STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056496	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlsbad by the Sea	2855 Carlsbad Blvd Carlsbad, CA 92008

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the controlled drug record (CDR- an accounting of controlled medications, drugs with a high abuse potential) reconciled with the medication administration record (MAR- documentation that a resident received a medication) for one of three residents (19). This failure had the potential for the facility to be unable to readily identify loss and drug diversion (illegal distribution or abuse of prescription drugs) of controlled medications.This failure had the potential for Resident 19's controlled drugs to be diverted (when a medication is taken for use by someone other than whom it is prescribed).Findings:A review of Resident 19's Face Sheet indicated resident was admitted on [DATE] with a diagnosis that includes Trochanteric fracture of the left femur (broken hip).A review of Resident 19's physician order summary dated 2/20/26 indicated, Lorazepam 0.5 milligrams tablet (medication to treat anxiety), give 0.25 milligrams by mouth daily x14 days for anxiety. On 3/23/26 at 11:10 A.M., an interview and record review was conducted with Licensed Nurse (LN) 3. LN 3 reviewed Resident 19's CDR and MAR. LN 3 stated Resident 19's Lorazepam 0.5 milligrams was removed from locked box and administered on 3/17/26 and signed out on MAR at 2140 (9:40 P.M.), signed out on CDR at 2240 (10:40 P.M.). LN 3 stated MAR and CDR did not match and it should have. LN 3 stated Lorazepam 0.5 milligrams was removed from locked box and signed out on CDR on 3/20/26 at 2300 (11 P.M.) but was not documented on the MAR. LN 3 stated when a narcotic medication was removed and administered it should have been documented on the MAR and CDR and dates and times should match. LN 3 stated documentation was needed to make sure the resident was given medication appropriately and as prescribed.On 3/25/26 at 11:10 A.M., an interview and record review was conducted with the Director of Nursing (DON). The DON stated the nurse should have looked at physician order, identified the patient, removed medication from lock box, administered and documented on the CDR and MAR. The DON stated times and dates on the CDR and MAR should match. The DON stated the importance of accurate documentation was for accountability of the narcotics.A review of facilities policy titled Medication Administration Controlled Substances dated 2007, indicated .4. When a controlled medication is administered immediately enters the following information on the accountability record when removing dose from controlled storage. a. date and time administration . 5. Administer the controlled medication and document dose administered on the MAR

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056496	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlsbad by the Sea	2855 Carlsbad Blvd Carlsbad, CA 92008

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to follow appropriate infection prevention and control practices when an expired plastic container of canned black beans was stored in the refrigerator.This failure had the potential to result in foodborne illness to a vulnerable population.Findings:On 3/22/2026 at 7:53 A.M., an initial facility kitchen tour observation and interview was conducted with Sous Chef (SC). In refrigerator number one, there was a small plastic container of black beans on the shelf, with a discard date of 3/18/26 written on the label. The SC stated the container of black beans should have been thrown away. The SC stated expired food could cause residents to become ill. The SC stated his expectation was for the staff to have discarded the plastic container of black beans.On 3/24/26 at 8:03 A.M., a joint interview and observation was conducted with the Head Chef (HC) and Food Service Director (FSD). The HC stated expired foods should be removed immediately and thrown away because they could cause food borne illness. The FSD stated expired foods should be removed immediately and thrown away because they could cause residents to become ill.On 3/25/2026 at 11:02 A.M., an interview was conducted with the DON. The DON stated that her expectation was that the expired food should have been thrown away because it could cause residents to be sick. A review of the facility's policy titled Storage & Inventory - General Procedures, dated January 1, 2020, indicated, .15. Leftovers shall be used within 72 hrs and if not used within this period of time, they shall be discarded.