

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056105</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BALBOA NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3520 FOURTH AVENUE SAN DIEGO, CA 92103</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 0697  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide safe, appropriate pain management for a resident who requires such services.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to assess one of three residents (1) for pain as ordered. This failure had the potential to cause ineffective pain relief and an increase in pain, and negatively affect Resident 1's quality of life. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 5/15/20, the Department received a complaint. This complaint indicated the resident was neglected related to pain assessment and treatment. On 5/18/20 at 8:30 A.M., an unannounced visit to the facility was conducted. An observation of Resident 1 was conducted on 5/18/20 at 10:14 A.M. Resident 1 was reclining in bed, watching TV, laughing, and stated she had a headache. A review of Resident 1's medical record was conducted on 5/18/20 at 9 A.M. The medical record indicated a physician's orders [REDACTED].pain assessment q (every) shift . A review of the eMAR (electronic medical administration record) indicated blank spaces in the documentation for pain assessment for the following dates: 1. March 4, 2020: day shift, evening shift, and night shift. 2. March 5, 2020: day shift, evening shift, and night shift. 3. March 6, 2020: day shift, evening shift, and night shift. 4. May 7, 2020: day shift. 5. May 10, 2020: day shift. A concurrent record review and interview was conducted on 5/18/20 at 9:35 A.M. with licensed nurse (LN) 1 and registered nurse (RN) 1. LN 1 and RN 1 stated that there was a physician's orders [REDACTED]. LN 1 stated, It should be documented. A concurrent record review and interview was conducted with the director of nursing (DON) on 5/18/20 at 10:53 A.M. The DON stated that there were several blank spaces on the eMAR for pain assessment. The DON stated, If it is not documented, it isn't done. A review of the facility's policy, dated, 3/2015, titled, Pain Assessment and Management, indicated;. Purpose: the purposes of this procedure are to help the staff identify pain in the resident and develop interventions that are consistent with the resident's goals and that address the underlying causes of pain .and, General Guidelines .6 . Assess the resident's pain and consequences of pain at least each shift for acute pain .		
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.