

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER Bayshire Carlsbad		STREET ADDRESS, CITY, STATE, ZIP CODE 3140 El Camino Real Carlsbad, CA 92008	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39220</p> <p>Based on interview and record review, the facility failed to follow a physician's order for pain management for one of three residents (Resident 1), for pain when:</p> <ol style="list-style-type: none"> 1. Non-pharmalogical interventions (NPI- any intervention intended to improve the health or the well-being of individuals that do not involve the use of any drugs or medicine) were not consistently provided prior to pain medication being administered; and 2. Pain medication doses were not administered according to the pain scale ranges level (scale to indicate level of pain 0=no pain, 10 =greatest pain), indicated by the physician. <p>These failures had the potential for pain medication to not necessarily be required and for pain medication doses to be over or under administered.</p> <p>Findings:</p> <p>According to the facility's Admission Record, Resident 1 was admitted to the facility on [DATE], with diagnoses which included neoplasm of bronchus and lung (a cancerous tumor that originates in the airways {bronchi} or lung tissue).</p> <p>On 3/21/25, an unannounced visit was made to the facility in response to a complaint.</p> <p>Resident 1 was no longer at the facility and had been transferred out on 3/8/25.</p> <p>On 3/21/25 Resident 1's medical record was reviewed.</p> <p>According to the Admissions Minimum Data Set, (MDS-a clinical assessment tool) dated 3/1/25, Resident 1 had a cognitive score of 13, indicating cognition was intact. The Pain Assessment section indicated frequent pain with a pain scale of 9 within the past 5 days.</p> <p>According to the facility's Admission Pain Assessment Evaluation, dated 2/22/25, indicated chronic pain with the use of pharmalogical medication and non-pharmalogical interventions, such as rest or re-positioning relieved pain.</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. According to the physician's order, dated 2/22/25, Monitor for the presence of pain every shift using scale 0-10. Use non-pharmacological pain intervention-every shift using: 0-No pain observed. 1-reposition/limb elevation. 2-reassure/emotional support. 3-Provide distraction/diversionary activities. 4-Exercises/range of motion/ambulating/stretching. 5-Rest period/quiet environment. 6-Deep breathing/relaxation exercises. 7. Guided Imagery/medication. 8. Laughter/socialization. 9-music. 10-Other, document in progress note.</p> <p>The Medication Administration Record for Resident 1 was reviewed from 2/22/25 through 2/28/25. Non-pharmacological interventions were attempted 3 out of 23 opportunities. Pain medication was administered 20 times throughout the same period.</p> <p>The Medication Administration Record for Resident 1 was reviewed from 3/1/25 through 3/8/25. Non-pharmacological interventions were attempted 5 out of 19 opportunities. Pain medication was administered 24 times throughout the same period.</p> <p>According to facility's the care plan, titled Pain, dated 2/22/25, interventions included: Monitor and provide Non-Pharmacological interventions as applicable, and Notify physician if interventions were unsuccessful.</p> <p>There was no documented evidence in the nursing progress notes, that NPIs were unsuccessful.</p> <p>An interview was conducted with Licensed Nurse 1 (LN 1) on 3/21/25 at 11:30 A.M. LN 1 stated non-pharmacological interventions (NPI) were something nurses could perform prior to administering pain medication. LN 1 stated NPIs had no risk involved and could lessen pain, and the pain medication might not be required. LN 1 stated pain medication had risk of side effects and could lead to dependency. LN 1 stated NPIs should always be attempted before administering pain medications, especially if it was a physician's order.</p> <p>An interview was conducted with LN 2 on 3/21/24 at 11:41 A.M. LN 2 stated NPIs should always attempted prior to administering pain medication. LN 2 stated the importance of NPIs was to provide comfort and pain relief, because pain medication might not be required after the NPIs. LN 2 stated it was always important to follow the physician's order.</p> <p>An interview was conducted with the Director of Nursing (DON) on 3/21/25 at 11:55 A.M. The DON stated NPIs were important to apply, before giving pain medication. The DON stated she did not believe NPIs would have been helpful for Resident 1, who had chronic pain. The DON stated if the physician ordered it, it should be attempted, or the physician's order should have been revised.</p> <p>According to the facility's policy, titled Pain-Clinical Protocol, dated October 2022, .Treatment/Management: . 2. The physician will order appropriate non-pharmacological and medication interventions to address the individual's pain .</p> <p>2. According to the physician's order, date 2/22/25, Oxycodone (pain medication that treats moderate to severe pain with a high risk for addiction and dependence) 10-325 milligrams (mg) give 1/2 tablet by mouth every 4 hours as needed for moderate pain, 4-6 scale, and Oxycodone 10-325 mg give 1 tablet by mouth for moderate to severe pain, 5-10 scale.</p> <p>The Medication Administration Record for Resident 1 was reviewed from 2/22/25 through 2/28/25.</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 - Few</p>	<p>Oxycodone 1/2 tablet for moderate pain 4-6 scale was administered 2/23/25 at 8:07 A.M., for a documented pain level of 8.</p> <p>Oxycodone 1 tablet was administered for a moderate to severe 5-10 scale on 2/27/25 at 1:49 P.M., for a documented pain level of 4.</p> <p>According to the care plan, titled Pain, dated 2/22/25, interventions included Administer pain medication as per orders. Monitor and record pain characteristics as ordered to include Severity 1-10 scale. Anatomical location. Onset/Duration as needed.</p> <p>An interview was conducted with LN 1 on 3/21/25 at 11:30 A.M. LN 1 stated pain scale levels and pain medication needed to be followed, according to the physician's order. LN 1 stated if not followed, there was a risk of pain not being relieved, being over medicated, and even addiction.</p> <p>An interview was conducted with LN 2 on 3/21/24 at 11:41 A.M. LN 2 stated it was very important to follow the physician's order related to pain medication administration. LN 2 stated if giving more pain medication then required, it could lead to medication dependence or a higher tolerance, which could be harmful.</p> <p>An interview was conducted with the DON on 3/21/25 at 11:55 A.M. The DON stated she expected nurses to follow the physician orders related to pain medication administration. The DON stated there was a potential risk of addiction and the physician should have been notified that the order was not followed.</p> <p>According to the facility's policy, titled Pain-Clinical Protocol, dated October 2022, .Treatment/Management: . 4. If the physician determines that opioid medication is an appropriate option for managing acute (or in some cases chronic) pain in the resident, the lowest possible effective dose is prescribed fore the shortest time possible .</p>