STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555136	A. BUILDING _____ B. WING _____	**03/18/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
POWAY HEALTHCARE CENTER	**15632 POMERADO 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 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.** Based on interview and record review, the facility failed to implement abuse prevention policies and procedures for one of one sampled employee. There was no documented evidence a reference check was done for one hired employee (1). Finding: On 06/25/18 at 8:37 A.M., the Department received an entity reported incident (ERI). This ERI indicated a certified nursing assistant (CNA) 1 had requested sexual favors from a resident. On 7/6/18 at 12:06 P.M.,the Department made an unannounced visit to the facility. A review of Employee 1's file for evidence of abuse prevention compliance was conducted. The facility did not have documented evidence that two reference checks were done prior the date of hire. A concurrent interview and record review (CNA 1's personnel file) was conducted with the Director of Nursing (DON) on 7/6/18 at 1:07 P.M. The DON stated it was important to do reference checks for abuse prevention. The DON stated she was not able to find documented evidence that two reference checks were done for CNA 1. The DON acknowledged this should have been done and stated, We try to get a least one work reference. A review of the facility's policy, dated, November 2015, titled, Background Screening and Investigations, indicated, . Policy Interpretation and Implementation .1 . will conduct background checks, reference checks and criminal conviction checks on all potential employees who meet the criteria for direct access employee .
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 interview and record review, the facility failed to develop a care plan related to abuse for one resident (1). This failure had the potential to affect the resident's care. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 06/25/18 at 8:37 A.M., the Department received an entity reported incident (ERI). This ERI indicated a certified nursing assistant (CNA) 1 had requested sexual favors from a resident. On 7/6/18 at 12:06 P.M.,the Department made an unannounced visit to the facility. An interview was conducted with Resident 1 on 7/6/18 at 3:05 P.M. Resident 1 stated that CNA 1 had requested a sexual favor and she declined. A concurrent interview and record review was conducted with the director of nursing (DON) on 7/6/18 at 2:05 P.M. The DON stated that there was no care plan for Resident 1 related to the incident with CNA 1. The DON stated, There is no care plan; we didn't do it. It would have been a good idea. A review of the facility's policy, dated April 2018, titled, Care Plans, indicated, .care plans are developed to address and manage the resident overall health conditions . and, .goals and objectives are entered on the resident's care plan so that all disciplines have access to such information .

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.