

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Boulder Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 12696 Monte Vista Road Poway, CA 92064	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39449 Based on observation, interview and record review, the facility failed to implement a self administration recommendation for one resident (Resident 3) when a licensed nurse (LN 1) left medications which were not approve for self medication administration on Resident 3' s bedside table. As a result, the unattended medications on Resident 3's bedside table were not witnessed as administered as ordered. Findings: Resident 3 was admitted to the facility on [DATE] per the facility Admission Record. A review of the Admission orders dated 8/6/24 indicated Resident 3 was approved to self administer the following medications: topical diclofenac pain gel and cyclosporine eye drops for dry eyes. On 1/13/25 at 4:39 P.M. an interview and review of Resident 3's medication orders was conducted with LN 1 and the Assistant Director of Nursing (ADON). LN 1 stated on 12/31/24, she left the following medications aspirin, furosemide and two vitamins on Resident 3's bedside table. LN 1 stated after she left the unattended medications in Resident 3's room, a Certified Nursing Assistant (CNA) approached her and informed her Resident 3 was looking for her medications. Furthermore during the interview, LN 1 stated she knew she was not supposed to leave the medications at bedside however, she was giving Resident 3 a favor so she left the unattended medications of Resident 3's bedside table.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555206	Facility ID: 555206 If continuation sheet Page 1 of 1