STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. BUILDING _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY PARK NURSING & REHABILITATION CENTER	2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00706095. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 38834 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	POC Accepted 1/8/21 RLP	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide care and services to meet professional standards of practice for one of 3 sampled residents (Resident 1), when the facility did not not follow physician's orders and administered Morphine Sulfate (narcotic, strong pain reliever) for Resident 1 not according to the reported pain intensity level. This failure resulted in Resident 1 not receiving the appropriate dose of pain medication, which resulted in resident receiving two or three times the amount of narcotic medication than was ordered resulting in over sedation. Findings:	F 658		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Doug Hawkins — TITLE: Administrator — (X6) DATE: 1/6/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. BUILDING _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY PARK NURSING & REHABILITATION CENTER	2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 1 According to the Admission Record, the facility admitted Resident 1 recently with multiple diagnoses including liver cancer. The most recent Minimum Data Set (MDS, an assessment tool), dated 9/25/20, indicated Resident 1's Brief Interview for Mental Status (BIMS) was 7 which indicated mild cognitive impairment. A review of the physician's order dated 9/18/20, indicated Resident 1 had capacity to understand choices and make health decisions. During an observation and interview on 10/6/20, at 11:50 a.m., Resident 1 was seated in the wheelchair in his room. Resident 1 appeared to be sleeping in front of his opened lunch tray; he was holding a fork in his hand and occasionally opened eyes while attempting to pick through his food. After taking a bite of food, Resident 1 fell to the same sleeping position, leaning to the side still holding the fork in his hand. During an interview Resident 1 lifted his head and attempted to talk, but was able to answer "yes and no" to simple questions before leaning toward the table and falling asleep. Resident 1 was unable to complete the interview as he was showing of drowsiness and lethargy, which are symptoms of over sedation. A review of the facility's record titled "Order Summary Report" included the following physician's orders for Resident 1: 9/18/20 "Assess resident pain level using the verbal or non-verbal pain scale from 0 -10, every shift."	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. BUILDING _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY PARK NURSING & REHABILITATION CENTER	2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 2 9/18/20 "Morphine Sulfate ...give 0.3 ml [milliliters, unit of measurement] every 1 hour by mouth as needed for moderate pain 1-6 [pain scale from 0 -10]." The order clarified that 0.3 ml of medication was equal to 6 mg (milligram, unit of measurement). 9/18/20 "Morphine Sulfate ...give 0.5 ml every 1 hour by mouth as needed for severe pain 7-8". The order clarified that 0.5 ml of medication was equal to 10 mg. 9/18/20 "Morphine Sulfate ... give 1 ml every 1 hour by mouth as needed for extreme pain 9-10". The order clarified that 1 ml of medication was equal to 20 mg. A review of Resident 1's Medication Administration Record (MAR) dated 9/18/20-9/30/20, indicated the following: On 9/19/20 (p.m. shift), 9/21/20 (am shift), 9/24/20 (a.m. shift), 9/25/20 (night shift), 9/27/20 (am shift), and 9/28/20 (p.m. shift) Resident 1 reported pain level 8, yet the nurses administered Morphine Sulfate 1 ml instead of 0.5 ml. Resident received 20 mg of Morphine instead of 10 mg. On 9/20/20 Resident 1 reported pain level 8 on morning and night shifts and the nurses administered 1 ml of Morphine Sulfate each time instead of 0.5 ml. Resident received 20 mg of Morphine instead of 10 mg each time. On 9/21/20 Resident 1 reported pain level of 7 on night and morning shifts and the nurses administered 1 ml of Morphine Sulfate each time instead of 0.5 ml. Resident received 20 mg of	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. BUILDING _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY PARK NURSING & REHABILITATION CENTER	2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 3 Morphine instead of 10 mg. On 9/23/20 and 9/28/20 Resident 1 reported pain level of 6 in am