

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Encinitas Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Santa Fe Drive Encinitas, CA 92024	
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure medications were not left unattended. In addition, the medication cart was left unlocked in one of one (Resident 1) observed for medication storage during an Anonymous complaint investigation. This failure had the potential to affect residents' safety and may lead to drug diversion. Findings. A record review of the facility's undated admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included essential hypertension (high blood pressure) and peripheral vascular disease (a slow progressive circulation disorder involving blood vessels outside the heart and brain, commonly affects the legs). On 6/22/26 at 11:45 A.M., an observation and interview with Licensed Nurse (LN) 1 was conducted. LN 1's medication cart was left unattended with two clear cups of medications in them, one clear cup had two pills , one orange and the other pill brown in color while the second clear plastic cup had multiple crushed medications. LN 1 stated I had to go to an emergency , that is why they were left on top of the medication cart and forgot to lock the medication cart. A review of Resident 1's minimum data set(MDS- federally mandated assessment tool) dated 5/20/26 indicated Resident 1's brief interview for mental status (BIMS) score was 15 which meant Resident 1's cognition (thought process) was intact. A joint interview and record review with Licensed Nurse (LN) 1 was conducted. LN 1 discussed the following medications listed on Resident 1's Medication Administration Record (MAR) which LN 1 left in two clear plastic cups left unattended on the medication cart that was observed unlocked. Medications were the following: Acetaminophen Extra Strength 500 mg (Acetaminophen), Give 2 tablets three times a day for pain for 10 days Ascorbic Acid 500 mg, Give 1 tablet by mouth two times a day for wound healing Aspirin tablet 81 mg, Give 1 tablet by mouth two times a day for CVA prophylaxis Ferrous Sulfate tablet 325 mg (65 Fe) mg , Give 1 tablet by mouth one time a day for supplement. GIVE WITH FOOD. Finasteride tablet 5 mg , Give 1 tablet by mouth one time a day for BPH Fludrocortisone Acetate oral tablet 0.1 mg (Fludrocortisone Acetate), Give 1 tablet for orthostatic hypotension. Gabapentin oral capsule, Give 100 mg by mouth two times a day for neuropathy Nephro-vite oral tablet 0.8 mg (B Complex w/ C & Folic Acid), Give 1 tablet by mouth one time a day for supplement Sennosides tablet 17.2 mg , Give 1 tablet by mouth as needed for constipation BID. Limit 8 tablets per day. Hold for loose stools. On 6/22/26 at 11:55 A.M., an interview with Licensed Nurse (LN) 1 was conducted. LN 1 stated she had an emergency and somehow left the medications on the medication cart unattended with the medication cart unlocked . LN 1 stated it was important not to leave medications unattended, and the medication cart unlocked for the resident's safety. LN 1 stated a confused resident, or a visitor might just pick up the medications and take them or even open the medication cart and get medications which included narcotics (pain relieving medications). On 6/22/26 at 1:22 P.M., an interview with LN 2 was conducted. LN 2 stated it was important not to leave any medications unattended, and the medication cart locked to avoid residents picking them up and for their own safety. On 6/22/26 at 1:49 P.M., with the Director of Nursing (DON) was conducted. The DON stated medications are not to be left (continued on next page)		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Encinitas Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Santa Fe Drive Encinitas, CA 92024	
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	unattended and the medication cart should be kept locked for residents' safety and avoid any resident confused and alert, including visitors picking up the medications and possible drug diversion. A review of the facility's undated policy titled, Administering Medications.#19. During administration of medications, the med cart is kept closed when not in sight . No medications are kept on top of the cart , must be visible to the personnel administering medications .in accessible to residents or other passing by .		