

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER COTTONWOOD CANYON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1391 MADISON AVENUE EL CAJON, CA 92021	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility did not provide adequate supervision for three of three residents (Residents 1, 2, and 3), reviewed for leaving the facility on day passes. As a result, Residents 1, 2 and 3, left the facility without completing the Out on Pass communication log and Licensed Nurses (LNs) did not assess the residents upon return to the facility for potential injuries while out. Findings: 1. Resident 1 was admitted to the facility on [DATE], with diagnoses, which included infection to the left lower leg, and difficulty walking, per the facility's Resident Face Sheet. On /26/20, Resident 1's clinical record was reviewed: Resident 1's Admission Minimum Data Set (MDS-an assessment tool) dated 2/7/20, indicated a Brief Interview for Mental Status (BIMS- a cognitive assessment) score of 14 (score 13-15 indicates a person is cognitively intact). According to Resident 1's Progress Notes, dated 2/25/20 at 6:10 P.M., LN 7 documented Resident 1 missed physical therapy and was last seen at 1 P.M. LN 7 documented Resident 1 could not be located after the facility was searched. LN 7 documented the resident's physician and the facility's administrator were notified. According to Resident 1's Progress Notes, dated 2/25/20 at 11:01 P.M., LN 7 documented Resident 1 returned around 8 P.M. and complained of pain, 8 out of 10 (pain scale with 0 being no pain, and 10 being the worst pain) in the left leg. LN 7 stated Resident 1 was aware of physician's orders [REDACTED]. Resident 1's physicians order, dated 2/15/20, .May go out on pass x4 hours Once-One time 07:00-15:00 (3 P.M.) . with a start and stop date of 2/15/20. The facility's Day Pass binder was reviewed from 1/25/20 through 2/25/20. Resident 1 signed out one time, on 2/25/20 at 1 P.M., with no destination, no phone number provided, no date/time of expected return, and no LN or facility's representative signature of being notified when Resident 1 left or returned. 2. Resident 2 was admitted to the facility on [DATE], with diagnoses, which included muscle weakness and difficulty walking. On [DATE], Resident 2's clinical record was reviewed: Resident 2's quarterly MDS, dated [DATE], indicated a BIMS score of 15. (13-15 indicates a person is cognitively intact). Resident 2's physicians order did not contain an order for [REDACTED]. Resident 2 signed out on 1/31/20 at 8:16 A.M., with a destination of social security. No address, phone number, expected time of return, or facility's representative signed they were notified when the resident left or returned. Resident 2 signed out on 2/5/14 at 4:31 P.M., with a destination of . church, with no address or phone number. Resident 2 documented an expected time of return as 9:30 P.M., on 2/5/20. There was no facility representatives signature for when Resident 2 left or returned. 3. Resident 3 was admitted to the facility on [DATE] with diagnoses, which included muscle weakness and difficult walking. On [DATE], Resident 3's clinical record was reviewed. Resident 3's quarterly MDS, dated [DATE], indicated a BIMS score of 13. (13-15 indicates a person is cognitively intact). Resident 3's physicians order indicated the resident could leave the facility on a day pass for 4 hours, two times a week. The facility's Day Pass binder was reviewed from 1/25/20 through 2/25/20. Resident 3 signed out on 1/25/25 at 11:48 A.M., with no destination, no phone number, no expected date/time of return and no signature of facility's representative. Resident 3 signed out another time, with no date listed, at 2:14 P.M The sign out did not have a destination, phone number, an expected date/time of return and no facility's representative's signature. On [DATE] at 3:16 P.M., an interview was conducted with certified nursing assistant 1 (CNA 1). CNA 1 stated LNs were responsible for monitoring residents who left on day passes and CNAs were not involved in day passes. On [DATE] at 3:32 P.M., an interview was conducted with LN 6. LN 6 stated a physician's orders [REDACTED]. LN 6 stated residents needed to document who they were with, where they were going, a phone number in case of an emergency, and what time they were expected back. Once a resident returned, they needed to be assessed by a LN and the assessment needed to be documented. On [DATE] at 3:35 P.M., an interview was conducted with LN 5. LN 5 stated if a resident wanted to leave on a day pass, the LN was responsible to ensure there was a physician's orders [REDACTED]. LN 5 stated it was important to know where all residents were for safety purposes and in case of an emergency, all residents would need to be accounted for. On [DATE] at 4:06 P.M., an interview was conducted with the Administrator (ADM) . The ADM stated a physician's orders [REDACTED]. The ADM stated residents were told they needed to notify a nurse and sign out in the day pass log book before leaving. The ADM stated he expected LNs to document they assessed the resident before they left the facility and when they returned. According to the facility's policy, titled Signing Residents Out, dated August 2006, . 2. A sign-out register is located at the nurses' station. Registers must indicate the residents expected time of return . 5. The Nurse Supervisor/Charge nurse is responsible . 9. Residents must be signed in upon return .</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.