

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055992	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER WEST COVINA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 850 S. SUNKIST AVE. WEST COVINA, CA 91790	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) receive the treatment and care to address pain, as indicated on the physician's orders [REDACTED]. Resident 1's order for [MEDICATION NAME] tablet 500 milligrams (mg- unit of measurement) two tablets by mouth every eight (8) hours as needed (PRN) for mild pain (1-3/10) and [MEDICATION NAME] 50 mg 1 tablet by mouth every six (6) hours as needed for mild pain were not given as ordered on multiple days. This deficient practice had the potential to result in administering unnecessary medication and unmanaged pain that could negatively affect the resident's quality of life. Findings: On 3/11/20, an unannounced visit was made to the facility to investigate a complaint and Facility Reported Incident regarding quality of care and treatment. A review of the Admission Record indicated Resident 1 was readmitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS, a resident assessment and care screening tool), dated 2/12/20, indicated Resident 1 was independent with cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making. Resident 1 required extensive assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. Resident 1 was totally dependent with locomotion and bathing. Resident 1 received seven (7) days of opioid (pain reducing medication). On 3/11/20 at 10:32 a.m., Resident 1 was observed in her room awake and conversant. Resident 1 denied any pain at this time, but stated frequent pain on her leg. A review of Resident 1's physician's orders [REDACTED]. [MEDICATION NAME] tablet 500 milligrams (mg) two tablets by mouth every 8 hours as needed for mild pain (1-3/10) 2. [MEDICATION NAME] 50 mg 1 tablet by mouth every 6 hours as needed for mild pain A review of the Medication Administration Record [REDACTED]. 3/1/20 - pain level was 5/10 2. 3/6/20 - pain level was 7/10 A review of the MAR indicated [REDACTED]. 3/1/20 - pain level was 7/10 2. 3/6/20 - pain level was 7/10 3. 3/7/20 - pain level was 7/10 4. 3/8/20 - pain level was 7/10 5. 3/10/20 - pain level was 7/10 6. 3/11/20 - pain level was 6/10 7. 3/12/20 - pain level was 6/10 8. 3/13/20 - pain level was 7/10 On 3/13/20 at 12:39 p.m., during a concurrent record review and interview with Licensed Vocational Nurse 1 (LVN 1), she stated when a resident complains of pain, the Licensed Nurse needs to check the resident's pain level (Mild 1-3/10, Moderate 4-7/10, and Severe 8-10/10), location, and cause of pain. LVN 1 stated based on the resident's pain level, medication will be administered as indicated on the physician's orders [REDACTED]. LVN 1 stated the physician should have been called to clarify both medications because it was both ordered to be given for mild pain. LVN 2 added it was important to administer the right medication to manage resident's pain. On 3/13/20 at 1:05 p.m., during a concurrent MAR indicated [REDACTED]. DON stated, the licensed nurse should not have given both medications because the order was to administer it for mild pain. DON added, the licensed nurse should have given [MEDICATION NAME], which was ordered for moderate to severe pain. DON stated this was important to properly manage resident's pain. A review of Resident 1's care plan titled, At Risk for Alteration in Comfort, dated 1/29/20, indicated staff interventions were to administer [MEDICATION NAME] tablet 500 mg two tablets by mouth every 8 hours as needed for mild pain and [MEDICATION NAME] 50 mg 1 tablet by mouth every 6 hours as needed for mild pain, assess location and intensity of pain, monitor for pain level, and offer pain medication before activities of daily living (ADL), ambulation, therapy to ensure comfort. A review of the facility's policy titled, Administering Pain Medication, dated 10/2010, indicated to conduct a pain assessment and administer pain medication 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.