

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER ESCONDIDO POST ACUTE REHAB		STREET ADDRESS, CITY, STATE, ZIP 421 E MISSION AVE ESCONDIDO, CA 92025	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of abuse when the allegation was made for one resident (1). As a result, the allegation was not investigated until seven days later. Findings: Per the facility's Resident Face Sheet, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the GPs (Geriatric Psychiatrist) note for Resident 1, dated 1/15/20, .Reports further worries re(regarding): CNAs (Certified Nursing Assistant) touching her inappropriately during peri-care (cleaning resident after episodes of incontinence) . On 1/23/20 at 12 P.M., a telephone interview was conducted with the GP. The GP stated, Resident 1 reported CNAs touching her inappropriately during his visit on 1/15/20. The GP further stated, he did not report the allegation to anyone at the facility. On 1/31/20 at 2:40 P.M., a telephone interview was conducted with the SW (Social Worker). The SW stated, once the GP completed the visit note and sent it to MR (Medical Records), MR sent the note to him, and he would read it. The SW further stated, MR did not give him the note dated 1/15/20 until 1/23/20. On 1/31/20 at 2:45 P.M., a telephone interview was conducted with the MR. The MR stated, the GP visited Resident 1 on 1/15/20, and sent the note to the facility on [DATE]. On 3/3/20 at 10:30 A.M., an interview was conducted with the MD (Medical Director). The MD stated, physicians were mandated reports, and the GP still should have notified the facility of the allegation even if the GP thought the allegation was a delusion. Per the facility's policy, titled Physician Services, revised April 2013, .3. The physician will . provide adequate, timely information about the resident's condition . Per the facility's policy, titled Abuse Prevention Program, revised August 2006, .Our abuse prevention program provides policies and procedures that govern, as a minimum . Timely and thorough investigations of all reports and allegations of abuse .		

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