

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555585	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER THE SHORES POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 2828 MEADOWLARK DRIVE SAN DIEGO, CA 92123	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure a physician ordered pain medication was re-ordered in a timely manner and available for use for one of three sampled residents (3). This failure caused Resident 3 to suffer pain unnecessarily. Findings: Resident 3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the physician's orders [REDACTED]. These orders were prescribed on 9/9/18. A review of Resident 3's Care Plan titled, Alteration in Comfort - Pain, dated 6/2[DATE]8, indicated areas of concern were chronic back pain and pain daily. The Care Plan included Administer pain medication per MD (physician) order. During a review of the Medication Administration Record (MAR) for the month of November 2018, an order for [REDACTED]. The pain level charted for; a. 11/[DATE]8 for the 11 P.M. to 7 A.M. shift was 9/10, [MEDICATION NAME] was not administered b. 11/[DATE]8 for the 7 A.M. to 3 P.M. shift the pain was 8/10, [MEDICATION NAME] was not administered, and; c. 11/1[DATE]8 for the 3 P.M. to 11 P.M. shift the pain was charted as an 8/10. [MEDICATION NAME] was again not administered. The following night of 11/5/18 the residents pain was charted as a 9/10, and charting on the night of 11/5/18 also indicated [MEDICATION NAME] was not administered The Minimum Data Set (MDS</p> <p>- a standardized assessment and care planning tool), dated 9/26/18, indicated Resident 3 had at Brief Interview for Mental Status (BIMS) score of 15. Scores of 12-15 are considered mentally intact. During a concurrent observation and interview on 12/5/18 at 11:55 A.M., Resident 3 stated, I'm in a lot of pain and they ran out of my pain medication a couple days ago. Resident 3 stated, I'm miserable, and staff would not tell her when they were going to have more pain medication. During an interview on 12/5/18 at 12:02 P.M., with LN 1, LN 1 stated she was Resident 3's nurse and Resident 3 had been out of [MEDICATION NAME] since yesterday (Wednesday). LN 1 stated she had been working on getting the necessary form signed by the doctor. LN 1 stated, We shouldn't have run out. During a concurrent interview and record review on 12/5/18 at 12:05 P.M., with the Director of Nursing (DON), the DON stated the facility process was every Wednesday a nurse should look at the remaining [MEDICATION NAME] for Resident 3. The nurse should have created a reorder form to send to the doctor if the nurse thought the patient would run out before the next Wednesday. The DON further stated a week ago Wednesday the form was not sent to the pharmacy for Resident 3's [MEDICATION NAME], instead it had been sent yesterday 12/[DATE]8 at 2:41 P.M. Additionally, the DON reviewed the MAR and stated Resident 3 had been regularly getting two [MEDICATION NAME]'s four times a day for severe pain. The DON stated the nurse should have looked at how often Resident 3 required the use of the [MEDICATION NAME] a week ago on Wednesday and calculated that she needed to order more at that time. The DON stated Resident 3 had been out of [MEDICATION NAME] since 12/[DATE]8 at 8:30 A.M. Per the facility's policy titled, Pain Assessment and Management, revised March 2015, The pain management program is based on a facility-wide commitment to resident comfort .Implement the medication regimen as ordered .</p>		

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.