

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER BOULDER CREEK POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 12696 MONTE VISTA ROAD POWAY, CA 92064	
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 observation, interview and record review, the facility failed to develop a comprehensive person-centered plan of care for two of two sampled residents (1, 2) involved in an altercation. This failure had the potential risk for the safety of both residents (1, 2) and not meeting their needs. Findings: On 8/4/2020 at 2:21 P.M., the Department received a reported incident, which indicated, an altercation between two residents, which involved Resident 2 pouring juice on Resident 1. On 8/11/2020, at 10:14 A.M., an unannounced visit to the facility was conducted. 1. Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. 2. Resident 2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A concurrent observation and interview was conducted with Resident 1 on 8/11/2020 at 2:23 P.M. Resident 1 was reclining in bed, and had a calm demeanor. Resident 1 stated, I feel ok, I don't remember the incident, I am not hurt. I feel safe here. There was no opportunity to observe or interview Resident 2 as the Resident was not in the facility. A review of Resident 1's medical record was conducted on 8/11/2020 at 11:34 A.M. There was no care plan developed for Resident 1 related to the altercation. A review of Resident 2's medical record was conducted on 8/11/2020 at 11:36 A.M. There was no care plan developed for Resident 2 related to the altercation. A concurrent record review and interview was conducted with the Quality Assurance Nurse (QA Nurse) on 8/11/2020 at 12:15 P.M. The QA Nurse stated, There is no care plan for either resident about the altercation; there should be, it is a method of communicating to staff. A review of the facility's policy, dated, 9/2013, titled, Care Planning-Interdisciplinary, indicated, .Our facility's Care planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident . A review of the facility's policy, dated, 12/2016, titled, Resident-Resident Altercations, indicated, .Policy Interpretation and Implementation .2. If two residents are involved in an altercation, staff will .f. make any necessary changes in the care plan approaches to any or all of the involved individuals .		
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.