shift and the nurses administered 1 ml of Morphine Sulfate each time, instead of 0.3 ml. Resident received 20 mg of Morphine instead of 6 mg. On 9/20/20 (p.m.) Resident 1 reported pain level of 4 and the nurses administered 0.5 ml of Morphine instead of 0.3 ml. Resident received 10 mg of Morphine instead of 6 mg. On 9/21/20 (p.m.) Resident 1 reported pain level of 5 and the nurses administered 0.5 ml of Morphine instead of 0.3 ml. Resident received 10 mg of Morphine instead of 6 mg. A review of Resident 1's Care Plan titled, "The resident is on pain medication therapy," initiated 9/18/20, indicated one of the interventions was to administer pain medications "as ordered by physician." During a concurrent interview and review of the clinical record with LN 1 on 10/6/20, at 12 p.m., LN 1 reviewed the MARs for Resident 1. LN 1 stated that on 9/19, 9/20, 9/21, 9/24, 9/25, 9/27, and 9/28/20 Resident 1 had a pain level of eight (8). LN 1 confirmed that on the above dates Resident 1 received Morphine Sulfate 1 ml indicated for extreme 9-10 pain, which was twice the dose of what was ordered by resident's physician for pain level 8. LN 1 stated that for pain level 8 Resident 1 should have been given 0.5 ml of Morphine Sulfate. LN 1 confirmed that on 9/21/10 for Resident 1's pain level 7, he should have been given 0.5 ml of Morphine	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555673	A. BUILDING _____ B. WING _____	C 12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY PARK NURSING & REHABILITATION CENTER	2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 658	Continued From page 4 Sulfate instead of 1 ml and on 9/23 and 9/28/20, for Resident 1's pain level 6, he should have been given 0.3 ml of Morphine Sulfate (one third of the administered dose). During an interview LN 1 stated that initially Resident 1 was more alert and talkative and was able to verbalize his pain when he was admitted. LN 1 stated that Resident 1 was more drowsy and could not verbalize his pain level anymore and staff used non-verbal pain scale to determine if he was in pain. LN 1 was not sure if any of the facility's staff informed Resident 1's physician of not administering Morphine Sulfate doses as was ordered by the physician. LN 1 did not provide any answer when asked if giving double doses of strong pain medication for Resident 1 for several days contributed to his drowsiness and lethargy. During a review of the facility's policy titled, "Administering Medications," revised December 2012, indicated, "Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed ...must be administered in accordance with the orders." During an interview with the Director of Nursing (DON) on 10/6/20, at 2:15 p.m., the DON confirmed that for 10 days Resident 1 received double, and some days triple doses of Morphine Sulfate. The DON stated she did not know why the correct dose of Morphine was not given for the assessed pain level. The DON stated her expectation was that nurses followed the parameters ordered by Resident 1's physician and administer Morphine Sulfate as ordered.	F 658		

Asbury Park
Nursing and Rehabilitation Center

POC F658 Services Provided Meet Professional Standards

1. Resident 1 was admitted to the facility with diagnoses that included liver cancer. Decline was expected due to Resident 1 was on hospice care and on pain management for comfort. Resident 1 is no longer in the facility.

2. All other residents have the potential to be affected. Medical Records Director completed an audit, and adjustment to the plan of care have been made by the Interdisciplinary team (IDT). Licensed Nurses (LN) will continue to perform pain assessment and side effects of medications. LN will administer pain medication as written by the physician according to pain assessment level and/or according to resident's report of pain level. LN will document pain level accurately on electronic Medication Administration Record (eMAR).

3. LN will perform pain medication administration (eMAR) audit everyday. Medication Administration Audit form was updated to reflect the plan. Medical Records, Nurse Supervisor, and Director of Nursing (DON) will perform random pain medication administration (eMAR) audit weekly.

4. Licensed Nurses were given in-service on 12/23,24/2020, 1/.4/2021, 1/5/2021 by the DON on pain management, pain medication administration, side effects, accurate documentation, and following orders as written by the physician.

5. Nurse Supervisor, DON will monitor compliance weekly. Trends identified will be reviewed during quarterly QA&A.