

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER REGENCY OAKS POST ACUTE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3850 E. ESTHER ST. LONG BEACH, CA 90804	
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 provide pain management for one of three sampled residents (Resident 1) who reported a pain level of seven out of ten (one being the lowest amount of pain experienced and ten being the highest amount of pain experienced) on a pain scale. This deficient practice resulted in Resident 1's pain not being addressed and prevented Resident 1 from maintaining his highest practicable level of well-being. Findings: A review of Resident 1's Face Sheet (Admission Record) indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. During a telephone interview on 1/30/2020, at 8:20 a.m. with Resident 1's Family Member 1 (FM 1), FM 1 stated her father experienced severe intermittent 8 out of 10 abdominal pain on right lower side from approximately 7 a.m. to 10 p.m. on 1/7/2020. FM 1 stated her father was only given Tylenol for pain relief. A review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR) dated 1/7/2020 recorded at 9:04 p.m. indicated that Resident 1's heart rate was 105-112 beats per minute (normal heart rate is 60 to 100 beats per minute), respiratory rate 30-32 breaths per minute (normal respiratory rate is between 12-18 breaths per minute), and abdominal pain of 7/10. A review of Resident 1's Physician order [REDACTED], as needed every 8 hours for pain management, [MEDICATION NAME](a drug used to treat moderate to severe pain) tablet 5 mg amount 2 tablets to be given for moderate to severe pain (6-10 pain scale) every 6 hours as needed, and [MEDICATION NAME] tablet 5 mg amount 1 tablet to be given for mild pain less than 5 on pain scale) every 6 hours as needed. A review of Resident 1's nurses notes dated 1/7/2020, 6:30 p.m., completed by Licensed Vocational Nurse (LVN 2) indicated Resident 1 complained of 3/10 abdominal pain. Nursing notes indicated Resident 1 received [MEDICATION NAME] at 5:30 p.m. with no relief noted. Nursing notes indicated Physician (PHY1) and Registered Nurse (RN) Supervisor were notified and an authorization for [MEDICATION NAME] pending. A review of Resident 1's nurses note, dated 1/7/2020 at 6:46 p.m., completed by LVN 3 indicated Resident 1 complained general pain of 4/10 heart rate 94 beats per minute (bpm), and respiratory rate 25 breaths per minute. The nurses note indicated Tylenol 500 mg administered. Nurses notes indicated at 6:55 p.m. Resident 1's pain level is 5/10. The nurses note indicated PHY1 was notified and PHY1 ordered [MEDICATION NAME] ([MEDICATION NAME]) 5/325 mg 2 tablets every 6 hours as needed for pain. A review of Resident 1's nurses notes dated 1/7/2020, 10:30 p.m., completed by LVN 4 indicated Resident 1 complained of abdominal pain 7/10, heart rate 112 bpm, and respiratory rate 32 at 7:15 p.m. Nurses notes indicated Resident 1 was in bed grimacing and experiencing fast shallow breathing. A review of Resident 1's Medical Administration Record (MAR) dated 1/7/2020 indicated no pain medications were given after 5:35 p.m. During an interview on [DATE]20 at 2:02 p.m. with LVN 1, LVN 1 acknowledged Resident 1 did not receive pain medication for reported 7/10 pain and no non-pharmacological interventions were performed to treat reported 7/10 pain. During an interview on 3/10/2020 at 6:10 a.m. with LVN 5, LVN 5 acknowledged Resident 1 did not receive pain medication for reported 7/10 pain and no non-pharmacological interventions were performed to treat reported 7/10 pain. A review of the facility's policy titled, Pain-Clinical Protocol, revised (NAME)2018, indicated the physician will order appropriate non-pharmacologic and medication interventions to address the individual's pain and staff will provide the elements of a comforting environment and appropriate physical and complimentary interventions.</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.