STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555915	A. BUILDING _____ B. WING _____	**05/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE SPRINGS HEALTH AND REHABILITATION CENTER	**25924 JACKSON AVE MURRIETA, CA 92563**

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	**Provide safe, appropriate pain management for a resident who requires such services.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure ordered pain medication was refilled timely and available for use for one of three sampled residents (Resident A). This failure increased the potential for Resident A to experience unrelieved pain. Findings: On February 14, 2020, at 2:04 p.m., the Department received a complaint with allegations that Resident A requested [MEDICATION NAME] (an opioid medication used to relieve pain) for pain related to recent [MEDICAL CONDITION], and the medication was not available for more than 24 hours between January 18-20, 2020. On March 2, 2020, at 10:30 a.m., an unannounced visit was made to the facility for the investigation of the complaint. On March 2, 2020, beginning at 11:32 a.m., Resident A's record was reviewed, and indicated Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. The Admission Body Check Nurses Notes, dated January 2, 2020, indicated Resident A had surgical incisions on her upper and lower left hip. The Pain Assessment Nurses Notes, dated January 3, 2020, indicated Resident A complained of frequent pain, level 8 (standardized pain assessment scale with 0 no pain and 10 most severe pain) in her left thigh. The Care Plan, dated January 3, 2020, indicated Resident A was at risk for pain due to recent hip surgery, and included interventions, .Administer [MEDICATION NAME] (pain medication) per orders . Resident A's Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. The MAR further indicated between January 18 and 20, 2020, Resident A was given plain [MED] (over the counter strength medication typically used for mild pain or headache) on January 19, 2020, at 7:43 a.m., and the medication did not relieve the resident's pain. On March 2, 2020, at 1:07 p.m., Licensed Vocational Nurse (LVN) 1 was interviewed and stated if a resident had a 3 day supply of pain medication left, the nurses should call the pharmacy for a refill. LVN 1 stated any of the licensed nurses who were assigned to the medication cart were able to order refills. LVN 1 further stated they did have instances where medications were not refilled on time. LVN 1 stated if the resident's pain was not relieved after [MED] was given, the nurses could call the pharmacy and resident's doctor to request a one time dose of pain medication from the Cubex (automated emergency medication storage device). On March 2, 2020, at 1:30 p.m., LVN 2 was interviewed and stated the nurses usually requested refills of [MEDICATION NAME] when the resident had 8-10 tablets left, or one-half to one day before the medication ran out, and the pharmacy usually delivered the medication within one day. On March 2, 2020, at 1:55 p.m., the Director of Nursing (DON) was interviewed, and stated the nurses should re-order controlled medications/pain medications when there were seven doses of the medication left. The DON stated the facility did have isolated concerns regarding pain medications. The facility policy and procedure titled Preparation and General Guidelines .Controlled Substances last revised January 2017, was reviewed and indicated, .Medications included .as controlled substances are subject to special handling, storage .recordkeeping .in accordance with federal and state laws .All controlled medications are reordered when a (five-day) supply remains to allow time for acquisition and transmittal of the required original written prescription to (name of pharmacy), if necessary . The facility policy and procedure titled, Pain Management last revised October 1, 2019, was reviewed and indicated, .Facility staff is responsible for helping the resident attain or maintain their highest level of well-being to prevent or manage the resident's pain .The Licensed Nurse will administer pain medication as ordered .
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure nursing staff maintained an accurate, complete record for one of three sampled residents (Resident A) when documentation on the Controlled Medication Count Sheet (form used to sign-out and account for all doses of a controlled medication) did not match the resident's Medication Administration Record [REDACTED]. Findings: On February 14, 2020, at 2:04 p.m., the Department received a complaint with allegations that Resident A requested [MEDICATION NAME] (an opioid medication used to relieve pain) for pain related to recent [MEDICAL CONDITION], and the medication was not available for more than 24 hours between January 18-20, 2020. On March 2, 2020, at 10:30 a.m., an unannounced visit was made to the facility for the investigation of the complaint. On March 2, 2020, beginning at 11:32 a.m., Resident A's record was reviewed, and indicated Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The physician's orders [REDACTED]. Resident A's Controlled Medication Count Sheet form dated January 3, 2020, was compared to the MAR indicated [REDACTED]. On April 2, 2020, at 10:52 a.m., the Director Nursing (DON) was interviewed and stated the nurses were supposed to sign out the controlled medication on the controlled medication log (count sheet), and the MAR indicated [REDACTED]. The facility policy and procedure titled, Preparation and General Guidelines .Controlled Substances last revised January 2017, was reviewed and indicated, Medications included .as controlled substances are subject to special handling, storage, disposal, and recordkeeping .in accordance with federal and state laws .When a controlled substance is administered, the licensed nurse administering the medication immediately enters the following information on the accountability record and .the .MAR .Date and time of administration .

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.