

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

PRINTED: 08/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555804	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2022
NAME OF PROVIDER OR SUPPLIER VICTORIA POST ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 654 S. ANZA EL CAJON, CA 92020		
(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	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of two complaints. Complaint number: CA00765769 Category: Resident/Patient/Client neglect Complaint number: CA00765786 Category: Resident/Patient/Client neglect The investigation was limited to the specific complaint/self-reported event investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Health Facilities Evaluator Nurse 31919.	F 000			
F 551 SS=D	Rights Exercised by Representative CFR(s): 483.10(b)(3)-(7)(i)-(iii) §483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. (i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative.	F 551			

RECEIVED
CA DEPT OF PUBLIC HEALTH

SEP 28 2022

LICENSING & CERTIFICATION
SAN DIEGO DISTRICT OFFICE

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

TITLE

(X6) DATE

Electronically Signed

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.

Victoria Post Acute Care
Plan of Correction

Plan of correction: F-551 Rights exercised by Representative

Corrective action for residents found to have been affected by this deficiency:

Resident has been discharged 12/21/2022 and is no longer a resident at Victoria Post Acute Care.

Corrective action for residents that may be affected by this deficiency:

All residents who has an existing DPOA have a potential to be affected by the deficient practice.

Social services reviewed all residents with an existing valid DPOA document. All documents were placed in the residents' charts and face sheets were updated on 9/28/2022.

Measures that will be put into place to ensure that this deficiency does not recur:

The Director of Nursing/Designee and Administrator provided an in-service to Licensed Nursing Staff and Social services regarding Rights Exercised by a Representative: Acknowledgment of validity of the durable power of attorney to assist with decision-making, provide financial management assistance, receive notifications or access medical/social/personal resident information by 9/30/2022.

Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:

Medical records will review changes of condition for notification of appointed representative, should a valid DPOA was exercised, twice a week x 4 weeks. The administrator will interview 3 random residents with existing DPOA to ensure personal mails and packages are delivered directly to the residents, once weekly x 4 weeks. Findings will be reported to the DON and QAA with a threshold of 95% compliance. Further monitoring will be determined by the QAA committee.

Compliance Date: 9/30/2022

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F 551	<p>Continued From page 1</p> <p>(ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.</p> <p>§483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.</p> <p>§483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the</p>	F 551			

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F 551	<p>Continued From page 2</p> <p>representative's authority.</p> <p>(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.</p> <p>(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the resident's representative when the resident;</p> <p>A. had a change of condition.</p> <p>B. had a document, the Resident Fund Management Service, signed.</p> <p>C. had mail addressed to her opened by staff.</p> <p>This failure had the potential for Resident 1's designated representative to not be able to make decisions or take actions that were in Resident 1's best interest.</p> <p>Findings:</p> <p>Per the Admission Record, Resident 1 was admitted on 1/31/20 with diagnosis including Hemiplegia (paralysis of one side of the body) and Hemiparesis (weakness or inability to move on one side of the body) following cerebral infarction (disrupted blood flow to the brain) affecting left dominate side. Review of Resident 1's Minimum Data (MDS) dated 2/7/20, section C0500, indicated, BIMS (Brief Interview for Mental Status) summary Score was 5 (Severely impaired)</p> <p>A) On 1/6/22 at 12:30 P.M., Resident 1's family member (FM) was interviewed. FM stated, "My</p>	F 551			

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F 551	<p>Continued From page 3</p> <p>grandmother's medication list included a drug called Metformin (an anti-diabetic medication). FM stated, "We had no knowledge of my grandmother having Diabetes (A chronic condition that affects the way the body processes blood sugar)."</p> <p>Review of Resident 1's Order Summary indicated, Metformin tablet 850 mg (milligram), give 1 tablet by mouth two times a day for DM (Diabetes Mellitus) give with meals. Order date 10/20/2021.</p> <p>On 1/7/22, Resident 1's Medication Administration Record (MAR) was reviewed. According to the MAR, Resident 1 was administered Metformin at 7 AM and 5 PM every day from 10/ 20/21 until Resident 1 discharged on 12/21/21.</p> <p>On 1/20/22, at 2 PM, the DON was interviewed. The DON stated, "This resident was on a diabetic medication when she was admitted on 1/31/20. The doctor changed it to Metformin on 10/20/21. The DON said, "There are no documents to show the Resident's Representative was made aware of the medication change, the representative should have been called."</p> <p>B) On 1/12/22 at 1:30 PM, a joint record review and interview with the Social Services Assistant (SSA) was conducted. The SSA stated, "I'm in charge of rep. payee." During a record review of a document titled, "Resident Fund Management Service, (RFMS, a resident fund accounting system) Authorization and Agreement to Handle Resident funds. Review of the RFMS form indicated, the form was dated 6/4/2020 and signed by Resident 1 and the business office manager assistant (BOMA). A line reserved for</p>	F 551			

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F 551	<p>Continued From page 4</p> <p>the resident representative's signature was left blank. According to a document titled, Social Services Assessment/Evaluation dated 2/7/20...IV. Resident is a 75 year old divorced female...impaired memory and judgment...Resident has a support system with her family."</p> <p>C) On 1/6/22 at 12:30 PM, Resident 1's grand daughter stated, "A package that arrived to the facility was addressed to my grandmother but someone at the facility opened it."</p> <p>On 1/6/22 at 1:20 PM, the Social Services Supervisor (SSS) was interviewed. SSS said she opened the package and that was how they found out Resident 1 had received an inheritance. SSS stated, "I did not call the DPOA (Durable Power of Attorney), however, I opened the package in front of (Resident 1)."</p> <p>On 1/6/22, at 2 PM, the DON was interviewed. The DON stated, "When (Resident 1) was assessed on 2/7/2020 her BIMS was 5 (Severely impaired). On 5/9/2020 her BIMS score was 7 (Severely impaired)." The DON stated, "We would not consider a BIMS of 5 or 7 to have capacity to understand and make decisions."</p> <p>According to the document titled, Durable Power of Attorney, reviewed on 6/1/22, Resident 1's grandson was the legal Power of Attorney since 3/7/18.</p> <p>Review of the policy titled, Resident Rights indicated, "...6. To manage his or her own personal financial affairs or to have a legal representative handle those affairs on be half of the Resident and the Nursing Center may not</p>	F 551			

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F 551	Continued From page 5 require Resident to deposit his or her personal funds with the Nursing Center..29. To privacy in written communication including the right to send and promptly receive mail that is unopened...	F 551			