

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

Printed: 08/28/2013
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555427 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/21/2013 |
| NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ESCONDIDO | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1980 FELICITA ROAD ESCONDIDO, CA 92025 | | |
| (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>Complaint # CA00364827</p> <p>The investigation was limited to the specific compliant/entity reported event and does not represent the finding of a full inspection of the facility.</p> <p>Representing the Californian Department of Public Health: 27919 Health Facilities Evaluator Nurse</p> <p>No Deficiencies were identified from this investigation.</p> | F 000 | <p>RECEIVED CA DEPT OF PUBLIC HEALTH</p> <p>SEP - 9 2013</p> <p>LICENSING & CERTIFICATION SAN DIEGO NORTH DISTRICT OFFICE</p> | | |

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

TITLE

(X6) DATE

Khrado RN

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9/4/13

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.