STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555871	A. BUILDING _____ B. WING _____	**05/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOMERSET SUBACUTE AND CARE	**151 CLAYDELLE 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)
F 0551 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Give the resident's representative the ability to exercise the resident's rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to notify the responsible party prior to medication administration for one of three sampled residents (1). This failure had the potential for the resident's representative to not be informed of the resident's care. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An observation was conducted on 3/14/18 at 2:10 P.M. of Resident 1. Resident 1 was sleeping, the TV was on, and a private caregiver was present. A review of Resident 1's medical record was conducted on 3/14/17 at 12: 10 P.M. A review of the physician's orders [REDACTED].[MEDICATION NAME](MS) (concentrate) Solution 20 mg (milligrams)/ml (milliliter). Give 0.25 ml sublingually every 1 hrs (hours) as needed for pain, must call (name of the resident's) (sister: the durable power of attorney- DPOA) first before giving the medication, do not give unless (name of the resident's sister) is called . A review of Resident 1's Medication Administration Record [REDACTED].M., and on March 13, at 12:15 A.M. A concurrent interview and record review was conducted on 3/14/18 at 12:13 P.M. with licensed nurse (LN) 1. LN 1 stated, The MS was given on the night shift. They didn't call the sister. A concurrent interview and record review was conducted on 3/14/18 at 1:42 P.M. with licensed nurse (LN) 2. LN 2 stated, There is no documentation that the sister was called . An interview was conducted with the Director of Nursing (DON) on 3/14/18 at 1:30 P.M. The DON stated, They should have called the sister first. No facility policy was available.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE