

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/05/2024
NAME OF PROVIDER OR SUPPLIER  Royal Oaks Manor-Bradbury Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE  1763 Royal Oaks Drive Duarte, CA 91010	

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>40913</p> <p>Based on observation, interview, and record review, the facility failed to provide pain management to one of one sampled resident (Resident 1) who was experiencing pain, in accordance with Resident 1's goals for care and preferences.</p> <p>This deficient practice had the potential to result in Resident 1 to continue to experience pain and affect the resident's sense of comfort and wellbeing.</p> <p>Findings:</p> <p>During a review of Resident 1's Detailed Summary, the Detailed Summary indicated the facility admitted Resident 1 on 9/9/24, with diagnoses that included displaced intertrochanteric fracture (broken bone) of the right femur (thigh bone,) dementia (long term and often gradual decrease in the ability to think and remember severe enough to affect a person's daily functioning.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 9/16/24, the MDS indicated Resident 1 had moderate cognitive impairment, the resident usually understands (comprehends most conversation) and usually makes self-understood (able to express ideas and wants if prompted or given time). The MDS indicated Resident 1 required moderate assistance with bed mobility, toilet transfers and toileting hygiene.</p> <p>During an observation on 10/5/24 at 8:37 am, Resident 1 was heard crying out Aaahhh and a few seconds later, Resident 1 stated the resident needed a bedpan. Certified Nursing Assistant 1 (CNA 1) and Treatment Nurse (TN 1) entered Resident 1's room and overheard CNA 1 and TN 1 asked Resident 1 how they could assist Resident 1.</p> <p>During an interview on 10/5/24 at 9:04 am, Resident 1 was overheard crying out Aaahhh from inside her room, heard from the hallway two rooms away from Resident 1's room. Resident 1's door was open.</p> <p>During a concurrent observation and interview on 10/5/24 at 9:20 am, Resident 1 was laying on her right side holding on to the bedrails. Resident 1 was crying out it hurts, Resident 1 stated my back hurts. Resident 1 rated the pain as 10 over 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/05/2024
NAME OF PROVIDER OR SUPPLIER  Royal Oaks Manor-Bradbury Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE  1763 Royal Oaks Drive Duarte, CA 91010	
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>During an observation on 10/5/24 at 9:23 am, the CNA 1 approached Resident 1 and offered to assist Resident 1 up to the wheelchair. Resident 1 stated Resident 1 still had a lot of pain and did not want to get up. The CNA 1 assisted Resident 1 to reposition, and Resident 1 continued to cry out in pain.</p> <p>During an interview on 10/5/24 at 9:35 am, Resident 1's chart was reviewed with the Licensed Vocational Nurse (LVN) 1 (LVN 1), the LVN 1 stated Resident 1 was on hospice care and the LVN 1 had not administered pain medication to Resident 1. The LVN 1 stated the LVN 1 was not aware Resident 1 was in pain and no one had reported to LVN 1 that Resident 1 was in pain. LVN 1 stated LVN 1 would need to assess Resident 1's pain so LVN 1 could offer ways to address the pain because pain could affect Resident 1's comfort.</p> <p>During an observation on 10/5/24 at 9:40 am, the LVN 1 asked Resident 1 if Resident 1 had pain and to rate the pain. Resident 1 stated Resident 1's pain was a 7 over 10 pain. LVN 1 informed Resident 1 that LVN 1 would give the resident morphine (narcotic pain medication) under the tongue for pain. LVN 1 administered morphine sublingually.</p> <p>During an interview on 10/5/24 at 9:45 am, LVN 1 stated LVN 1 forgot to assess the location of the pain and it was important to know the location of the pain to find out the possible cause of the pain, and if the pain was related to the disease process, or to find out if the pain was a new onset of pain that could be caused by other reasons.</p> <p>During an interview on 10/5/24 at 9:49 am, CNA 1 stated CNA 1 did not inform the nurse about Resident 1 complaining of pain because Resident 1 had told CNA 1 Resident 1 did not want pain medication.</p> <p>During an interview on 10/5/24 at 10:45 am, the Director of Nursing (DON) stated CNA 1 needed to inform the licensed nurse because the nurse needed to assess Resident 1's pain. The DON stated pain needed to take priority, when a resident would complain of pain, the nurse needs to stop their medication pass and assess and address the resident's pain.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled Administering Pain Medication the P&amp;P 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. The P&amp;P indicated pain management is a multidisciplinary care process that includes the following: .recognizing the presence of pain, identifying the characteristics of pain, addressing the underlying causes of the pain.</p>		