| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055833 | A. Building<br>B. Wing | 11/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Fulton Gardens Post Acute, LLC | 537 E. Fulton Street<br>Stockton, CA 95204 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50598<br><br>Based on interview, and record review, the facility failed to provide care and services according to professional standards of practice and the comprehensive care plan for one of three sampled residents (Resident 1) when a physician ordered pain medication (Tramadol-used to relieve moderate to moderately severe pain) did not arrive from the pharmacy until three days after Resident 1's admission to the facility, and the medication was not administered from the E-kit (an emergency supply of medication) even though it was available.<br><br>These failures put Resident 1 at risk for increased, uncontrolled pain and had the potential to affect her psychosocial wellbeing.<br><br>Findings:<br><br>A review or Resident 1's medication administration record (MAR), dated 10/2024, indicated Start date 10/1/24 .Tramadol .50 mg [unit of measure] give one tablet every 12 hours as needed for pain .Monitor level of pain (0-10 scale): Document pain level as follows: 0=None .1-3=Mild Pain .4-6=Moderate Pain . 7-10=Severe Pain .<br><br>A review of Resident 1's Pain Level Summary indicated on 10/2/24, Resident 1's highest level of expressed pain was a 5 (moderate pain). On 10/3/24, Resident 1's highest level of expressed pain was a 5 (moderate pain).<br><br>A review of Resident 1's pain care plan, initiated 10/2/24, indicated .The resident [is] at risk of pain . Administer analgesia [pain medication] as per orders .<br><br>A review of a nurse progress note, dated 10/2/24 at 8:35 a.m., indicated, .The resident requesting pain medication PRN [as needed]. Spoke to MD regarding pain medication and ordered Tylenol [used to relieve mild pain] 650 mg q [every] 6 hours PRN .<br><br>A review of a nurse progress note, dated 10/2/24 at 10 a.m., indicated, Called the pharmacy .regarding Tramadol orders. Stated will fax the prescription to [physician/MD]. Called back to pharmacy around 1255 [12:55 p.m.] stated that MD did not reply yet. Resident aware. Called pharmacy staff around 1338 [1:38 p.m.] for follow up regarding tramadol order still in process. Endorsed to PM nurse for follow up.<br><br>(continued on next page) |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a concurrent observation and interview with the Director of Nursing (DON) on 11/12/24, at 11:46 a.m., the E-kits stored at Nurses Station's one and two were observed to have four tablets of 50mg Tramadol in each of the E-kits.<br><br>During an interview on 11/12/24, at 2:01 p.m., Licensed Nurse (LN) 1 stated when the facility admits a new resident their medication orders are sent to the pharmacy and usually arrive at the facility within 24 hours. LN 1 stated if controlled substances (A drug that is tightly controlled by the government because it may be abused or cause addiction. This includes Tramadol) are part of the new orders, a triplicate (a prescription signed by the doctor) was needed for the pharmacy to fill the prescription. If a triplicate was available, the medication can be removed from the E-kit with a code from a pharmacist prior to the medication being delivered.<br><br>During an interview on 11/12/24, at 2:13 p.m., LN 2 stated if there was not a triplicate available staff needed to contact the physician. LN 2 stated Tylenol was not adequate for a pain level of 5 and Resident 1 kept asking for the Tramadol. LN 2 stated I felt sorry for her [Resident 1]. LN 2 stated if a resident's pain was not controlled it could lead to other health concerns like high blood pressure, anxiety, and increased pain.<br><br>A review of Resident 1's Tramadol prescription indicated the facility physician wrote and signed an order for Resident 1's Tramadol on 10/2/24.<br><br>A review of a pharmacy Shipping Manifest, dated 10/3/24, indicated a nurse received, and signed for, Resident 1's delivery of Tramadol to the facility on [DATE] at 1:15 a.m.<br><br>During an interview on 11/15/24, at 3:54 p.m., the Administrator (ADM) stated the risk of delayed pain medication delivery was the resident would be in pain. The ADM stated it was important to alleviate pain and to follow the physician's orders. |