

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2025
NAME OF PROVIDER OR SUPPLIER  Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  400 W. Huntinton Dr. Arcadia, CA 91007	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48152</p> <p>Based on observations, interview, and record review, the facility failed to provide pain management (the process of alleviating pain) for one of four sampled residents (Resident 1), after Resident 1 verbalized experiencing pain.</p> <p>This deficient practice resulted in a delay in pain relief for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included displaced subtrochanteric fracture of left femur (a break in the upper part of the thigh bone, just below the hip joint, that has shifted out of place), difficulty in walking and anxiety disorder (mental disorder involves persistent and excessive worry that can interfere with daily activities).</p> <p>During a review of Resident 1 ' s Minimum Data Sheet (MDS-a resident assessment tool), dated 12/9/2024, the MDS indicated Resident 1 had moderately impaired cognitive skills (ability to understand and make decisions). The MDS indicated Resident 1 requiredsetup or clean-up assistance (helper helps only prior to or following the activity completion) with eating and oral hygiene and was dependent (helper does all effort needed to complete activity) with toileting and lower body dressing. The MDS also indicated Resident 1 was receiving an opioid (a group of drugs used to reduce moderate to severe pain) medications.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 12/5/2024, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions. The H&amp;P also indicated Resident 1 ' s rehabilitation potential to continue pain management every 4 hours while awake.</p> <p>During a review of Resident 1 ' s Order Summary Report, with a start date of 12/4/, the Order Summary Report indicated an order for oxycodone hydrochloride (HCl) (a medication used to treat moderate to severe pain) oral tablet 10 milligrams (mg- a unit of mass or weight equal to one thousandth of a gram) give one (1) tablet by mouth (PO) every four (4) hours as needed for pain 4 - 10 on a pain scale (assessment of pain using a numeric score; pain score of 0-3 is mild pain, 4-6 is moderate pain, and 7-10 is severe pain).</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Order Summary Report, with a start date of 12/4/24, the Order Summary Report indicated an order for Tramadol HCl (used to treat severe pain) oral tablet 50 mg, give 1 tablet PO, daily for PRN pain.</p> <p>During a review of Resident 1 ' s Altered Comfort: Pain Related to Fracture, Wounds/Pressure Ulcers and Diabetes care plan (a document that outlines the facility ' s plan to provide personalized care to a resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs), dated 12/5/2024, the care plan indicated the goal was that Resident 1 would verbalize comfort with the current interventions daily and would demonstrate comfort as manifested by free of facial grimace (a facial expression usually of disgust, disapproval, or pain) daily.</p> <p>During a review of Resident 1 ' s Order Summary Report, with a start date of 12/27/24, the Order Summary Report indicated an order for OxyContin (pain medication used to treat moderate to severe pain) Oral Tablet Extended Release (ER), 20 mg, give 1 tablet PO two times a day (BID) for severe pain 7-10/10.</p> <p>During an observation on 1/6/25 at 11:30 AM, the Administrator (ADM) was observed informing licensed vocational nurse (LVN) 1 that Resident 1 requested for her pain medication.</p> <p>During an interview on 1/6/25 at 11:43 AM, with Resident 1, Resident 1 stated requesting her pain medication 45 minutes ago. Resident 1 stated having to wait almost 2 hours for her pain medication, and that I was crying because the pain was really bad. Resident 1 stated she had a broken pelvis and leg, and could not handle the pain, it was bad.</p> <p>During an interview on 1/6/2025 at 12:26 PM with LVN 1, LVN 1 stated she was informed that Resident 1 requested for her pain medication, however stillhad not administeredResident 1 any pain medication.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR), dated 1/1/2025 to 1/31/2025, the MAR indicated Resident 1 was administered Oxycodone HCl tablet 10 mg on 1/6/2025 at 12:44 PM by LVN 1 for complaints of aching pain, with a score indicating 7 out of 10 on the pain scale.</p> <p>During an interview on 1/6/2025 at 1:02 PM with Resident 1, Resident 1 stated when she requested for her pain medication, Resident 1 stated, her pain was a lot and when Resident 1 has to wait a long time for her pain medication, Resident 1 would cry because of the pain, since it [pain] is too much.</p> <p>During an interview on 1/6/2025 at 2 PM with LVN 1, LVN 1 stated theAdministrator informed LVN 1 that Resident 1 requested pain medication, but LVN 1 had not administered the pain medication to Resident 1 since Resident 1 was with Surveyor 1LVN 1 stated she should have administered Resident 1 ' s pain medication [when she had the first availability]. LVN 1 stated it wasimportant to administerResident 1 ' s pain medication for pain relief. LVN 1 stated it was the facility protocol to administer requested pain medications as soon as possible.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/6/2025 at 3:33 PM with the Director of Nursing (DON), the DON stated the facility protocol, when an as needed pain medication was requested, licensed nurses should administer the pain medication right when requested and offer non-pharmacological interventions (treatments that do not include medications). The DON stated if the pain medication was not available licensed nurses should communicate with the residents to ensure they have an expectation of when to receive the pain medication, so they do not become uneasy and/or anxious while waiting for the pain medication. The DON also stated it was important for the residents to receive pain medication when requested so they will be comfortable, and the residents ' pain could be relieved.</p> <p>During a review of the facility ' s Policy and Procedure (P&amp;P) titled Pain Assessment and Management, revised 10/2022, the P&amp;P indicated pain management as the process to alleviate the resident ' s pain based on his or her clinical condition and established treatment goals. The P&amp;P also indicated the facility ' s pain management program was based on a facility-wide commitment to appropriate assessment and treatment of pain. The P&amp;P indicated to assess the resident whenever there is a suspicion of new pain or worsening of existing pain.</p> <p>During a review of the facility ' s P&amp;P titled Administering Medications, revised 4/2019, the P&amp;P indicated medications are administered in a timely manner.</p>		