

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055890	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER MAGNOLIA POST ACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 635 S MAGNOLIA AVE 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)		
<p>F 0610</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to thoroughly investigate allegation of financial abuse for 1 of 1 resident, (Resident 1) reviewed for abuse. This failure has the potential for further resident abuse allegation to occur. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - assessment tool), Section C, indicated Resident 1's BIMS (Brief Interview for Mental Status) Summary Score was 15 out of 15 (which meant, Resident 1's ability to recall information was intact). On 10/28/19 at 1:08PM, an interview with the Director of Nursing (DON) was conducted. The DON stated she and the administrator had conducted an investigation of the incident and the findings had been substantiated. On 11/15/19 at 2:39PM, a joint interview with the Administrator and acting Director of Nursing (DON) was conducted. The Administrator stated that Resident 1 was alert and did not have a history of making up stories. The administrator stated, in his investigation, he had interviewed Resident 1, Resident 2 (Resident 1's roommate) and reached out to Licensed Nurse (LN) 1 and Certified Nurse Assistant (CNA) 1 via mail correspondence and telephone calls, with no response by either employee. The acting DON stated, due to no response by either employee, LN 1 was terminated 11/20/19 and CNA 1 was terminated 5/8/19 via registered mail correspondence. The Administrator and the acting DON both stated, it was not acceptable practice for the staff to borrow money from residents. On 2/21/20 at 2:17PM, an interview with Resident 2 was conducted. Resident 2 stated, staff purchased snacks and drinks from Resident 1, most of the staff paid cash and some purchased on I owe you (IOU) basis (an owing of a debt). Resident 2 further stated, she had never been interviewed by the facility Administrator or any staff regarding an investigation of alleged money borrowing by staff. On 2/21/20 at 3:31PM, an interview with the acting Director DON, was conducted. The acting DON stated, she was not part of the alleged financial abuse investigation for Resident 1. The acting DON further stated, she did not know why the facility reimbursed Resident 1 or purchased the remaining snack and drink inventory if the outcome of the facility investigation was not substantiated. On 2/25/20 at 2:25PM a telephone interview was conducted with the Administrator. The Administrator stated, he was the facility abuse coordinator and that he did not delegate the investigation to anyone else. The Administrator stated, the outcome of his investigation, regarding Resident 1's allegation of staff borrowing and owing her money, was not substantiated, as he was not able to speak with the alleged perpetrators. The Administrator stated, he only interviewed Resident 1, Resident 2 (Resident 1's roommate) and did not interview any other residents or employees regarding Resident 1's allegation. The administrator further stated, Resident 1's allegation was not thoroughly investigated. According to the facility's undated Investigative Summary Re: Abuse Allegation, indicated findings of the investigation was unsubstantiated due to lack of credible evidence to support the legitimacy of the allegation. The Administrator was not able to speak with the alleged perpetrators. According to the facility's policy, titled Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, revised 11/28/ 17, indicated Guidelines for Facility Compliance . Conduct a prompt, thorough and complete investigation in response to reportable allegations of abuse.</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.