

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055873</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8665 LA MESA BLVD. LA MESA, CA 91942</b>	
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 0624  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Prepare residents for a safe transfer or discharge from the nursing home.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to ensure preparation for safe discharge was provided for one of three sampled resident (Resident 1). For Resident 1, there was no documented evidence that insulin (medication for high blood sugar) syringes (needles) was provided upon discharge. This failure had the potential for Resident 1 not able to administer her insulin. Findings: Resident 1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An interview with Licensed Nurse (LN) 1 was conducted on 6/19/20 at 10:30 A.M. LN 1 stated, We do teaching and education before discharge. LN 1 further stated nursing also, Provide all the supplies that they may need. LN 1 also stated it was important for diabetic patient to have the insulin and syringes. LN 1 further stated, To make sure they are able to continue care at home. A phone interview with LN 2 was conducted on 6/22/20 at 11:44 A.M. LN 2 stated that Resident 1 had physician orders [REDACTED]. LN 2 further stated she went over the list of medications with Resident 1 before discharge which included the insulins. LN 2 further stated it was important for Resident 1 to have her insulin and syringes due to her diabetes. LN 2 stated she did not document how many syringes she gave Resident 1. LN 2 acknowledged it should have been included on the discharge list but was not. A concurrent phone interview and record review of Resident 1's Discharge and Transfer form, was conducted with the Director of Nursing (DON) on 6/22/19 at 11:55 A.M. The DON stated it was important for Resident 1 to have syringes for her insulin administration. The DON stated it was her expectation for nurses to provide insulin syringes and document the quantity given. The DON acknowledged there was no documented evidence that syringes were provided for Resident 1 upon discharge. A review of the facility's policy titled Admission, Transfer or Discharge, dated 12/16, was conducted. This policy indicated, Residents will be prepared in advance for discharge . a . . as well as the recommended discharge services and equipment .		

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.