

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Fireside Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 947 3rd Street Santa Monica, CA 90403	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Return medications after discharged from the facility for four of eight sampled residents Residents 3, 5, 6, 7 and 8), and 2. Destroy medications per policy for four of eight sampled residents Residents 3, 5, 6, 7 and 8). <p>This deficient practice led to multiple medications left behind in the medication storage room accessible to all staff with access to the room.</p> <p>Findings:</p> <p>1.A review Resident 3 ' s Admission Record indicated the facility admitted this [AGE] year old male on 7/23/2024 with diagnoses including, Hemiplegia and Hemiparesis on left side following cerebral infarction (weakness on left arm and leg after having a stroke), dislocation of left shoulder, history of falling, polyneuropathy (damage to nerves causing pain), Hypertension (HTN-high blood pressure), and Major depressive disorder (a mental health disorders characterized by persistent low mood and loss of interest in activities).</p> <p>A review of Resident 3 ' s physician orders dated 7/23/2024 indicated Amlodipine Besylate (medication used to treat high blood pressure) 10mg (milligrams) give 1 tablet by mouth one time a day for HTN.</p> <p>A review of Resident 3 ' s physician orders dated 7/23/2024 indicated Hydrochlorothiazide (HCTZ- medication used to treat high blood pressure) 12.5mg tablet give 1 tablet by mouth one time a day for HTN.</p> <p>A review of Resident 3 ' s physician orders dated 7/23/2024 indicated Valsartan (medication used to treat high blood pressure) 160mg give 1 tablet by mouth one time a day for HTN.</p> <p>A review of Resident 3 ' s Nursing progress note dated 8/19/2024 indicated Resident 3 was discharged to another facility with all remaining medications.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 5 ' s Admission Record indicated the facility admitted this [AGE] year old female on 6/26/2024 with diagnoses including metabolic encephalopathy (chemical imbalance in the brain causing confusion), Anxiety (intense persistent worrying and fear about everyday situations), HTN (high blood pressure), overactive bladder (OAB-muscles in the bladder tighten on their own causing urination) and Dementia (a group of conditions characterized by progressive decline in higher mental functioning and decision making) and depression.</p> <p>A review of Resident 5 ' s physician orders dated 6/26/2024 indicated Amlodipine 10mg give 1 tablet one time a day for HTN.</p> <p>A review of Resident 5 ' s physician orders dated 6/26/2024 indicated Escitalopram Oxalate 10mg give 1 tablet by mouth at bedtime for depression.</p> <p>A review of Resident 5 ' s physician orders dated 6/26/2024 indicated Trosipium 20mg give 1 tablet by mouth two times a day for OAB.</p> <p>A review of Resident 5 ' s Nursing progress note dated 7/9/2024 indicated Resident 5 was transferred to the general acute care hospital (GACH) for evaluation of urinary tract infection.</p> <p>A review of Resident 6 ' s Admission Record indicated the facility admitted this [AGE] year-old female on 6/19/2024 with diagnoses including fracture of right femur (broken right thigh bone), Hypothyroidism (the thyroid gland does not make enough thyroid hormones to meet the body ' s needs) and atrial fibrillation (a-fib an irregular, rapid heartbeat).</p> <p>A review of Resident 6 ' s physician order dated 6/20/2024 indicated Levothyroxine Sodium 100mcg(microgram) give 1 tablet by mouth in the morning for hypothyroidism before breakfast.</p> <p>A review of Resident 6 ' s physician order dated 6/20/2024 indicated Apixaban (medication used to thin the blood and prevent clots) 2.5mg give 1 tablet by mouth two times a day for a-fib.</p> <p>A review of Resident 6 ' s Nursing Progress note dated 6/26/2024 indicated Resident 6 was transferred to the GACH for further evaluation of a leg wound.</p> <p>A review of Resident 7 ' s Admission Record indicated the facility admitted this [AGE] year-old male on 6/7/2024 with diagnoses including arthritis (pain in the joint) of the left elbow.</p> <p>A review of Resident 7 ' s physician order dated 6/7/2024 indicated Linezolid 600mg, give 1 tablet by mouth two times a day for left elbow Septic Arthritis for 24 days.</p> <p>A review of Resident 7 ' s Nursing Progress note dated 8/2/2024 indicated Resident 7 was discharged home with all remaining medications.</p> <p>A review of Resident 8 ' s Admission Record indicated the facility originally admitted this [AGE] year-old male on 1/20/2024 and most recently on 3/26/2024 with diagnosis including Chronic Obstructive Pulmonary Disorder (COPD-chronic lung disease with shortness of breath due to inflamed airways causing a blockage of air).</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 8 ' s physician order dated 8/12/2024, start date 8/13/2024 end date 8/18/2024 indicated prednisone 20mg give two tablets by mouth one time a day for COPD exacerbation for five days.</p> <p>A review of Resident 8 ' s Nursing progress note dated 8/13/2024 indicated Resident 8 was transferred to another facility.</p> <p>During an interview on 10/8/2024 at 1:40 p.m. with the Licensed Vocational Nurse (LVN) 1 stated when medications are destroyed two licensed nurses will count each pill in the bubble pack, pop the pills out of the bubble pack into the biohazard waste bin inside of the medication room and then we both sign the multipurpose drug disposition record, and lastly remove any identifying information from the bubble pack and throw it in the trash. Lastly, LVN 1 stated, We usually destroy medications during night shift but to be honest I don ' t always do them nightly because it gets too busy at night sometimes.