STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055182	A. BUILDING _____ B. WING _____	**03/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LEMON GROVE CARE AND REHABILITATION CENTER	**8351 BROADWAY LEMON GROVE, CA 91945**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed follow their abuse policies when complete and thorough documentation for an abuse investigation and the immediate notification of leadership staff was provided for two of three residents (1, 2) reviewed. This failure had the potential for Resident 1 to experience psychosocial and physical harm. Findings: Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's MDS (health status screening and assessment tool), Section C, dated 10/8/19, indicated Resident 1's BIMS Summary Score (test for cognitive function) was 2 out of 15 (cognition was severely impaired). Resident 2 was admitted to the facility on [DATE], per the facility's Admission Record. A review of Resident 2's MDS, Section C, dated 12/3/19, indicated Resident 2's BIMS Summary Score was 15 out of 15 (cognition was intact). A review of the facility's Investigation Statement, dated 11/28/19 at 1 P.M., indicated LN 3 was made aware by Resident 1's family member, of an incident which occurred on 11/27/19 between Resident 1 and Resident 2. The same statement indicated Resident 2 was seen stroking Resident 1's cheek and holding Resident 1's hands by family member. A review of Resident 1's Progress Notes, dated 11/28/19 at 1 P.M., indicated Resident 1's family member reported Resident 2 was stroking Resident 1's cheek and holding Resident 1's hands to a LN on 11/27/19. On 2/26/20 at 2:58 P.M., an interview with LN 1 was conducted. LN 1 stated Resident 1's family member did not discuss the incident with him, but the family member did talk with the charge nurse on 11/27/19. LN 1 further stated the charge nurse would have dealt with the incident and would have notified the ADMIN and DON. LN 1 stated he did not document in either residents' medical record regarding the incident because he was not involved. On 2/26/20 at 4:10 P.M., an interview with LN 2 was conducted. LN 2 stated she was the reporting party involving the incident between Resident 1 and Resident 1. LN 2 stated Resident 1's family member came to her on the evening of 11/27/19 and stated Resident 2 was touching Resident 1. LN 2 stated if she called the ADMIN regarding the incident, LN 2 would have documented on a progress note. LN 2 further stated she did not write a statement regarding the incident. A review of the LN 1's witness statements regarding the incident, undated, indicated LN 1 documented Resident 1's family member asked me what was the name of (Resident 2) allegedly stroking (Resident 1's) cheek and touching her face. The same statement indicated Resident 1's family member was reassured that the incident will be relayed and reported to the DON/Administrator for further action. No statement for LN 2 was provided by the facility. A review of Resident 1's Progress Notes, and Resident 2's Progress notes was conducted and no documentation was found dated 11/27/19 regarding the incident. A review of the facility's Facility Suspected Crime Report Under Elder Justice Act, dated 11/28/19, indicated LN 1 and LN 2 were not named as individuals reporting or the date and time LN 1 and LN 2 became aware. No other report was provided by the facility. On 2/26/20 at 4:29 P.M., an interview with the ADMIN was conducted. The ADMIN stated she was notified regarding the incident involving Resident 1 and Resident 2 on 11/28/19 by the A.M. nurse. The ADMIN stated the DON investigated the incident. The ADMIN stated when an abuse allegation occurs, the policy of the facility was the ADMIN and/or the DON should be notified immediately. The ADMIN stated immediately meant right after the incident occurred. The ADMIN stated when an abuse allegation was investigated, statements were written by all the staff involved to communicate what happened. On 2/28/20 at 12:46 P.M., an interview with the DON was conducted. The DON stated she investigated the incident involving Resident 1 and Resident 2. The DON stated LN 1 and LN 2 were the direct staff involved with the incident. The DON stated she was notified of the incident on 11/28/19 by the A.M. nurse. The DON stated staff should notify the DON and ADMIN immediately after an abuse allegation occurs. The DON stated LN 1 should have written a statement regarding the incident, but LN 2 did not. The DON further stated both LN 1 and LN 2 did not write progress notes regarding the incident and when it was reported to the ADMIN or the DON. The DON stated both LNs should have written progress notes to document for the investigation and to communicate to other staff what happened. According to the facility's policy, revised May 2007, .1. Any person(s) witnessing or having knowledge of potential or actual abuse must report the incident to the Administrator and/or designee immediately. Such report can be made to the Charge Nurse who is responsible to follow through with reporting procedures .2. The person reporting .must complete a report or provide information . According to the facility's policy, revised May 2007, .It is the policy of this facility to protect the residents from harm at all times .Procedures .6. Complete all necessary documentation for reporting the incident .10. All incidents are to be documented in each resident's medical record .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE