

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/05/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/05/2017
NAME OF PROVIDER OR SUPPLIER VILLA RANCHO BERNARDO CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 15720 BERNARDO CENTER DRIVE SAN DIEGO, CA 92127		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.</p> <p>ERI#: CA00548456 Category: Resident to Resident Abuse</p> <p>The investigation was limited to the specific entity reported incident and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Health Facilities Evaluator Supervisor 29153 and Health Facilities Evaluator Nurse 38602</p> <p>No deficiencies were identified from this investigation.</p>	F 000	<p>RECEIVED CA DEPT OF PUBLIC HEALTH</p> <p>OCT 17 2017</p> <p>LICENSING DIVISION SAN DIEGO HEALTH CARE OFFICE</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

10-11-17

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.