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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555754 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/20/2020 |
| NAME OF PROVIDER OF SUPPLIER VILLAGE SQUARE HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1586 W. SAN MARCOS BLVD SAN MARCOS, CA 92078 | |
| 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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure CNA's (Certified Nursing Assistant) provided range of motion (the movement of a joint) to one of two sampled residents (1). As a result, there was the risk of Resident 1 losing range of motion. Findings: Per the facility's Resident Face Sheet, Resident 1 was admitted to the facility on [DATE]. On 12/11/19 at 3 P.M., an interview was conducted with the RD (Rehabilitation Director). The RD stated, Resident 1 was on the RNA (restorative nursing assistant) program for ROM (Range of motion) exercises, but it was discontinued. At that point, CNAs were supposed to perform ROM with Resident 1. On 12/11/19 at 3:35 P.M., an interview was conducted with the RNA. The RNA stated, she performed ROM on Resident 1's left hand and shoulder before Resident 1 was removed from the RNA program. The RNA further stated, she did not know why Resident 1 was removed from the RNA program, and that the CNA's were too busy to perform ROM with residents. Per the facility's Kardex for Resident 1, dated 11/13/19, .ROM - LT (left) ring finger, LT shoulder BLE (Both legs) by CNA . On 12/11/19 at 4:40 P.M., an interview was conducted with CNA 1. CNA 1 stated, CNA's did not need to perform ROM with Resident 1 because Resident 1 was on the RNA program. On 12/11/19 at 4:45 P.M., an interview was conducted with LN 1 (Licensed Nurse). LN 1 stated, she was not sure if the CNA's had to perform ROM with Resident 1, because it had not been communicated to her. On 12/1/19 at 5 P.M., an interview was conducted with Resident 1. Resident 1 stated, CNA's had not performed ROM with her since she was removed from the RNA program. On 2/11/20 at 9:45 A.M., an interview was conducted with CNA 2. CNA 2 stated, she had not performed ROM on Resident 1's hand when she was assigned to care for her. On 2/11/20 at 10:25 A.M., an interview was conducted with the DON (Director of Nursing). The DON stated, the CNA's should have known to perform ROM with Resident 1 based on the direction they received from the Kardex. Per the facility's policy, titled Kardex System, dated 12/1/05, . 7. Kardex is updated daily to reflect patients' current plan of care . | | |
| 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.