

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555659	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER San Diego Post-Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 South Orange Ave. El Cajon, CA 92020	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39448</p> <p>Based on observation, interview, and record review, the facility failed to ensure only authorized personnel had access to the medication storage cart (med cart)'s keys for one of two sampled med carts (1).</p> <p>This failure increased the risk of residents and unauthorized personnel accessing medications.</p> <p>Findings:</p> <p>On 4/24/24 at 9:50 A.M., an observation was conducted of a med cart. There were keys in the lock of the med cart, the cart was unlocked, and it was unattended by staff. After two minutes, an unknown staff member took the keys from the med cart.</p> <p>On 4/24/24 at 10 A.M., an interview was conducted with Licensed Nurse 1. Licensed Nurse 1 stated, he made an error when he left the keys in the med cart instead of locking it and taking the keys with him.</p> <p>On 4/30/24 at 3:25 P.M., an interview was conducted with the Director of Nursing. The Director of Nursing stated, when a nurse left their med cart, they should have locked the cart and taken the keys with them.</p> <p>Per the facility's policy, titled Storage of Medications, revised November 2020, .Drugs and biologicals used in the facility are stored in locked compartments .Only persons authorized to prepare and administer medications have access to locked medications .Compartments .containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended .</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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