

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STANFORD COURT SKILLED NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8778 CUYAMACA STREET SANTEE, CA 92071</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 0658  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Ensure services provided by the nursing facility meet professional standards of quality.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide services which meet professional standards of quality when the staff failed to monitor the side effects of an anti-depressant medication for one of three sampled residents (Resident 1). As a result, there was a potential to miss the side effects of this medication. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 1/16/20 at 4:10 P.M., a concurrent interview and record review was conducted with the Assistant Director of Nursing (ADON). The physician order [REDACTED]. There was no documentation of monitoring on the following dates: 10/17/19 to 10/24/19- day shift 10/17/19- afternoon shift 10/19/19 to 10/24/19- nocturnal shift The ADON stated the staff should have documented the monitoring on the progress notes. On 1/16/20 at 4:20 P.M., an interview with the (Director of Nursing) DON was conducted. The DON stated the staff should have monitored Resident 1 for side effects of the anti-depressant. The DON also stated If it's not documented, it didn't happen. Per the facility's policy titled Adverse Consequence and Medication Errors, revised 4/2014, .Policy Interpretation and Implementation 1. Residents receiving any medication that has a potential for an adverse consequence will be monitored to ensure that any such consequence are promptly identified and reported .		

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.