</p> <p>During a concurrent observation and interview on 10/9/2024 at 10:00 a.m. with the Registered Nurse Supervisor (RNS) inside of the medication storage room, 1 large box labeled patient ' s own medications store here was noted on the countertop. Inside of the box multiple pill bubble packs were found with pills sealed inside, each pack was labeled with resident ' s 3,5,6,7 and 8 ' s names. Each pack included the medications listed within this write up. The RNS was not sure if these residents were still at the facility and stated, I will find out if they are still here. Lastly, The RNS stated when residents are discharged or transferred their meds should be returned or sent home with family.</p> <p>2.During a concurrent observation and interview on 10/9/2024 at 10:35 a.m. with the Director of Nursing (DON), inside of the medication room the pharmacy waste bin top was easily removed and multiple, intact, pills of all sizes shapes and colors were noted inside. The DON stated, at my previous facility we would pour soda inside to destroy the pills to keep them from being re-used, I am not sure what the policy is here but they should be destroyed.</p> <p>A review of the facility's policy and procedure (P&P) titled, Disposal of Medications and Medication-Related Supplies, dated 5/2022, the P&P indicated, Discontinued medications and medications left in the facility after a resident's discharge, which do not qualify for return to the pharmacy for credit, or are donated are destroyed Destruction methods comply with federal and state laws and regulations for medication destruction</p> <p>A. Unused, unwanted and non-returnable medications should be removed from their storage area and secured until destroyed.</p> <p>B. Medications should not be flushed down the toilet or drain unless the package insert specifically instructs you to do so [refer to state laws and regulations).</p> <p>C. Options to dispose of non-flushable prescription drugs include*:</p> <p>1) The facility may be able to take advantage of a community take-back program or other program that collects drugs at a central location for proper disposal.</p> <p>2) If a drug take-back or collection program is not available:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Remove medications from their original containers.</p> <p>b. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.</p> <p>c. Put the mixture into a disposable container with a lid, such as a 5-gallon bucket, or into a sealable bag. Place in an opaque bag and dispose in the trash.</p> <p>d. Dispose of drug packaging in the trash, making sure that no resident identifiers are on the labels.</p> <p>3) If neither of the above options is feasible, the facility may engage a reverse distributor to pick up the unwanted, unused NON-CONTROLLED medications.</p> <p>4) Employ a mail-back program for pharmaceutical waste.</p> <p>D. The provider pharmacy is contacted if the facility is unsure of proper disposal methods for a medication.</p> <p>E. Medication destruction occurs only in the presence of at least two licensed healthcare professionals or according to regulation and applicable law.</p> <p>F. The licensed healthcare professionals witnessing the destruction ensure that the following information is entered on the [medication disposition form]:</p> <ol style="list-style-type: none"> 1) Date of destruction. 2) Resident's name. 3) Name and strength of medication. 4) Prescription number, if applicable. 5) Amount of medication destroyed. 6) Signatures of witnesses.

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 42342</p> <p>Based on observation, interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> 1. Secure a discharged residents ' -controlled substances (medications that are high risk for addiction and dependence and can cause respiratory distress and death when taken in high doses) as per facility protocol for one of eight sampled residents (Resident 4). 2. Store discontinued controlled substances per facility policy. <p>These deficient practices resulted in these controlled substances easily accessible to all staff with access to the medication storage room and potential for drug diversion.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 4 ' s Admission Record indicated the facility originally admitted this [AGE] year old male on 1/25/2024 and most recently on 9/18/2024 with diagnoses including Diffuse Large B cell Lymphoma (cancer of the white blood cells), secondary malignant neoplasm of bone (cancer in the bones), malignant neoplasm of prostate (cancer in the prostate), sciatica left side (pain that travels down the sciatica nerve in the leg) and neoplasm (cancer) related pain. <p>A review of Resident 4 ' s physician order dated 9/15/2024 indicated Hydromorphone (a medication used for severe pain classified as an opioid and included on the list of controlled substances) 2mg(milligrams) tablet, give 3 tablets by mouth every 8 hours as needed for severe pain.</p> <p>A review of Resident 4 ' s physician order dated 9/15/2024 indicated Hydromorphone (a medication used for severe pain classified as an opioid and included on the list of controlled substances) 4mg(milligrams) tablet, give 1 tablet by mouth every 4 hours as needed for moderate pain.</p> <p>A review of Resident 4 ' s physician order dated 9/15/2024 indicated Morphine Sulfate ER. (extended release-dose releases slowly over time inside of body) (a medication used for severe pain classified as an opioid and included on the list of controlled substances) 30 mg(milligrams) tablet, give 1 tablet by mouth every 8 hours as needed for pain management.</p> <p>A review of Resident 4 ' s Nursing Progress Note dated 9/17/2024 indicated Resident 4 left the facility against medical advice (AMA) accompanied by spouse. Resident left with a plastic bag that included all belongings.