

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/04/2025
NAME OF PROVIDER OR SUPPLIER  University Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5602 University Ave San Diego, CA 92105	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure a resident received treatment and care in accordance with professional standards of practice for one of three sampled residents (Resident 1), when Licensed Nurses (LNs) did not follow their policy and procedure related to medication administration. This failure had the potential for medication error. Findings: A review of Resident 1's admission Record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included hypothyroidism (when thyroid gland doesn't make and release enough hormone into the bloodstream). A review of Resident 1's history and physical dated 12/2/24, indicated Resident 1 had the capacity to make decisions. During an interview with Resident 1 in his room on 8/4/25, at 11:58 A.M., Resident 1 stated he did not receive his morning medications on time on 7/31/25. Resident 1 stated he asked LN 1 what happened to his medications. Resident 1 stated he observed LN 1 checked the medication administration record (MAR) in their computer system. Resident 1 stated LN 1 informed him that the night LN (3) signed the medication as given to Resident 1. Resident 1 stated LN 1 gave him his medications. Resident 1 stated, That is a no, no, they are not supposed to do that. I did not receive my medication, but [name of LN] signed as given. A review of Resident 1's physician order dated 5/29/25 and 11/30/24, indicated Resident 1 was to receive:- Levothyroxine for hypothyroidism given before breakfast- Lantoprazole for acid reflux given before meals On 8/4/25 at 1:37 P.M., a joint review of Resident 1's clinical record and an interview was conducted with LN 1. LN 1 stated Resident 1 was alert and oriented x 4 (oriented to person, time, place and situation). LN 1 stated while he was making his rounds on 7/31/25, Resident 1 approached him and asked about his morning medications. LN 1 stated he went to check Resident 1's MAR and found out the due medications were signed by night shift LN (3). LN 1 stated Resident 1 was to receive two medications early in the morning. LN 1 stated he went to check with another LN (2) if he had Resident 1's medications. LN 1 stated LN 2 prepared the medications for Resident 1 but was not able to give Resident 1 his medications. LN 1 stated he gave the medications to Resident 1. LN 1 stated, We usually help each other out. LN 1 stated for Resident 1's morning medications on 7/31/25, one LN (2) prepared the medications, one LN (1) gave Resident 1 his medications and one LN (3) signed in the MAR. LN 1 stated the LNs were not supposed to do that because that could lead to a medication error. On 8/4/25 at 4:04 P.M., a joint interview with the Director of Nursing (DON) and the Administrator (ADM) was conducted. The DON stated the expectation was whoever is preparing resident's medications should be the one giving to the resident and should be the one signing in the MAR to prevent medication error. A review of the facility's policy, titled Administering Medications revised 4/2019, indicated. Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation.1. Only persons licensed or permitted by this state to prepare, administer and document the administration of medications.</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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