

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  Casa DE Las Campanas		STREET ADDRESS, CITY, STATE, ZIP CODE  18655 W. Bernardo Drive San Diego, CA 92127	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure proper medication administration for one of three residents (Resident 1) observed during medication pass when a medication for an overactive bladder (a condition where there is a frequent sensation of needing to urinate) was not administered per the physician's order.</p> <p>This deficient practice had the potential to cause the resident harm.</p> <p>Findings:</p> <p>According to the Admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses that included overactive bladder.</p> <p>On 11/14/24 at 9:16 A.M., a medication pass was observed with Licensed Nurse (LN) 1. Resident 1 ' s Oxybutynin Chloride (a medication to treat overactive bladder) was not available in the medication cart.</p> <p>A review of Resident 1 ' s Order Summary indicated, Oxybutynin Chloride ER Oral Tablet Extended Release 24 Hour 5 MG Give 1 tablet by mouth one time a day for Overactive Bladder.</p> <p>A review of Resident 1 ' s Medication Administration Record (MAR) dated November 2024 was conducted. The MAR indicated, on 11/14/24 at 9 A.M, Oxybutynin was administered to Resident 1.</p> <p>On 11/14/24 at 12:44 P.M., a joint interview and record review was conducted with LN 1. LN 1 stated she did not administer Oxybutynin on 11/14/24. LN 1 stated, . (the medication) is not available. We follow up with the pharmacy but they haven ' t sent it yet . LN 1 stated she should not have documented the medication as given. LN 1 further stated if a medication was not given as ordered, .we should tell the doctor and write a progress note that it [the medication] wasn ' t given .</p> <p>On 11/14/24 at 1:40 PM., an interview was conducted with the Director of Staff Development (DSD). The DSD stated, if a medication is not available and not given, .they should be writing a note indicating what they did. They need to follow up with the pharmacy. If the medication is not given, or arrives later, the nurses need to let the physician know and document it.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/14/24 at 2:11 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated, if a medication is unavailable, .we have to notify the physician. We have procedures, such as an urgent pharmacy form to fill out so they [licensed nurses] can get medications right away. The DON stated it was important for residents to receive all prescribed medications to avoid any health complications.</p> <p>A review of the facility ' s policy titled Medication Administration General Guidelines revised 7/2014 indicated, If a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time .an explanatory note is entered .</p>		