

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PACIFIC GROVE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 LIGHTHOUSE AVENUE PACIFIC GROVE, CA 93950</b>	
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)		
F 0624  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<b>Prepare residents for a safe transfer or discharge from the nursing home.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide one of two sampled residents (Resident 2) with a safe and orderly discharge, when Resident 2 who was assessed to be cognitively impaired with at risk for elopement (who is incapable of adequately protecting herself and who departs the health care facility unsupervised), was allowed to leave the facility against medical advice (AMA, resident chooses to leave before the physician recommends discharge) on 2/16/2020 at 3:45 p.m. This resulted in Resident 2 being located four hours later when the police found her on 2/16/2020 at 8:15 p.m., sitting on a bench with complaint of weakness, knee pain, feeling very cold and shaking. Findings: During review of Resident 2's clinical record, Resident 2 was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident 2's minimum data set (MDS, resident tool assessment) dated 12/08/19, indicated Resident 2 was severely cognitively impaired and required extensive assistance with one-person physical assist during transfers. Review of Resident 2's elopement - wandering (traveling aimlessly from place to place) risk scale dated 3/11/19, score indicated 9 (at risk to wander). During a review of Resident 2's progress notes dated 2/16/2020, indicated at 3:45 p.m., the licensed nurse heard the alarm go off at the front door and seen Resident 2 exit the facility. The licensed nurse tried to convince her to return inside the facility but Resident 2 did not want to return. The nurse asked Resident 2 to sign the AMA form and then allowed Resident 2 to leave the facility as she headed towards the ocean on the sidewalk. At 5:30 p.m., two certified nursing assistants (CNAs) were sent to search for the resident but they could not find her. At 8:15 p.m., the licensed nurse received a telephone call from the police that Resident 2 was found and she was sent to the hospital for an evaluation. Review of Resident 2's hospital history of present illness (H&P) dated 2/16/2020, indicated Resident 2 was admitted for elevated troponin (group of proteins found in skeletal and heart (cardiac) muscle fibers that regulate muscular contraction, measure the level of cardiac-specific troponin in the blood to help detect heart injury), altered mental status which could be from her dementia (memory loss) versus infection. Resident 2 was found wandering in the streets. Apparently, she signed out against medical advice despite having a wander anklet (alarmed anklet, to protect those wander-prone person leaving the facility unattended) on the left. She had no home, and walked 5 miles and became very cold and weak. She was found sitting on a bench complaining of weakness, left knee pain, feeling very cold and shaking. During an interview with the social worker (SW) on 3/12/20 at 1:56 p.m., the SW stated the licensed nurse should not have allowed Resident 2 to sign out AMA because the resident was demented and it was not a safe discharge.		
F 0755  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure medications were available for administration for one of two residents (Resident 1). Resident 1 did not have a physician ordered [MEDICATION NAME] (a medication used for [MEDICAL CONDITION]), which had the potential for the resident's prescribed treatment to be ineffective. Findings: During review of Resident 1's clinical record, Resident 1 was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident 1's physician's orders [REDACTED]. Review of Resident 1's progress notes dated [DATE]20, indicated .[MEDICATION NAME] 0.25 mg Sublingual (under the tongue) given at 6:50 p.m., ineffective. Resident 1's wife called the physician and ordered [MEDICATION NAME] 0.75 mg at one-time order, which was given at 7:20 p.m. Resident 1 started to have facial twitching . During interview with registered nurse A (RN A) on 3/12/2020 at 12:07 p.m., RN A stated in the evening of [DATE], Resident 1 had a [MEDICAL CONDITION] activity and the physician ordered to give one and half tablet of [MEDICATION NAME] 0.5 mg per tablet but there was no stock available of [MEDICATION NAME] for Resident 1 so she had to take it from another resident's supply of [MEDICATION NAME].		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.