

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Gramercy Court		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Gramercy Drive Sacramento, CA 95825	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38834</p> <p>Based on interview and record review, the facility failed to provide pain management consistent with professional standards of practice for one of two sampled residents (Resident 1), when the facility did not administer Resident 1's pain medication for several hours upon admission and pain was not assessed in a timely manner for effectiveness of the pain medications.</p> <p>This failure resulted in Resident 1 experiencing uncontrolled pain and suffering for prolonged periods of time, which had the potential to negatively impact his daily activities, rest and sleep.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, indicated the facility admitted the resident at the end of 2023. Resident 1's multiple diagnoses included cellulitis of left leg (infection affecting the skin and tissue, characterized by pain, swelling, redness, and tenderness), chronic pain syndrome, osteoarthritis of both hips (a progressive disorder of the joints, caused by a gradual loss of cartilage), and osteonecrosis (a chronic condition that occurs when the blood supply to the bone is disrupted, causing pain in the hip, groin, thigh, and knee) of right thighbone.</p> <p>A review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 12/10/23 indicated Resident 1 was cognitively intact. The MDS pain assessment indicated Resident 1 experienced severe pain frequently.</p> <p>A review of the Order Summary Report (OSR) indicated an admission order dated 12/3/23 to monitor Resident 1 for verbal and non-verbal expressions for presence of pain using pain scale from 1-10 every shift and to record non-pharmacological (non-drug) pain interventions every shift using 0 - 10 scale. The OSR contained a physician ' s order for oxycodone (a strong narcotic pain medication) 5 milligram (mg - a unit of measurement) 1 - 2 tablets every 6 hours as needed for pain management. On 12/28/23 the oxycodone order was changed to 1 tablet every 4 hours as needed for moderate pain 4-6 and 2 tablets every 4 hours for severe pain 7-10.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555459
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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>A review of Resident 1's care plan dated 12/3/23, indicated the resident was at risk for pain. The goals indicated Resident 1 will not have an interruption in normal activities due to pain .will voice or demonstrate via facial/body expression a level of comfort within 30 minutes to 1 hour after intervention(s) rendered. The nursing interventions directed nurses to monitor Resident 1 for presence of pain every shift, to provide non-drug interventions, to administer pain medications as ordered by physician, to evaluate the effectiveness of pain interventions, and to notify the physician if pain interventions were not successful.</p> <p>A review of the intake report received by the Department indicated Resident 1 did not receive effective pain management on multiple occasions while he was a resident at the facility.</p> <p>A review of Resident 1's admission pain assessment dated [DATE], and timed at 7:03 p.m., indicated the resident exhibited non-verbal symptoms of pain and complained of constant, persistent aching and sharp pain which he rated at the time of the assessment as 6 out of 10. The nurse documented the resident described the pain affected his sleep, rest, his ability to concentrate, and his physical activity and mobility.</p> <p>A review of Resident 1's medication administration records (MAR - a daily documentation record used by licensed nurses to document medications and treatments given to a resident) dated 12/3/23, indicated the resident did not receive pain medication for eight (8) hours until the next morning at 3:03 a.m.</p> <p>A review of Resident 1's clinical records indicated the facility did not reassess resident ' s pain after he received pain medications as indicated in the facility's policy as follows:</p> <p>Nursing progress notes (NPN) dated 1/3/24 at 9:35 a.m., indicated Resident 1 was administered oxycodone 2 tablets for severe pain in his right hip. The resident's pain was not reassessed for effectiveness of the medication until 1:29 p.m., 3 hours later.</p> <p>NPN dated 1/8/24 indicated at 1:06 p.m., Resident 1 complained of severe pain in both hips and was administered 2 tablets of oxycodone. Per NPN, Resident 1's pain was reassessed at 3:56 p.m., close to 3 hours after he received pain medication.</p> <p>NPN dated 1/9/24 indicated the resident complained of severe pain and rated his pain as 8 out of 10. According to NPN, oxycodone was administered at 3:08 a.m., and the pain reassessment was conducted at 6:05 a.m., almost 3 hours later.</p> <p>A review of NPN dated 1/9/24, at 9:11 a.m., indicated Resident 1 complained of severe pain in his right hip, rated 8 out of 10. Per NPN, the resident received his pain medications 20 minutes later and the reassessment to determine if the pain relief was effective was not conducted until 2:03 p.m., four and a half hours (4.5) later.