STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	1350 East Devonshire Avenue Hemet, CA 92544

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure pain medications were administered according to the physician's orders, for one of three residents reviewed (Resident A). In addition, the facility failed to ensure an accurate pain assessment was conducted on Resident A when a PRN (as needed) pain medication was administered to the resident.These failures could have resulted in unmanaged pain for Resident A and impacted their activities of daily living (ADL).Findings:On February 23, 2026, at 12 p.m., an unannounced visit was conducted at the facility to investigate a complaint regarding quality of care.On February 23, 2026, at 2:45 p.m., Resident A was interviewed. Resident A stated he was in constant pain and was supposed to receive pain medication around the clock and his pain was not being controlled.On February 23, 2026, Resident A's record was reviewed. Resident A's admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses which included fracture of the right humerus (broken upper arm bone).A review of Resident A's History and Physical, dated February 3, 2026, indicated the resident had capacity to understand and make decisions.A review of Resident A's Order Summary Report, including the following physician's order for pain:- Acetaminophen Tablet 325 MG (milligram - unit of measurement) Give 2 (two) tablet by mouth every 4 (four) hours as needed for mild pain (1-4 [pain scale])., date ordered February 1, 2026; and- oxycodone HCl (narcotic pain medication) Oral Tablet 10 MG.Give 1 (one) tablet by mouth every 4 (four) hours as needed for moderate to severe pain (5 -10), date ordered February 1, 2026.A review of Resident A's care plan, dated February 3, 2026, indicated, .Resident exhibits or is at risk for alterations in comfort related to Neuropathic pain (nerve pain), severe back pain, sciatica pain (a sharp, burning, or shooting sensation that radiates along the path of the sciatic nerve-from the lower back, through the buttocks, and down one leg).right upper arm fracture.Interventions.Evaluate pain characteristics: quality, severity, location.Medicate resident, as ordered, for pain and monitor for effectiveness and side effects.A review of Resident A's Medication Administration Record (MAR), for the month of February 2026, indicated Oxycodone was administered to the resident not according to the physician's order for pain rating of 5 - 10 on the following dates and times:-February 4, 2026, at 6:26 p.m.; pain rating of NA (not applicable);-February 20,2026, at 9:31 p.m.; pain rating of 4; and-February 22, 2026, at 55:36 p.m.; pain rating of 4.On February 23, 2026, at 5:10 p.m., during an interview with the Director of Nursing (DON), the DON explained that residents' pain should be appropriately managed and controlled through both medication and non-pharmacological interventions. According to the DON, the licensed nurses are expected to administer pain medication based on the resident's reported pain level and in accordance with physician orders. Resident A's medical record was reviewed together with the DON, who indicated that acetaminophen should have been administered to Resident A when his pain rating level was 4 out of 10. The DON also noted that recording NA as the pain level in the Medication Administration Record (MAR) when oxycodone was given to Resident A on February 4, 2026, did not accurately reflect the resident's pain assessment. A review of the facility's policy and procedure titled, Pain Management, dated August 25, 2021, indicated, .Pain management that is consistent with professional standards of practice, the comprehensive person-centered care plan, and the Resident's goals and preferences is (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

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	provided to Residents who require such services.Document pain presence on the Medication Administration Record (MAR).