STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055873	A. BUILDING _____ B. WING _____	C 10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE CENTER	8665 LA MESA BLVD. LA MESA, CA 91942

(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 an abbreviated standard survey. The investigation was limited to the specific complaint/Facility Reported Incident and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Health Facilities Evaluator Nurse 38175. Complaint/FRI Numbers: CA00739336 Category: Resident/Patient/Client Abuse No deficiencies were identified from this investigation. CA00739340 Category: Quality of Care/Treatment A deficiency was identified from this investigation. See F689	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain an audible sound alarm for emergency exit doors.	F 689	RECEIVED CA DEPT OF PUBLIC HEALTH NOV 18 2021 LICENSING & CERTIFICATION SAN DIEGO DISTRICT OFFICE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: NHA | (X6) DATE: 11/11/2021

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.

KE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055873	A. BUILDING _____ B. WING _____	C 10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE CENTER	8665 LA MESA BLVD. LA MESA, CA 91942

(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 689	Continued From page 1 As a result, one of one sampled resident (Resident 1) eloped from the facility without the staff being aware, increasing the risk for harm and injury to other residents. Findings: Resident 1 was admitted to the facility on 4/9/21 with diagnoses which included fracture of fourth lumbar vertebra (lower back bone). On 6/17/21 at 8:30 A.M., an unannounced visit was conducted to the facility. During the initial tour of the unit, it was observed that there was a key attached to a red alarm box mounted on the top left-hand side of an exit door with a key attached across room 116. During the observation, multiple staff were going in and out of the door which led to a small patio next to the parking lot. The alarm panel box behind the nurse station had a label,"D3 and D4", was lit and no audible alarm sound heard. At 9:40 A.M., an alarm test was conducted to the exit door next to room 200 and 201. The door was pushed open, and there was no audible alarm sound heard. The alarm panel box behind the nurse station that had the label D3 and D4 remained lit and had no audible sound. There were two staff at the nurse station unaware that the exit door was pushed open. At 9:44 A.M., an alarm test was conducted to the exit door between room 312 and 313. The door was pushed open and there was no audible alarm sound heard.	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055873	A. BUILDING _____ B. WING _____	C 10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE CENTER	8665 LA MESA BLVD. LA MESA, CA 91942

(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 689	Continued From page 2 At 9:52 A.M., a staff was observed entering through the exit door from the outside by rooms 200 and 201. The exit door was not locked and there was no audible sound heard that indicated the door was accessed open. At 10:18 A.M., the key to the red alarm box across room 116 remained attached and untouched since the initial tour of the facility. The key was set to the "off" position. On 6/17/21 at 10:21 A.M., a joint observation and interview was conducted with Certified Nurse Assistant (CNA) 1. CNA 1 stated the key to the red alarm box was used to turn the alarm on and off. During observation, CNA 1 stated the key attached was turned in the "off" position. CNA 1 stated he had not seen the door locked during the daytime and staff used the door to go outside. On 6/17/21 at 10:35 A.M., an interview was conducted with Resident 2. Resident 2 stated he went outside using the door," All the time." Resident 2 stated he had not heard any alarm coming from the door. Resident 2 further stated the last time he went out through that door was around nine o'clock at night, before he went to bed. On 6/17/21 at 10:55 A.M., an interview was conducted with Restorative Nurse Assistant (RNA) 1. RNA 1 stated all the exit doors would alarm if someone pushed it open. RNA 1 further stated there should be no one who would be able to come in from the outside. On 6/17/21 at 11:45 A.M., a joint observation and interview was conducted with Licensed Nurse	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055873	A. BUILDING _____ B. WING _____	C 10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE CENTER	8665 LA MESA BLVD. LA MESA, CA 91942