</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 - Some</p>	<p>During a concurrent observation and interview on 10/9/2024 at 10:00 a.m. with the Registered Nurse Supervisor (RNS) inside of the medication storage room, 1 large box labeled patient ' s own medications store here was noted on the countertop. Inside of the box 1 bottle Hydromorphone 4mg tablets with multiple pills inside, 1 bottle of Hydromorphone 2mg tablets with multiple pills inside and 1 bottle of Morphine Sulphate ER 30mg tablets with multiple pills inside was noted with Resident 4 ' s name on all the bottles. The RNS was not sure if Resident 4 was still at the facility and stated, I will find out if this resident is still here.</p> <p>During a concurrent observation and interview on 10/9/2024 at 10:35 a.m. with the Director of Nursing (DON) inside of the DON ' s office a two-drawer cabinet with one lock was opened and the bottom drawer was full of multiple medication pill packs with inventory sheet s attached. The DON stated controlled substances should be stored in this cabinet when they are discontinued and double locked. The DON further stated, I actually called pharmacy yesterday to come and destroy these medications because I am not sure the last time they came.</p> <p>2. During a concurrent observation and interview on 10/9/2024 at 11:52 a.m. with the Pharmacist (Pharm) 1, inside of the DON ' s office going through the drawer full of narcotics with the DON wasting all the medications. Pharm 1 stated, I usually come every month but the last time I came and did a waste was on 8/16/2024 with the previous DON. I was not aware the facility had a new DON so when I came last month in September, I was told there was an Interim DON but that person was unavailable, so we did not get to waste the narcotics last month.</p> <p>A review of the facility's policy and procedure (P&P) titled, Medication Storage in the Facility dated 5/2022, the P&P indicated, Schedule [II-V] medications and other medications subject to abuse or diversion are stored in a permanently affixed, [double-locked) compartment separate from all other medications or per state regulation. Alternatively, in a unit dose system, medications may be kept with other medications in the cart if the supply of medication(s) is minimal and a shortage is readily detectable. The access system to controlled medications is not the same as the system giving access to other medications (the key that opens the compartment is different from the key that opens the medication cart). If a key system is used, the medication nurse on duty maintains possession of the key to controlled substance storage areas. Back-up keys to all medication storage areas, including those for controlled substances, are kept by the director of nursing or designee.</p> <p>Medication storage conditions are monitored on a [monthly) basis by [the consultant pharmacist or pharmacy designee) and corrective action taken if problems are identified.</p> <p>A review of the facility's P&P titled, Disposal of Medications and medication-related Supplies, dated 5/2022, the P&P indicated,</p> <p>A. The director of nursing, in collaboration with the consultant pharmacist, is responsible for the facility's compliance with federal and state laws and regulations in the handling of controlled medications. Only authorized licensed nursing and pharmacy personnel have access to controlled medications.</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 - Some</p>	<p>B. When a dose of a controlled medication is removed from the container for administration but refused by the resident or not given for any reason, it is not placed back in the container. It is destroyed in the presence of [two licensed nurses], and the disposal is documented on the accountability record/book on the line representing that dose. The same process applies to the disposal of unused partial tablets and unused portions of single dose ampules and doses of controlled substances wasted for any reason (including used fentanyl patches when removed from resident).</p> <p>Ct All controlled substances remaining in the facility after a resident has been discharged , or the order is discontinued, are disposed of:</p> <p>1) In the facility by the [administrator], director of nursing and/or consultant pharmacist (or others as allowed by state law); OR</p> <p>2) By returning to the Drug Enforcement Administration (DEA); OR</p> <p>3) By retaining for destruction by an agent of the DEA; OR</p> <p>4) By sending to the appropriate state agency or pharmacy as directed by state laws, regulations, and/or the DEA.</p> <p>D. Disposition is documented on the [individual controlled substance accountability record/book). For emergency kit controlled substances disposal, the bottom portion of the accountability record is completed. Controlled drugs given via intravenous/infusion therapy may be accounted for on a separate type of control drug record, and disposition of any remaining drug is documented on that form. Empty containers and tubing used in administration of controlled drugs via intravenous/infusion therapy are disposed of in the same manner as containers and tubing for any other intravenous/infusion drug (See facility policies and procedures of intravenous/infusion therapy).</p> <p>E. When controlled medications are destroyed at the facility, licensed staff as allowed by state law will witness the destruction and ensure that the following information is entered on the [individual controlled substance accountability record/book):</p> <p>r) Date of destruction.</p> <p>2) Resident's name.</p> <p>a) Name and strength of medication.</p> <p>4) Prescription number.</p>		