</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 an interview and a concurrent record review on 11/21/24, commencing at 12:35 p.m., Director of Nursing (DON) stated that the resident had chronic pain syndrome and other diagnoses which contributed to him experiencing pain frequently. The DON confirmed that the resident complained to his nurse that he was in pain and acknowledged that the resident had a physician order for Oxycodone 1-2 tablets as needed for pain. The DON validated that the resident did not receive prescribed pain medications or receive non-drug interventions as directed by his physician for 8 hours on 12/3/23. The DON searched Resident 1's clinical records and was unable to provide a reason why the resident was not offered pain medication for 8 hours. The DON added that the resident should not be left in pain for that long.</p> <p>During a continued interview and record review with DON on 11/21/24, commencing at 12:35 p.m., nursing progress note dated 1/8/24 and timed at 5:40 a.m., was reviewed. The nurse documented, Resident has one remaining oxycodone 5 mg, resident requesting 10 mg .On hold with [pharmacy name] over 2 hours .Will administer 5 mg at this time, and offer non-pharmacological interventions. A review of the MARs indicated that on 1/8/24 the resident complained of pain rated 10 out of 10 (excruciating pain). The nurse documented oxycodone 1 tablet was administered at 5:44 a.m. and documented Resident 1's pain was reassessed at 5:45 a.m., one (1) minute after pain medication was administered and documented resident ' s pain level as 0. The DON acknowledged that there was no documented evidence Resident 1 was offered any non-pharmacological interventions as ordered by the physician. The DON stated that based on resident's pain level of 10, the resident was not medicated appropriately and per physician's order he should have received 2 tablets of oxycodone. The DON agreed that the pain reassessed one minute after the pain medication administration was not accurate because the pain medication given does not take effect instantly.</p> <p>A review of Resident 1's MARs for the month of December 2023 and January 2024, indicated the facility did not assess the resident ' s pain and did not offer non-drug interventions in a consistent manner for multiple shifts.</p> <p>During a continued interview and record review on 11/21/24, at 12:35 p.m., the DON acknowledged that there were inconsistencies with offering non-pharmacological interventions for Resident 1 on multiple shifts. The DON explained that if resident received pain medications, it was her expectation the nurses reassessed the effectiveness of pain relief within one hour. Upon reviewing multiple nursing progress notes, the DON acknowledged that nursing staff frequently reassessed Resident 1 ' s pain 2-3 hours later, and sometimes more than 4 hours later. The DON stated it was important to have the resident reassessed after pain medication administration within one hour to determine if the resident ' s pain was adequately controlled. The DON did not provide answer when asked if Resident 1 ' s pain was adequately managed while he was a resident in the facility.</p> <p>During an interview with Licensed Nurse (LN 1) on 11/26/24, at 12:05 p.m., LN 1 stated she worked in the facility for over a year but could not recall if Resident 1 was assigned to her during his stay. LN 1 stated the resident should be reassessed after pain medication administration in 30 to 45 minutes. If the pain relief was ineffective, LN 1 stated the nurse should offer non-pharmacological interventions, and if still ineffective, the physician should be informed.</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 an interview on 11/26/24, at 12:17 p.m., LN 2 was unable to recall if Resident 1 was on his assignment during the resident's stay. LN 2 stated that if a newly admitted resident complained of pain and the medications were not available from pharmacy, the nurse should have contacted the pharmacy and obtained an authorization for pain medication removal from emergency supply. LN 2 explained that pain reassessment should be done no later than 1 hour post pain medication administration because if the resident was still in pain, the nurse would have to administer additional pain relief medication or contact the physician.</p> <p>A review of the facility's ' Pain Assessment and Management' policy dated 2001, indicated, The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management . Pain management is multidisciplinary care process that includes .assessing . addressing the underlying causes of the pain, developing and implementing approaches to pain management .monitoring for effectiveness of interventions .Monitor the resident's pain .at least each shift. The policy directed nursing staff to assess the resident's pain at admission and during ongoing assessments. The policy indicated further, The pain management interventions are consistent with the resident's goals for treatment .If pain has not been adequately controlled, the multidisciplinary team .shall reconsider approaches and make adjustments as indicated.</p>		