

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER PARKWAY HILLS NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 7760 PARKWAY DRIVE LA MESA, CA 91942	
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 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 observation, interview, and record review, the facility failed to develop a plan of care related to Resident 1's behavior of being involved in Resident 2's (roommate) care. This failure resulted in Resident 1's continuous conflict between staff over Resident 2's care. Findings: Resident 1 was re-admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Record. A complaint was received on 6/10/20, related to an allegation of verbal abuse by staff to Resident 1, incontinent care, and call lights not answered in a timely manner. On 6/11/20, at 11:48 A.M., an observation and interview with Resident 3 was conducted. Resident 3 was up in bed, doing a word puzzle. Resident 3 stated there were no issues with incontinent care, call light response by staff, and how staff treated her. On 6/11/20 at 12:10 P.M., an observation and interview with Resident 4 was conducted. Resident 4 stated there were no issues on how staff provided her care, or how staff treated her. Resident 4 stated there were no concerns in how staff responded to her call light, and staff checked her brief several times a day. On 6/11/20 at 2:02 P.M., an interview with CNA 2 was conducted in Resident 1's shared room. CNA 2 stated Resident 1 had left the facility for a medical appointment for the rest of the day. Resident 2 (roommate) was in her wheel chair, and was non-interviewable. On 6/11/20 at 3:04 P.M., an interview with CNA 1 was conducted. CNA 1 stated she provided care for Resident 1 and Resident 2 on 6/10/20. CNA 1 stated Resident 1 was particular about Resident 2's care and expressed her concern over Resident 2's care. On 6/11/20 at 3:20 P.M., an interview with licensed nurse (LN) 1 was conducted. LN 1 stated Resident 1 was upset, on 6/10/20, and verbalized concern regarding Resident 2's care. LN 1 stated Resident 1 was always about her roommates' care and this had been an ongoing issue with all her previous roommates. LN 1 stated she did not document this issue because this behavior was usual for Resident 1. LN 1 stated the staff allowed Resident 1 to be involved with her roommates' care, because staff did not want Resident 1 to be upset. LN 1 stated she should have documented Resident 1's behavior. On 6/11/20, a review of Resident 1's medical record was conducted. There were no nursing notes regarding Resident 1's concerns related to Resident 2 on 6/10/20. There were no care plans related to Resident 1's ongoing behavior of involving herself with Resident 2's care, or complaints of staff not providing care to Resident 2. On 6/12/20 at 10:38 A.M., a phone interview with the director of nursing (DON) was conducted. The DON stated Resident 1 always had something to say about her roommate's care, always activated her call light for her roommate, and this had been going on for a few months. The DON stated there should have been a care plan for Resident 1's behavior, but it was not done. A review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, dated December 2016, indicated, .1. The Interdisciplinary Team . develops and implements a comprehensive, person-centered care plan for each resident. g. Incorporate identified problem areas. 9. Identifying problem areas and their causes, and developing interventions .		
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.