

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555431</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY HILLS POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1580 BROADWAY EL CAJON, CA 92021</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 0657  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to perform an interdisciplinary team (IDT) meeting after an employee-to-resident altercation for one resident (7). This failure had the potential for miscommunication among staff members and providers to address the resident's (7) needs. Findings: Resident 7 was re-admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 7's MDS (Minimum Data Set, an assessment tool), dated 1/30/19, indicated Resident 7 had a BIMS (Brief Interview of Mental Status, an assessment tool) score of 12 (13-15 indicated an intact cognition). On 7/12/19, at 2:34 P.M., an observation and interview with Resident 7 was conducted. Resident 7 was lying in bed. Resident 7 stated, a few days ago, certified nurse assistant (CNA) 6 tried to punch him in the face, but Resident 7 blocked CNA 6's punch with his right arm. On 3/3/20 at 10:40 A.M., an interview with CNA 6 was conducted. CNA 6 stated, he recalled the incident while providing care to Resident 7. CNA 6 stated Resident 7 was restless and yelling that day. CNA 6 stated he told Resident 7 not to yell, but Resident 7 got upset. CNA 6 stated he covered Resident 7 with a blanket and Resident 7 accused CNA 6 of hitting the resident. On 3/9/20 and 3/10/20, LN 3 was not available for an interview. A review of Resident 7's medical record was conducted. There was no documentation to indicate an IDT meeting had occurred after the incident. On 3/10/20, at 3:14 P.M., a phone interview with the director of nursing (DON) was conducted. The DON stated there was no IDT meeting to address the incident between Resident 7 and CNA 6, and develop corrective actions. The DON further stated, there should have been an IDT meeting immediately after the incident. A review of the facility's undated policy, Interdisciplinary Team Meeting, indicated, . reason for IDT meeting is to meet the changing needs of the patient by using an interdisciplinary system . care planning and updates will be made in a . timely manner. IDT meetings are usually held daily .		
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.