydrocodone/APAP 5-325 mg tablets, give two tablets by mouth every four hours as needed for pain level 8-10, do not take more than eight tablets in 24 hours, APAP not to exceed 4,000 mg per day. a. Review of Resident 1's Tab Narcotic and Hypnotic Record for hydrocodone/APAP 5-325 mg tablets showed on 8/20/25 at 0132 hours, one tablet of hydrocodone/APAP 5-325 mg was removed from the supply. Review of Resident 1's MAR for August 2025 showed on 8/20/25 at 0132 hours, the nurse electronically signed the administration of two hydrocodone/APAP 5-325 mg tablets to Resident 1 for a pain level of 7. On 9/4/25 at 1021 hours, an interview and concurrent record review was conducted with the DON. The DON stated the nurse accidentally signed the MAR and showed two tablets were administered instead of the one tablet removed from the controlled supply. b. Review of Resident 1's Tab Narcotic and Hypnotic Record for hydrocodone/APAP 5-325 mg tablets showed on 8/22/25 at 1930 hours, one tablet of hydrocodone/APAP 5-325 mg was removed from the supply. Review of Resident 1's MAR for August 2025 failed to show documentation if the hydrocodone/APAP controlled medication removed from the supply on 8/22/25 at 1930 hours was administered to Resident 1. On 9/4/25 at 1021 hours, an interview and concurrent record review was conducted with the DON. The DON verified the one tablet of hydrocodone/APAP 5-325 mg removed from the controlled supply on 8/22/25 at 1930, was not documented in Resident 1's MAR. The DON stated the administration of the controlled medication should have been documented.

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