STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555076	A. BUILDING _____ B. WING _____	**08/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVOCADO POST ACUTE	**510 E. WASHINGTON AVENUE EL CAJON, CA 92020**

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 0602 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Protect each resident from the wrongful use of the resident's belongings or money.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to return property in a timely manner for one of five sampled residents (1) reviewed for misappropriation of personal property. This failure caused Resident 1 to have undue stress and anxiety. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1 was discharged to the hospital on [DATE] and did not return to the facility. During a review of Resident 1's Progress Note, dated 6/27/19 at 4:35 P.M., the Social Services Director (SSD) indicated she had received a call from Resident 1 related to her belongings that were left at the facility when she went to the hospital. During an interview on 7/10/19 at 2 P.M., with the Administrator (Admin), the Admin stated Resident 1 had called the facility and told the Admin she did not get her lockbox with her financial documents when she was discharged . During an interview on 7/10/19 at 3:10 P.M., with Licensed Nurse (LN) 1, LN 1 stated she was the nurse that discharged Resident 1 the night she left for the hospital. LN 1 stated Resident 1 may have had a purse but did not have any other possessions. During an interview on 7/10/19 at 3:40 P.M., with Certified Nursing Assistant (CNA) 1, CNA 1 stated she was the lead CNA when Resident 1 came into the facility. CNA 1 stated Resident 1 had five or six bags of possessions. During an interview on 7/10/19 at 3:55 P.M., with the SSD, the SSD stated she had seen at least four clear bags of clothes in Resident 1's room during her stay at the facility, but did not see a lockbox. The SSD stated after Resident 1 had discharged from the facility they had looked in the maintenance area where belongings were stored and could not find any of Resident 1's belongings. During an interview on 7/10/19 at 4:10 P.M., with the Director of Nursing (DON), the DON stated he had reviewed the videotape of Resident 1 leaving the facility and she had no possessions with her. During a telephone interview on 8/6/19 at 9:35 A.M., the DON stated Resident 1's belongings, including a lockbox, had been found on top of a shelf in the room she had stayed in. During an interview on 8/7/19 at 5 P.M., with the DON, the DON stated Resident 1 had not received her belongings for six weeks after discharge. During a review of a handwritten document, dated 8/6/19, Resident 1 signed a statement, witnessed by facility staff, that she had received her belongings, including clothes and a lockbox with contents intact (42 days after she had left the facility). Per the facility's policy titled, Theft/Loss Prevention, revised January 1, 2017, .The facility is committed to preventing the misappropriation of resident property .Upon the discharge or death of the resident, the Facility provides the resident .the resident's property .
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 interview and record review, the facility failed to ensure a policy was followed that required discharged residents to sign their resident inventory form upon leaving the facility when five of six sampled residents (1,2,3,4,5) did not sign their inventory when discharged . This failure had the potential for residents to not receive all their belongings upon discharge. Findings: 1. Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1 was discharged to the hospital on [DATE] and did not return to the facility. During an interview on 7/10/19 at 2:25 P.M., with the Medical Records Director (MDR), the MDR stated, We don't have an inventory list of personal possessions for Resident 1. 2. Resident 2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 2 was discharged on [DATE]. During a review of Resident 2's record, the document titled Patient Personal Property Inventory, dated and signed on admission, no signature was observed on the line which read Upon Discharge, I certify that the above is a correct list of my belongings .signed Patient/Responsible Party. During a review of the facility's Personal Property Log on 8/7/19, under Resident 2's name, property was listed as picked up on 6/10/19. The Log had a column to add the name of the staff member that retrieved the property from storage, and the name of the receiving party. Neither of these names were filled out. During a concurrent interview and record review on 8/7/19 at 3:40 P.M., with the DON, the DON stated it was a problem that staff did not get a signature when Resident 2's property was picked up by someone other than Resident 2. The DON stated, It could have been anybody. 3. Resident 3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 3 was discharged [DATE]. During a review of Resident 3's Patient Personal Property Inventory, dated and signed on admission, no signature was observed on the line which read Upon Discharge, I certify that the above is a correct list of my belongings .signed Patient/Responsible Party. 4. Resident 4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 4 was discharged [DATE]. During a review of Resident 4's Patient Personal Property Inventory, dated and signed on admission, no signature was observed on the line which read Upon Discharge, I certify that the above is a correct list of my belongings .signed Patient/Responsible Party. 5. Resident 5 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 5 was discharged [DATE]. During a review of Resident 5's Patient Personal Property Inventory, dated and signed on admission, no signature was observed on the line which read Upon Discharge, I certify that the above is a correct list of my belongings .signed Patient/Responsible Party. During an interview with the Director of Nursing (DON) on 8/7/19 at 5 P.M., the DON stated the Patient Personal Property Inventory was not signed at discharge by Residents 1, 2, 3, 4 and 5. The DON stated not getting these inventory forms consistently filled out and signed could cause complaints concerning residents not getting their possessions when leaving the facility. Per the facility's policy titled, Theft/Loss Prevention, revised January 1, 2017, .The facility is committed to preventing the misappropriation of resident property .Upon the discharge or death of the resident, the Facility provides the resident or his/her representative with a copy of the Resident Inventory and the resident's property and obtains a signed receipt from the recipient.

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.