

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555764	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER PALOMAR HEIGHTS POST ACUTE REHAB		STREET ADDRESS, CITY, STATE, ZIP 1260 E OHIO AVENUE ESCONDIDO, CA 92027	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement their policy related to Alleged Abuse for one of one sampled residents (1). This failure had the potential to increase the risk of further abuse. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Sheet. A report of employee to resident abuse was received in the department on 2/1/19 at 4:15 P.M. An unannounced visit to the facility was conducted on 2/4/19 at 3 P.M. An interview was conducted with the Social Services Director (SSD) on 2/4/19 at 4:03 P.M. The SSD stated Resident 1 claimed certified nursing assistant (CNA) 2 hit him in the balls. In addition, the SSD stated Resident 1 had reported the same story a few years ago. An interview was conducted with the Assistant Director of Nursing (ADON); on 2/8/19 at 3:02 P.M. The ADON stated Resident 1 claimed two separated episodes of being hit in the balls: 3-4 months ago by CNA 2 and 5-6 months ago by CNA 1. An observation and interview of Resident 1 was conducted on 2/8/19 at 4:50 P.M. Resident 1 was in bed, watching TV. Resident 1 stated CNA 2 beat him up. In addition, Resident 1 stated he was the savior, and Queen Elizabeth was his mother. A concurrent interview and record review was conducted with the ADON and the Business Office Liaison (BOL) on 2/8/19 at 3:25 P.M. The ADON and the BOL reviewed the personnel files for CNA 1 and CNA 2. The ADON stated there were no reference checks for CNA 2; and only 1 professional reference check and 1 personal reference check, for CNA 1. The ADON stated, We need two reference checks. The BOL stated, It wasn't followed up. A review of the facility's policy, dated 9/11, titled, Alleged Abuse and Elder Justice Act, indicated, .Policy. 1. It is the policy of this facility to take appropriate steps to prevent the occurrence of abuse .Procedure. Screening. A. All applicants for employment shall, at a minimum, have the following screening checks conducted: reference checks with the current and/or past employer .		
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.