

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2020
NAME OF PROVIDER OF SUPPLIER PARADISE VALLEY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 2575 E. EIGHTH ST. NATIONAL CITY, CA 91950	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to report an allegation of abuse made by one of five sampled residents (Resident 1) against another resident (Resident 3) to [ST] Department of Public Health (CDPH). This failure had the potential to put residents at risk for abuse. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record. Resident 3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record. An onsite investigation was conducted on 8/6/19 for an allegation of a male resident who entered Resident 1's room, with his pants down and attempted to place his body on top of Resident 1. The alleged incident occurred on 6/18/19. On 8/6/19, a review of Resident 1's record was conducted. There was no documented evidence of the allegation in the nursing progress notes, dated 6/15/19 to 7/18/19, the Interdisciplinary Team (IDT- a meeting participated by different staff to discuss changes in resident condition and or any incident occur with the resident) meeting notes, dated 6/13/19 to 7/11/19, or in the social service note, dated 6/5/19 to 7/19/19. On 8/6/19 at 1:04 P.M., an interview with Licensed Nurse (LN) 3 was conducted. LN 3 stated, she remembered she received a report that Resident 3 went inside Resident 1's room. LN 3 stated, the Abuse Coordinator (AC) was notified of the allegation, but she could not confirm the date she told the AC. On 8/6/19 at 1:25 P.M., a concurrent interview and review of the facility's investigation with the Administrator (ADM) was conducted. The facility's investigation, dated from 6/19/19 to 8/6/19 was reviewed. The record indicated, on 6/19/19, the ADM and the Director of Social Services (DSS) were made aware of the allegation which took place on 6/18/19. The ADM stated he did not report the sexual allegation to CDPH because the allegation was investigated and there was no evidence that Resident 3 went into Resident 1's room. On 8/6/19 at 1:54 P.M., an interview with the Director of Social Services (DSS) was conducted. The DSS stated, Resident 1's spouse informed the DSS about a male resident who entered Resident 1's room. The DSS informed the ADM on 6/19/19 regarding the allegation. On 8/6/19 at 3:36 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated, Had we thought something happened, we will report to CDPH but after our investigation there was no sign of abuse. Therefore, there was no report submitted to CDPH. A review of the facility's policy, dated April 2010, titled Abuse Investigation, indicated . The Administrator will follow the regulations and guidelines per state survey and certification agencies protocol for reporting abuse . A review of the facility's policy, dated December 2007, titled Unusual Occurrence Reporting indicated . As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors .1. Our facility will report the following events to appropriate agencies .allegations of abuse, neglect and misappropriation of resident property .2. Unusual occurrences shall be reported via telephone .as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations. 3. A written report .shall be sent or delivered to the state agency . within forty-eight (48) hours of reporting the event or as required by federal and state regulations .</p>		

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.