

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555723	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER ASTOR HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 247 E. BOBIER DRIVE VISTA, CA 92084	
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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to return resident's belongings to the resident and/or responsible party for two of two residents (1, 2). As a result, the responsible party of Resident 1 and Resident 2 had not received the residents' belongings. Findings: Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the facility's Admission Record, Resident 2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 1/28/20 at 11:35 A.M., an interview was conducted with the Social Worker (SW). The SW stated, the Inventory of Personal Effects had been signed by a resident's family when they dropped off a resident's belongings, and signed again upon discharge, when a resident's family received the items upon discharge. The SW further stated, they should have documented when a family member picked up a resident's belongings, but they did not. On 1/28/20 at 12:50 P.M., a concurrent interview and record review was conducted with the DON. The Inventory of Personal Effects was not signed upon discharge for Resident 1 or Resident 2. There was no documentation to indicate what happened to Resident 1 or Resident 2's belongings. The DON stated, the facility should have documented what happened to the resident's belongings. Per the facility's policy, titled Disposition of Resident's Personal Property on D/C, dated May 2019, it is the policy of this facility to return any and all inventoried personal items to resident's (or their legally recognized decision-maker) upon discharge from the facility in a timely manner. Social service staff will then contact the discharged resident or the resident's legally recognized decision-maker to ask them to pick up the belongings within 30 days. Efforts to arrange for the timely and accurate disposition of belongings will be documented. When belongings are picked up, any staff member may co-sign the 'Upon Discharge' section of the inventory with the person picking up the belongings.		
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.