

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF ESCONDIDO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1980 FELICITA ROAD ESCONDIDO, CA 92025</b>	
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 0850  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Hire a qualified full-time social worker in a facility with more than 120 beds.</b>  Based on interview and record review, the facility failed to provide a social services consultant for the facility Residents. This failure had the potential for adverse health outcomes including psychosocial well-being of residents needing medically related social services. Findings: On 6/18/18 at 9:56 A.M., a complaint was received related to social service functions at the facility. On 6/19/18, at 4 P.M., an unannounced visit to the facility was conducted. On 6/19/18 at 4:23 P.M. a record review was conducted with the Director of Nurses 1(DON). The DON 1 reviewed the social services director's (SSD) personnel file. The DON stated the SSD had no certificate or degree. On 6/19/18 at 4:28 P.M., an interview via telephone was conducted with the SSD. The SSD stated, I have no certificate or degree. A social services consultant comes in every other month. On 2/25/20 at 4:16 P.M., an interview was conducted via telephone with the DON 2. The DON 2 stated, There is no documentation of a social services consultant in 2018 until December; no sign- in sheet or payroll. SSD did not have a SS certificate. On 3/17/20 at 2 P.M., an interview was conducted with the Executive Director (ED). The ED stated, A consultant did not come out regularly; my expectation is that a consultant should come in regularly. A review of the facility's document, dated 12/6/16, titled, Social Services Director (SSD) Job Description Primary indicated, Position Summary: The Social Services Director .ensures all medically-related emotional and social needs of patients are met in accordance with all applicable laws, regulations .		
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.