

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Jurupa Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 33rd Street. Riverside, CA 92509	

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 - Some</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** Based on interview and record review, the facility failed to ensure pain management was provided according to the physician's order and plan of care, for one of ten (Resident A).</p> <p>This failure had the potential to result in Residents A's pain to not be managed.</p> <p>Findings:</p> <p>On May 9, 2025, at 10:45 a.m., an unannounced visit was made to the facility for the investigation of a complaint regarding quality of care.</p> <p>On May 9, 2025, a review of Resident A ' s medical record was conducted. Resident A was admitted to the facility on [DATE], with diagnoses which included morbid obesity (a body mass index [BMI] of 40 or higher, or a BMI of 35 or higher with obesity-related health problems).</p> <p>Resident A's Order Summary Report, included the following orders for pain medication and management:</p> <ul style="list-style-type: none"> - .MONITOR PAIN EVERY SHIFT: DOCUMENT PAIN LEVEL: 0= no pain, 1-3=mild pain, 4-5= moderate pain, 6-9= severe pain 10=excruciating pain ., date ordered January 3, 2022; - .Percocet (a pain medication) 10-325mg (milligram-a type of measurement) .give one tablet every eight hours as needed for severe pain level of 7-10 ., date ordered January 3, 2024; - .Hydrocodone (a pain medication used to treat moderate to severe pain) 10-325 mg .give one tablet every six hours as needed for pain for 30 days ., date ordered on April 29, 2025, and re-ordered on May 29, 2025; <p>Resident A ' s care plan, dated January 3, 2022, indicated, .Alteration in comfort related to pain .Administer pain medication as ordered .</p> <p>Resident A ' s IDT (Interdisciplinary team) Conference Summary, dated April 16, 2025, at 2:53 p.m., indicated, .pain medication management reviewed .</p> <p>Resident A's Medication Administration Record (MAR), for the month of March 2025, indicated Hydrocodone-Acetaminophen 10-325 mg one table every six hours as needed for moderate pain (4-6) was given for pain scale of 7 and above multiple times on the following months:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Jurupa Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6401 33rd Street. Riverside, CA 92509	
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 - Some</p>	<p>- March 2025; four (4) times;</p> <p>- April 2025; 29 times; and</p> <p>- May 2025; 25 times.</p> <p>On May14, 2025, at 12:10 p.m., an interview was conducted with Resident A. Resident A stated he gets pain medications for his knees and back, he gets Norco (Hydrocodone) in the morning and the afternoon, and the Percocet about 6 a.m. and 10 p.m. Resident A stated he was getting pain medication about four times a day and the medication would help.</p> <p>On May 14, 2025, at 4:45 p.m., an interview and concurrent record review was conducted with the Director of Nursing (DON). The DON stated the physician ' s orders were not being followed as written, the pain scale number should match with the medication to be given. The DON stated Resident A was taking PRN pain medications multiple times each day, and the nurses should have called the physician and asked for one of his pain medications to be changed from as needed to scheduled and the other pain medication to be used as needed for breakthrough pain.</p> <p>A review of the facility ' s procedure titled Pain Assessment and Management, dated October 2022 , indicated, .help the staff identify pain in the resident, and to develop interventions that are consistent with the resident ' s goals and needs and that address the underlying causes of pain .pain management program . appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident ' s choices .chronic pain the resident ' s pain and consequences of pain are assessed at least weekly .review the medication administration record to determine how often the individual requests and receives PRN (as needed) pain medication, and to what extent the administered medications relieve the resident ' s pain .when opioids are used for pain management, the resident is monitored for medication effectiveness, adverse effects, and potential overdose .</p>		