

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Coastal View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4904 Telegraph Rd Ventura, CA 93003	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48380</p> <p>Based on interview, record review, and facility policy and procedure, the facility failed to ensure pain medication orders were followed to ensure adequate pain management for one of two sampled residents (Resident 1).</p> <p>This failure resulted in Resident 1 experiencing unnecessary pain.</p> <p>Findings:</p> <p>During a review of Resident 1's Clinical Record, the Clinical Record indicated, Resident 1 was admitted to the facility on [DATE] from a hospital with a diagnosis of rectal abscess (a collection of pus in the tissues around the rectum) and a newly placed colostomy (surgical opening through the abdomen) general muscle weakness, difficulty walking, legally blind and major depressive disorder (a common and serious mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities).</p> <p>During an interview 2/26/25 at 1:30 p.m. with Resident 1, Resident 1 stated his pain medication takes a long time to work, and he feels his pain is not well managed in the facility which is causing him to be more hopeless.</p> <p>During a review of Resident 1's Physician Order, dated 2/24/2025, the Order indicated, Oxycodone HCl (an opioid to treat moderate to severe pain) Oral Tablet 5 MG (milligrams) give 1 tablet by mouth every 4 hours as needed for moderate to severe pain of 4-10/10 on pain scale.</p> <p>During a review Resident 1's Order Summary Report, dated 2/4/25, the Order Summary Report indicated, monitor for Pain Level: Pain Rating Scale as follows: 0- None, 1-3: Mild, 4-7: Moderate, 8-10: Severe</p> <p>During a review of Resident 1's Medication Administration Record (MAR), dated 2/1/25 - 2/28/25, the MAR indicated, Tylenol Tablet 325 MG (Acetaminophen) to give 2 tablets by mouth every 4 hours as needed for Mild Pain of 1-3/10 not to exceed (NTE) 3 grams of acetaminophen in 24 hours.</p> <p>During review of Resident 1's Care Plan, dated 2/1/25, the Care Plan indicated, to give medication as ordered to Resident 1.</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 an interview on 2/26/25 at 2:05 p.m., with Certified Nursing Assistant (CNA), CNA explained whenever Resident 1 complained of pain, charge nurses were notified immediately.</p> <p>During an interview on 2/26/25 at 2:15 p.m. with Licensed Nurse (LN), LN confirmed Resident 1 was receiving pain medication and the Oxycodone was to be given every 4 hours as needed per pain scale level.</p> <p>During a concurrent interview and record review on 2/26/25 at 4:10 p.m., with Director of Nursing (DON), Resident 1's Medication Administration Record (MAR) dated from 2/1/25 - 2/28/25 was reviewed. The MAR indicated, Tylenol 325 mg 2 tablets was given on 2/5/25 for a pain scale level of 5 and on 2/26/25 Tylenol 325 mg was also given for a pain scale level of 4. DON acknowledged the pain medication orders were not followed as ordered to manage Resident 1's pain.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Pain Management Protocol, revised 10/2020, the P&P indicated, Purpose.</p> <ol style="list-style-type: none"> 1. Assessing pain and evaluating response to pain management interventions using a standard pain management scale and/or a description of non-verbal signs and symptoms of pain, to relieve pain, which can increase mobility, ADL (activities of daily living) participation, cooperation, relieve anxiety or agitation. 2. Educating staff, residents and families regarding pain management. 3. Recognizing that PRN (as needed) medication may be given around the clock. 4. Intervening to treat pain before the pain becomes severe. 		