

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055585</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CAPISTRANO BEACH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>35410 DEL REY CAPISTRANO BEACH, CA 92624</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 <b>F 0684</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and medical record review, the facility failed to ensure two of four sampled residents (Residents 1 and 2) and five nonsampled residents (Residents A, B, C, D, and E) received wound care as ordered by their physician. * Residents 1, 2, A, B, C, D, and E did not receive wound care treatments as prescribed by their physicians. This failure had the potential for the residents to not receive appropriate wound care. Findings: 1. On 7/1/20 at 1313 hours, a telephone interview was conducted with Family Member 1. Family Member 1 verbalized a concern regarding Resident 1's leg wounds had gotten worse. Medical record review for Resident 1 was initiated on 7/1/20. Resident 1 was readmitted to the facility on [DATE]. Review of Resident 1's Treatment Administration Record for June 2020 showed a physician's orders [REDACTED]. There was no documented evidence Resident 1 had received wound treatments as ordered on 6/12, 6/15, 6/19, 6/26, and 6/27/20. 2. Medical record review for Resident 2 was initiated on 7/1/20. Resident 2 was readmitted to the facility on [DATE]. Review of Resident 2's Treatment Administration Record for June 2020 showed an order dated 4/2/20, to apply hydrogel (medication used to treat wounds) daily to Resident 2's left breast scab. Another order dated 6/7/20, showed to apply Bactroban (antibiotic ointment) to Resident 2's neck wound. There was no documented evidence to show Resident 2 had received his wound treatments as ordered on 6/12, 6/15, 6/19, 6/26, and 6/27/20. 3. Medical record review for Resident A was initiated on 7/1/20. Resident A was admitted to the facility on [DATE]. Review of Resident A's Treatment Administration Record for June 2020 showed an order dated 6/16/20, to apply [MEDICATION NAME] (medication used to treat wounds) daily to Resident A's left heel vascular ulcer. There was no documented evidence to show Resident A had received her wound treatments as ordered on 6/12, 6/15, 6/19, and 6/27/20. 4. Medical record review for Resident B was initiated on 7/1/20. Resident B was admitted to the facility on [DATE]. Review of Resident B's Treatment Administration Record for June 2020 showed an order dated 6/3/20, to apply [MEDICATION NAME] (promotes a moisture-balanced environment conducive to wound healing) daily to Resident B's bilateral lower extremities wounds. There was no documented evidence to show Resident B had received wound treatments as ordered on 6/5, 6/6, 6/12, 6/15, 6/19, and 6/27/20. 5. Medical record review for Resident C was initiated on 7/1/20. Resident C was admitted to the facility on [DATE]. Review of Resident C's Treatment Administration Record for June 2020 showed the following orders dated: - 6/4/20, to apply [MEDICATION NAME] and calcium alginate daily to stage 3 pressure ulcer at the coccyx (tailbone); - 6/3/20, showed to apply Hydrogel (wound dressing usually applied to dry wounds) to the open wound at the scrotum twice daily; - 5/14/20, to cleanse with normal saline and cover with foam dressing to stage 3 pressure ulcer at the left buttock twice daily; and - 6/3/20, to apply [MEDICATION NAME] daily to right foot diabetic ulcer. Further review of the Treatment Administration Record failed to show Resident C had received wound treatments as ordered on 6/5, 6/6, 6/12/20, 6/15/20, and 6/19/20. 6. Medical record review for Resident D was initiated on 7/1/20. Resident D was admitted to the facility on [DATE]. Review of Resident D's Treatment Administration Record for June 2020 showed an order dated 6/11/20, to apply Santyl to the stage 3 pressure ulcer at coccyx daily at 0700 to 1500 hours shift. Another order dated 6/3/20, showed to apply xeroform (absorbent fine mesh gauze) non-adherent dressing wrap to the bilateral lower extremities [MEDICAL CONDITION] daily at 0700 to 1500 hours shift. Further review of the Treatment Administration Record failed to show Resident D had received wound treatments as ordered on 6/12, 6/15, and 6/19/20. 7. Medical record review for Resident E was initiated on 7/1/20. Resident E was admitted to the facility on [DATE]. Review of Resident E Treatment Administration Record for June 2020 showed an order dated 6/9/20, to apply Xeroform Resident E's left elbow skin tear and to apply Hydrogel to the left wrist skin tear daily at 0700 to 1500 hours shift. Further review of the Treatment Administration Record failed to show Resident E had received wound treatments for her skin tears as ordered on 6/15 and 6/19/20. On 8/5/20 at 1300 hours, a telephone interview and concurrent medical record reviews were conducted with the DSD and Administrator. The Administrator and DSD verified the above findings. The Administrator stated the wound treatments had not been completed as ordered for the residents on the above noted dates due to the facility not having a treatment nurse working on those days.</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.