

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER Escondido Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 421 E Mission Ave Escondido, CA 92025	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47466</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were not left unattended for one resident (Res 1).</p> <p>This failure had the potential to affect Resident 1 ' s safety and staff drug diversion.</p> <p>Findings.</p> <p>A record review of the facility ' s undated admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included Atrial Fibrillation (irregular rapid heart rate) and Urinary Tract Infection (bladder infection).</p> <p>An observation during a facility reported investigation on 5/12/24 at 10:00 A.M., in Resident 1 ' s room was conducted. Resident 1 had multiple number of medications, inside a small clear cup sitting on Resident 1's bedside table. Resident 1 stated, I think the nurse left the medications there for me to take, but I was still asleep. Resident 1 stated she did not know what the medications were and what they were for.</p> <p>A review of Resident 1 ' s minimum data set(MDS- federally mandated assessment tool) dated 2/3/25 indicated Resident 1 ' s brief interview for mental status (BIMS) score was 12 which meant Resident 1 ' s cognition (thought process) was intact.</p> <p>A joint interview and record review on 5/12/25 at 11 A.M., with Licensed Nurse (LN) 1 was conducted. LN 1 discussed the following medications listed on Resident 1 ' s Medication Administration Record(MAR). LN1 stated she had left the medications in a cup and placed on Resident 1 ' s bedside table.</p> <p>An observation of Medications at Resident 1's bedside were reconciled with Resident 1's MAR during an interview with LN 1.</p> <p>Amiodarone 200 mg ,give 1 tablet twice a day -Arrhythmias. Check apical pulse .Hold if below 60.</p> <p>Cholecalciferol 50 mg by mouth one time a day for Supplement</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Co-enzyme Q10, 100 mg by mouth two times a day for Supplement</p> <p>Doxycycline 100 mg , give 1 tablet twice a day for Pneumonia x 10 days</p> <p>Duloxetine 30 mg , give 1 capsule by mouth one time a day for Depression</p> <p>Eliquis 5 mg , give 1 tablet by mouth two times a day for Atrial Fibrillation</p> <p>Ferrous sulfate 325 mg , 1 tablet by mouth one time a day for Supplement</p> <p>Florastor 250 mg , 1 capsule by mouth two times a day for Supplement</p> <p>Lasix 40 mg , give 1 tablet one time a day for Fluid retention</p> <p>Metoprolol 25 mg , 1 tablet by mouth two times a day for Hypertension</p> <p>Midodrine 25 mg, 1 tablet by mouth two times a day for Hypotension</p> <p>Mirabegron 24-hour 50 mg , give 1 tablet by mouth one time a day for Overactive bladder. Do not crush or chew.</p> <p>Mucinex 12 hours , give 600 mg by mouth two times a day for chest congestion x 7 days</p> <p>Multivitamin , give 1 tablet by mouth one time a day for Supplement</p> <p>Oxybutynin 15 mg , give 1 tablet one time a day for Bladder management</p> <p>Potassium Chloride 10 meq , give 1 tablet by mouth twice a day for Supplement. Give medication with food or snacks and/or with 4-8 oz of water or juice to prevent Gastrointestinal upset.</p> <p>Pregabalin 75 mg , give 1 capsule by mouth twice a day for pain</p> <p>Sertraline 50 mg , give 1.5 tablet by mouth one time a day for Depression.</p> <p>Ticagrelor 90 mg , give 1 tablet by mouth twice a day for Clot prevention</p> <p>LN 1 stated she was distracted when another resident was yelling, and she went to check on the other resident and left the medications for Resident 1 at bedside. LN 1 stated there were 19 medications that she had left unattended. LN 1 stated it was important not to leave medications unattended in a resident room for resident safety. LN 1 stated some of the medications required certain instructions before administration like apical pulse (pulse that is measured by listening to the heart directly with a stethoscope) check, and instruction that include, do not crush or chew and to take medication with snack or water.</p> <p>An interview on 5/12/24 at 11:30 A.M., with the Director of Nursing (DON) was conducted. The DON stated medications are not to be left unattended anywhere in the facility including resident ' s rooms for their safety and to prevent drug diversion.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy titled, Medication Labeling and Storage dated 2/2023 indicated, Medication Storage . 2. The nursing staff is responsible for maintaining medication storage and preparation in a clean, safe and sanitary manner.</p>