

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2020
NAME OF PROVIDER OF SUPPLIER FRIENDSHIP MANOR NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 902 SOUTH EUCLID AVENUE NATIONAL CITY, CA 91950	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident's (1) clinical record included accurate documentation related to urine output. This failure had the potential to result in miscommunication of accurate urine output, delayed necessary care and treatment, and affect Resident 1's health and well-being. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED], of Admission. Per the history and physical examination [REDACTED]. An interview was conducted with the director of nursing (DON) on 9/28/17 at 5:18 P.M. The DON stated that on 9/1[DATE]7, there was a concern of decreased urine output in Resident 1's Foley, so Resident 1 was sent to the hospital for evaluation. A review of Resident 1's record was conducted. The SBAR (situation, background, appearance, review) Communication Form dated 9/1[DATE]7, included documentation that Resident 1 was noted with .no urine output in the catheter bag. Resident 1's record titled, Intake & (and) Output (I & O) Fluids, dated 9/1[DATE]7 included the following documented fluid intake and output in cubic centimeters (cc; also referred to as milliliters): 11-7 (night shift) fluid intake 120 fluid output 100 7-3 (day shift) fluid intake 600 fluid output 600 3-11 (evening shift) fluid intake 240 fluid output 200 Resident 1's record titled, CNA (certified nursing assistant) Flow Sheet, dated 9/1[DATE]7, included the following documented output in cc: N (night shift) output (blank; not completed) D (day shift) output 0 P (evening shift) output 200 A concurrent interview and review of Resident 1's I & O record and CNA Flow Sheet was conducted with the DON on 9/28/17 at 5:30 P.M. The DON stated that a licensed nurse completed the I & O form, and the CNAs completed the CNA Flow Sheet. The DON stated the fluid amounts recorded on the I & O record were usually the same as the CNA Flow Sheet. The DON did not know why the I & O record dated 9/1[DATE]7 for the night shift indicated an output of 100 cc, and the CNA Flow Sheet was left blank. In addition, the DON could not explain why the I & O record for the day shift indicated a 600 cc output, but the CNA Flow Sheet output indicated 0 cc. The DON stated that because of the discrepancies, she could not say which record indicated Resident 1's true fluid output. The DON acknowledged that Resident 1's record did not include accurate documentation.		
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.