

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055929	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Crystal Cove Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1445 Superior Avenue Newport Beach, CA 92663	

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 0758</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844</b></p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to ensure one of two sampled residents (Resident 1) was provided the non-pharmacological interventions for the use of psychotropic medication (medication that affects the mind, emotions, and behavior). This failure had the potential to result in the unnecessary use of psychotropic medications for Resident 1.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Antipsychotic Medication Use (undated) showed for enduring psychiatric conditions, antipsychotic medications will not be used unless behavioral symptoms are not sufficiently relieved by non-pharmacological interventions. The staff will observe, document, and report to the attending physician information regarding the effectiveness of any interventions, including antipsychotic medications.</p> <p>Closed medical record review for Resident 1 was initiated on 3/11/25. Resident 1 was admitted to the facility on [DATE] and discharged on [DATE], to the acute care hospital.</p> <p>Review of Resident 1's progress notes showed the following:</p> <ul style="list-style-type: none"> <li>- dated 2/12/25, Resident 1 returned from the acute care hospital with a new physician's order to administer Zyprexa (antipsychotic medication) 2.5 mg tablet every six hours as needed.</li> <li>- dated 2/14/25, the physician provided anew order for Zyprexa 2.5 mg four times a day.</li> </ul> <p>Review of Resident 1's Order Summary Report for February 2025 showed a physician's order dated 2/14/25, to administer Zyprexa 2.5 mg tablet by mouth four times a day for psychosis manifested by episodes of striking out.</p> <p>Review of Resident 1's plan of care showed a care plan problem dated 2/12/25, addressing Resident 1's use of the Zyprexa medication. However, the care plan interventions did not include the non-pharmacological interventions for the use of the above medication.</p> <p>Review of Resident 1's MAR for February 2025 showed the following monitoring for the resident's episodes of psychosis as evidenced by striking out:</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- On 2/13/25, Resident 1 had one episode during the day shift, six episodes during the evening shift and one episode during the night shift; and</p> <p>- On 2/14/25, Resident 1 had two episodes during the day shift and four episodes during the evening shift.</p> <p>However, there was no documented evidence for the non-pharmacological interventions were provided related to the use of the antipsychotic medication for Resident 1.</p> <p>On 3/13/25 at 1145 hours, an interview and concurrent closed medical record review was conducted with the DON. The DON stated Resident 1 returned from the acute care hospital with a physician's order dated 2/12/25, to administer Zyprexa every six hours as needed. The DON verified the physician had ordered on 2/14/25, for Zyprexa 2.5mg four times a day for psychosis manifested by episodes of striking out. When asked, the DON was unable to find documentation to show thenon-pharmacological interventions were provided when Resident 1 had the behavioral episodes of striking out. The DON verified Resident 1's care plan for the Zyprexa medication did not include the non-pharmacological interventions.</p>		