

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER El Centro Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 S. Imperial Ave El Centro, CA 92243	
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 - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on observation, interview, and record review, the facility failed to administer pain medication for the appropriate pain scale as indicated by the physician ' s orders for one of two residents (Resident 1) reviewed for pain management.</p> <p>This deficient practice had the potential to cause Resident 1 further discomfort and pain.</p> <p>Findings:</p> <p>A review of the facility ' s Admission Record indicated Resident 1 was admitted on [DATE] with diagnoses which included a fracture of the right humerus (a broken right upper arm bone), lack of coordination, and muscle weakness.</p> <p>A review of the Minimum Data Set (MDS, an assessment tool) dated 9/21/24, indicated Resident 1 was cognitively intact with a BIMS (assessment of cognition) score of 14.</p> <p>A review of the physician ' s orders dated 9/20/24 indicated, Oxycodone HCL Oral Tablet 5mg Give 1 tablet by mouth every 4 hours as needed for moderate pain . and Oxycodone HCl Tablet 10mg Give 1 tablet every 4 hours as needed for Severe Pain Score 7-10 for 7 days .</p> <p>On 9/24/2024 at 12:37 P.M., an observation was conducted in Resident 1 ' s room. Resident 1 was sitting in her wheelchair, and her right arm was placed in a sling. Resident 1 was observed with facial grimacing, quietly moaning, with the left hand placed over the right shoulder. Resident 1 stated she was in pain and wanted pain medication.</p> <p>During a medication pass observation on 9/24/24 at 12:47 P.M., Licensed Nurse (LN 1) asked Resident 1 to rate her pain on a scale of one to ten, with ten being the worst pain. Resident 1 stated she had 8/10 pain to the right arm. LN 1 was observed reviewing Resident 1 ' s Medication Administration Record. LN 1 took a medication out of the narcotic drawer and placed one pill into a medication cup, and administered it to Resident 1. LN 1 stated [Resident 1] can have Oxycodone 5mg for severe pain, but if her pain is less than 7, I give her Tylenol .</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 - Few</p>	<p>On 9/24/24 at 1:10 P.M., a concurrent interview and record review was conducted with LN 1. A review of the physician ' s orders dated 9/20/24 indicated, Oxycodone HCL Oral Tablet 5mg Give 1 tablet by mouth every 4 hours as needed for moderate pain . and Oxycodone HCl Tablet 10mg Give 1 tablet every 4 hours as needed for Severe Pain Score 7-10 for 7 days . LN 1 stated .(Resident 1) is allowed to have 10mg for severe pain .but I didn ' t see it . LN 1 stated since Resident 1 reported severe pain, Oxycodone 10mg should have been administered. LN 1 stated it was important to manage pain .to make sure the resident is comfortable, its important for healing also .</p> <p>A review of Resident 1 ' s EMAR (Electronic Medical Administration Record) indicated Resident 1 received Oxycodone 5mg with a severe pain level instead of Oxycodone 10mg, on the following days:</p> <ul style="list-style-type: none"> -9/21/24 at 3:09 A.M. for a pain level of 9/10 -9/21/24 at 12:24 P.M. for a pain level of 7/10 -9/21/24 at 4:50 P.M. for a pain level of 7/10 -9/22/24 at 5:45 A.M. for a pain level of 9/10 -9/24/24 at 1:13 P.M. for a pain level of 8/10 <p>On 9/24/24 at 2 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated her expectation was .for the resident to maintain a manageable pain level . The DON stated Resident 1 should have been given Oxycodone 10mg for a pain level of 7 or above, instead of Oxycodone 5mg. The DON stated by not administering the appropriate dose to address Resident 1 ' s pain, Resident 1 was at risk for further discomfort and a delay of healing.</p> <p>A review of the facility policy titled Pain-Clinical Protocol revised 10/22 indicated, .The staff and physician will identify the characteristics of pain such as location, intensity, frequency, pattern, and severity .staff will use a consistent approach and a standardized pain assessment instrument appropriate to the resident ' s cognitive level .Staff will provide the elements of .appropriate physical .interventions .</p>		