| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555144 | A. Building<br>B. Wing | 05/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St. Pauls Health Care Center | 235 Nutmeg Street<br>San Diego, CA 92103 |

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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235<br><br>Based on interview and record review the facility failed to correctly administer a wound treatment medication for one of four sampled residents reviewed for medication errors (Resident 1).<br><br>As a result, wrong wound treatment medication was administered. In addition, this failure has the potential to delay Resident 1 ' s wound healing.<br><br>Findings:<br><br>On 5/2/25 at 8:30 A.M., an unannounced onsite visit at the facility was conducted related to treatment medication error.<br><br>Resident 1 was admitted to the facility on [DATE] with diagnoses including bullous pemphigoid (a rare skin condition that causes large fluid-filled blisters) according to the facility ' s Face Sheet.<br><br>During an observation and interview on 5/2/26 at 8:44 A.M. with Resident 1, Resident 1 was observed in bed with a dressing on his right arm, close to Resident 1 ' s elbow. Resident 1 stated he had a wound on the right arm, and it was not getting better. Resident 1 stated a nurse administered the incorrect medication on his right arm wound.<br><br>During a review of the MDS (a clinical assessment tool) dated 5/6/25 for Resident 1 listed a cognitive (thinking, reasoning, or remembering) score of 15, indicating cognition was intact.<br><br>A review of Resident 1 ' s physician orders was conducted. A physician ' s order dated 2/2/25 indicated, metronidazole [an antibiotic] 500 mg [milligrams] [1tablet] TABLET Topical .crush and sprinkle in the lesion on the right arm indefinitely .Two Times Daily .DISCONTINUED [4/25/25] .<br><br>A joint record review and interview was conducted on 5/2/25 at 9:07 A.M. with Licensed Nurse (LN) 1. LN 1 reviewed Resident 1 ' s care plans in the electronic medical record (EMR) at the nursing station. LN 1 stated there was a care plan for Resident 1 initiated on 12/28/22 for Resident 1 ' s lesion on the right arm. LN 1 stated the care plan included an intervention dated 2/2/25 which indicated, .Indefinite use of Flagyl to the RUE [right upper extremity] lesions . LN 1 stated another care plan was initiated for Resident 1 which indicated, .Medication Error-Applied Methadone [a strong medication used for severe pain] to the Right Arm cancerous lesions instead of prescribed Metronidazole topical treatment .<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555144 | A. Building<br>B. Wing | 05/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| St. Pauls Health Care Center | 235 Nutmeg Street<br>San Diego, CA 92103 |

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 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | LN 1 showed Resident 1 ' s wound measurements from a form titled, Non-Pressure Sore Skin Problem Report which indicated, .R [right] lateral elbow .4-13-25 15x15 cm [centimeter] .4-24-25 16x16 cm . LN 1 stated for accuracy during medication and treatment administration, she (LN 1) checked the physician ' s order and compared the medication label with the physician ' s order. LN 1 stated the medication label should have the correct drug, dosage, time, frequency and right resident. LN 1 stated she ensured that the five rights (right resident, right medication, right dose, right time, right route, right frequency) of medication administration were followed.<br><br>A joint observation and interview on 5/2/25 at 10:11 A.M. with LN 2 were conducted. LN 2 showed the medication cart which had antibiotics and narcotic (illegal mind-altering drugs that require a prescription) medications on a separate drawer on the left side of the medication cart. LN 2 showed the drawer with medication cards of antibiotics and narcotic medications all in one row. LN 2 showed five medication cards of methadone for Resident 1. LN 2 stated to prevent medication errors, he (LN 2) pulled the medication card, checked the medication card against the physician ' s order in EMR for the right resident, dose, time, route and frequency. LN 2 stated for narcotic medication; he (LN 2) also checked the medication card against the narcotic count sheet. LN 2 stated the resident ' s five rights of medication administration had to be followed for both medication and treatment administration.<br><br>An interview was conducted on 5/2/25 at 3:36 P.M. with LN 4. LN 4 stated on 4/20/25 she provided the wound treatment for Resident 1. LN 4 stated Resident 1 had scratched his wound, and it was bleeding. LN 4 stated she gathered supplies to change the dressing and noticed the metronidazole (medication ordered for Resident 1 ' s wound treatment) was not in the treatment cart. LN 4 stated she went to the medication cart to look for metronidazole and did not know that the methadone was pulled instead of the metronidazole. LN 4 stated she popped 12 tablets of the methadone from the medication card, crushed the tablets, placed the crushed tablets in a cup then applied the crushed tablets on Resident 1 ' s wound. LN 4 stated she noticed the methadone label of the medication card when she went back to the medication cart to sign off that she administered the medication. LN 4 stated she made an error in administering the methadone instead of metronidazole to Resident 1 ' s wound. LN 4 stated she should have taken the time to check for the drug name, dose, resident ' s name, frequency, time, and route.<br><br>During an interview on 5/6/25 at 4:05 P.M. with the Director of Nurses (DON), the DON stated LN 4 should have done the five rights of medication administration.<br><br>During a review of the facility ' s policy and procedure (P&P) titled, Adverse Consequences and Medication Error, dated February 2025, the P&P indicated, .A [medication error] is defined as the preparation or administration of drugs .which is not in accordance with physician ' s orders .<br><br>During a review of the facility ' s P&P titled, Administering Medications, dated February 2025 indicated, . Medications are administered in accordance with prescriber orders .The individual administering the medication checks the label THREE [3] times to verify the right resident, right medication, right dosage, right time and right method [route] of administration before giving the medication . |