

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Grossmont Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 8787 Center Drive LA Mesa, CA 91942	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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: 055632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Grossmont Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 8787 Center Drive LA Mesa, CA 91942	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure necessary care monitoring, and interdisciplinary (IDT) coordination to prevent respiratory depression (hypoxia and loss of consciousness) and excessive sedation, when administering multiple central nervous system (CNS) depressant medications (mirtazapine a medication for depression/mood, oxycodone a strong pain-relieving medicine, and alprazolam a medication for anxiety) for one of three sampled residents (Resident 1). This had the potential for Resident 1 to experience a significant decline in respiratory status from hypoxia. Findings: A review of Resident 1's admission Record indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses which included history of Chronic Obstructive Pulmonary Disease (COPD- a chronic lung disease causing difficulty in breathing) and was transferred to a higher level of care on 3/18/23 related to lethargy (drowsiness) and respiratory distress (shortness of breath [SOB], low oxygen levels (below 90%), use of accessory muscles (using muscles in your neck, chest, and stomach to help you breathe). On 10/15/25 a review of Resident 1's clinical chart was conducted: Resident 1's care plan for anxiety (excessive worry, fear and nervousness) medication .Xanax [brand name of Alprazolam] . with a black box warning (the strongest warning the U.S. FDA can issue for a prescription drug, alerting healthcare providers and patients to the risk of serious or life-threatening adverse reactions) initiated 3/9/23, indicated, .Concomitant [simultaneous or successive use of two or more drugs] use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation. Per the Acute Hospital Records dated 3/7/23, indicated .chronic hypoxic (low oxygen) respiratory failure with COPD, on 3 to 4 L of home oxygen.A review of the admission assessment dated , 3/8/23 titled, admission Drug Regimen Review indicated, Possible drug interaction(s) or duplicate therapy was identified after pharmacy orders are entered in the system. was answered No. The New admission Medication Regimen Review medication regimen review (MRR-pharmacy review recommendations) dated, 3/8/25 indicated, .Recommendations.Drug interactions.MD Notified No. A review of the Progress note Medication Regimen Review dated, 3/9/2023 at 17:05 (5:05 P.M.) indicated, .Received new admission MRR from [facility Pharmacy Vender Name] with recommendations from pharmacist to monitor for CNS depression due to alprazolam, mirtazapine, and oxycodone pain medication that can cause CNS depression]. Review of the Change in Condition [COC] notes was conducted. The COC note dated, 3/13/2023 21:22 (9:22 P.M.) indicated, Other change in condition positive covid [COVID- a highly contagious virus that infects the respiratory system to cause SOB, respiratory distress and death] .The COC note dated 3/14/23 17:00 (5 P.M), indicated, .At approximately 1700 the patient had hypoxia and an O2 saturation of 54%.There was no documented evidence of physician's notification regarding MRR Pharmacy recommendations with Resident 1's medications (Alprazolam, Mirtazapine, and Oxycodone) for clarification, parameters, and/or monitoring of CNS depression. In addition, there was no interdisciplinary team (IDT) documented to address Resident 1's change of condition. A review of the Medication Administration Record (MAR) dated, 3/17/23 indicated, . ALPRAZolam Oral Tablet 0.25 MG (Alprazolam) Give 1 tablet by mouth as needed for ANXIETY BID [twice daily] . was given to Resident 1 at 2011(8:11 P.M.).oxyCODONE HCl Oral Tablet 10 MG (Oxycodone HCl) Give 2 tablet mouth every 4 hours as needed for SEVERE PAIN. was given to Resident 1 at 2128 (9:28 PM). A review of the COC note dated 3/17/2023 10:30 (P.M.), indicated, .Shortness of breath Other change in condition HYPOXIA/LETHARGY.02 [oxygen] 73 % .Date and time of clinician notification:03/17/2023 10:50 PM.The COC note dated 3/18/2023 00:30 (12:30 A.M.), indicated, .Pt noted to be lethargic and still having increased SOB, O2 sat is 70% on 3L/min via NC, condition rapidly declined, use of accessory muscle with breathing. Pt [patient] repositioned on. High Fowler's (a position in which the individual lies on their back with the head of bed elevated at 30-45 degrees), O2 sat ranging from 96-97% on non-rebreather mask @ 8L/min at around 2330. MD notified, advised to call 911. On 10/25/25, a record review was conducted on Resident 1's clinical chart. Resident 1's post respiratory vital signs (oxygen levels and respirations) after medications (alprazolam, oxycodone and mirtazapine) were administered indicated:- 3/13/23 all three medications given, alprazolam 0.25 milligrams (mg) given at 2300 (11 P.M.) mirtazapine 15 mg given at 2100 (9 P.M.) and oxycodone 20 mg at 2111 (9:11 P.M.) No respirations or oxygen levels was taken after alprazolam within</p>		