

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  01/23/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</b></p> <p>Based on interview and record review, for one of three sampled residents (Resident 2), the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Follow up and ensure that a physician ordered oxycodone-APAP (controlled medication used to manage moderate to severe pain).</li> <li>2. Administer Oxycodone-APAP to Resident 2 for 18 of 54 days,</li> </ol> <p>The facility was aware Resident 2 had verbalized and was experiencing eight out of 10 (8/10 - numerical pain assessment tool where 0 is no pain and 10 being the worst pain) pain level in both shoulders, neck, and the back.</p> <p>As a result, Resident 2 experienced pain, frustration, and was unable to attend/participate in activities.</p> <p>Findings:</p> <p>During a review of the admission record for Resident 2 indicated Resident 2 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including cervical disc disorder at cervical 6 (C6-neck bone) to C7 level with radiculopathy (also known as pinched nerve is a condition that results in radiating pain, weakness and/or numbness caused by compression of any of the nerve roots in your neck), non-Hodgkin lymphoma (a type of cancer that affects the lymphatic system [immune system] that grow out of control and can form tumors throughout the body), rotator cuff tear of left shoulder (rupture of tendons - tough, fibrous, cord-like tissue that connects muscle to bone or another structure).</p> <p>During a review of a history and physical (a term used to describe a physician's examination of a patient) for Resident 2 dated 10/1/2024 indicated, Resident 2 was alert and oriented to person, place, and time and mental status was at baseline. The H&amp;P indicated Resident 2 had chronic (ongoing) neck pain .</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of a physician order dated 10/1/2024 indicated to administer to Resident 2, oxycodone-Acetaminophen Oral Tablet 5-325 MG (Oxycodone with Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Moderate Pain 4-7 NTE (not to exceed) 3gms (grams - a unit of measurement for the weight of medicine in a tablet or capsule)/APAP (acetaminophen, medication for pain and fever) 24hrs, and Hold for RR (respiratory rate) &lt;(less than) 12.</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 1/8/2025, indicated Resident 2 had moderate cognitive impairment (a stage of cognitive decline that affects short-term memory and the ability to complete complex tasks). The same MDS indicated Resident 2 required between setup or clean assistant and substantial/maximum assistance for his Activities of Daily Living such as: (ADLs- routine tasks/activities such as eating, oral hygiene, toileting hygiene, shower/bathe self, personal hygiene, lower/upper body dressing, putting on/taking off footwear). The same MDS indicated Resident 2 experienced occasional moderate pain.</p> <p>During a review of a physician order dated 1/23/2025 indicated the facility to monitor and assess level of pain before, during, and after administration of treatment using pain scale as follows: zero (0)- No pain; 1-3 mild pain; 4-7 moderate pain; and 8-10 sever pain every shift.</p> <p>During an interview on 1/23/2025 at 11:18 am, Resident 2 stated that nursing staff had not consistently given him pain medication. Resident 2 stated he had 3/10 pain level in both his shoulders, neck, and the back. Resident 2 stated there were several occasions where he so much pain (8/10) and needed to take the oxycodone-APAP but the nursing staff would tell him that the pharmacy did not have the oxycodone-APAP in stock. Resident 2 stated he felt frustrated because the doctor ordered the oxycodone-APAP, but the pharmacy did not have it. Resident 2 stated that he had suggested to the nursing staff to take his prescription for the oxycodone-APAP to another pharmacy, but the nurses did not heed his suggestion. Resident 2 stated that he was able to sleep well but was unable to participate in activities due to the pain.</p> <p>During a concurrent interview and record review of the Medication Administration Record (MAR) for 12/ 2024 and 1/2025 for Resident 2 with Licensed Vocational Nurse (LVN) 1 on 1/23/25 at 1:57 pm, LVN 1 confirmed and stated that the pharmacy did not send the oxycodone/APAP for 18 out of 54 days because the pharmacy had not receive authorization from the ordering physician. LVN 1 stated medications must be ordered before the current medication stock runs out. LVN 1 stated nursing must also call the physician ordering the medication to ensure that authorization for the ordered medication is completed and refilled promptly/timely. LVN 1 confirmed and stated there was no documented evidence that the a physician was informed that Resident 2 had run out of oxycodone-APAP which required urgent attention to have the authorization completed. LVN 1 confirmed and stated that Resident 2 was not administered oxycodone-APAP on the following days:</p> <p>12/2/24,</p> <p>12/3/24,</p> <p>12/4/24,</p> <p>12/5/24,</p> <p>12/6/24,</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review of Resident 2's MARs for December 2024 and January 2025 with the Director of Nursing (DON) on 1/23/25 at 4 pm, the DON confirmed and stated the facility did not administer oxycodone-APAP for pain to Resident 2. on the following dates: 12/2/24, 12/3/24, 12/4/24, 12/5/24, 12/6/24, 12/11/24, 12/12/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24, 12/29/24, 1/7/25, 1/8/25, 1/17/25, and 1/20/25. The DON stated medications must be ordered from the pharmacy before the medication completely runs out. The DON stated nursing must follow up with the pharmacy on the status for medication/s refill and contact the prescribing physician immediately if the issue is related to medication authorization. The DON stated that failure to administer pain medication to a resident experiencing pain can result in the resident suffering unnecessary pain. The DON was unable to provide the oxycodone-APAP pharmacy medication delivery receipts.</p> <p>As of 1/31/2025, the facility did not provide documented evidence/receipts that the pharmacy delivered oxycodone-APAP for Resident 2.</p> <p>During a review of a Policy and Procedures (P&amp;P) titled Pain Management. Reviewed on 10/16/24 indicated, To ensure accurate assessment and management of the resident's pain. A Licensed Nurse will assess residents for pain on admission and routinely as indicated by the resident's health and functional status. Facility Staff is responsible for helping the resident attain or maintain the highest level of well-being while working to prevent or manage the resident's pain. The same P&amp;P indicated under pain management which included the following:</p> <ul style="list-style-type: none"> <li>-The Licensed Nurse will administer pain medication as ordered and document all medication administered on the Medication Administration Record (MAR).</li> <li>-The Licensed Nurse will assess the resident for pain and document results on the MAR each shift using the 1-10 pain scale. <ul style="list-style-type: none"> <li>i. The shift pain score will indicate the highest pain level that occurred on that shift.</li> </ul> </li> </ul> <p>During a review of the facility P&amp;P titled, PREPARATION AND GENERAL GUIDELINES, reviewed on 10/16/24 indicated, if a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted, or medication removed from the night box/emergency kit.</p>		