(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 689	Continued From page 3 (LN) 1. LN 1 pushed the exit door by room 201 and there was no audible sound heard. LN 1 stated the alarm should turn on in order for staff to know if there was an intruder in the building or there was a resident escaping. Resident 1's clinical record was reviewed on 6/17/21. Per the facility's Elopement Risk Observation dated 4/9/21, Resident 1's elopement risk level was, "Slight Risk for Elopement". Resident 1's Minimum Data Set (MDS- a screening tool) dated 4/16/21 under Section P0200, "Alarms", Resident 1 had 0 (zero), indicating there was no physical or electronic devices that monitors resident movement and alerted staff. On 6/17/21 at 1:10 P.M., a joint observation and interview was conducted with the Physical Therapy Assistant (PTA) and the Administrator (ADM). The PTA pushed the exit door in the facility's rehabilitation room to test for an audible alarm. The PTA pushed the exit door twice, and there was no audible sound heard. The exit door led to the facility's parking structure which was directly adjacent to the main road. The PTA stated the alarm should sound to alert the staff that someone was trying to go out. The PTA further stated that he did not knew how long the alarm sound was off. On 6/17/21 at 2:40 P.M., an interview was conducted with the Maintenance Supervisor (MS). The MS stated, "Resident's safety was in jeopardy if those exit door alarms were not functioning". The MS stated he did not knew how long the alarms were turned off.	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055873	A. BUILDING _____ B. WING _____	C 10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE CENTER	8665 LA MESA BLVD. LA MESA, CA 91942

(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 689	Continued From page 4 Upon review of the facility's form titled Work History Report, under the column "Task Description and Task Completion", the form indicated that the doors, locks, gates and alarms: Corridor was, "Marked done on time, dated 5/10/2021." Per the MS, this meant that the exit door alarms were checked and functioning properly. The MS could not verbalize when the alarms were turned off since the last time it was checked. The facility's policy titled Exit or Means of Egress, dated 1/2019 did not indicate inspection, testing for audible alarm, or locking of the exit doors to prevent unauthorized people to come inside or to prevent residents from eloping.	F 689		

Community Care Center
CA00739340
Exit Date: 10/15/2021

F 000

This plan of correction constitutes the Facility' written credible allegation of compliance for deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the fourth on the statement of Deficiencies. This Plan of Correction is prepared and /or executed solely because required by the provision of 42 C.F.R. 405. 1907 and state regulations.

F689 SS=D

1. Immediate Corrective Action

Resident 1 stepped out via front entrance door at lobby, was found at next door apartment building parking lot at 7:50 PM on 6/05/2021. Licensed nurse accessed resident immediately. No injury or skin issue from this event noted. The care plan was updated, and IDT conducted on 6/07/2021. Resident 1 was placed on every 15 minutes checks and a wonder guard was used for his safety. Resident 1 was discharged home with family on 6/12/2021.

On 6/17/2021, the certified alarm system vender repaired following immediately:

- A mechanical alarm switch (power interrupter) on the door between room 200 and 201, and between 312 and 313.
- The alarm wire was repaired for rehab emergency exit door.
- A toggles alarm switch at nursing station was turned on immediately. This toggles switch is now covered and kept on at all time. The facility ensured unauthorized staff will not turn off a toggles alarm switch.
- Keypad installed on station 1 exit door. Alarm will sound if resident attempts to exit.

2. Identification of Other Potential Residents and Corrective Action.

The facility has a new maintenance director. The maintenance director was in-serviced on Routine Inspection of Emergency Exit Door and Alarm System on 11/16/2021.

The DSD, DON and NHA provide in-service education on Elopement and Security of Emergency Exit Door on June 5, 6 and 06/16 and on-going.

The maintenance staff has been conducting daily spot checks on Emergency Exit Door and Alarm System.

There were no residents and staff affected by this deficient practice.

3. Measure to Prevent Re-occurrence

The DSD will provide in-service education on Wander Guard and Security of Emergency Exit door during new hire and annual employee orientation.

The maintenance staff will conduct daily spot checks and function checks monthly. The result of inspection record will be submitted to the QAA committee.

4. Staff Responsible for Implementing, Monitoring and Evaluating the POC.

The Maintenance Director shall be responsible for the implementation, monitoring and evaluation of this Plan of Correction. The QAA committee will oversee the actions taken.

Completion Date: 11/15/2021

NHA 11/11/2021

Community Care Center

PROVIDER #F0182

In Service Course Title: Elopement/Missing Resident Date: June 5, 2021

Department: Nursing INSTRUCTOR: Mary Abrigo LVN/DSD

REASON FOR IN SERVICE: Resident left facility Start Time: 8:30p End Time: 9:00pm Length: _____

Learning Objectives: At the conclusion of the in service, the participants will be able to: Will know Elopement protocol - code yellow, All staff to stop & look each room/bathroom every where inside & outside facility. Administrator/DON to be notified immediately, If res. not found Police dept to be notified, MD & family. Unusal Lesson Plan Attached: ( ) occurance to be completed by Administrator staff will know if a res. exit-seeking & to notify DON, supervisor to ensure res placed on 1:1, assess for need for wanderguard, care plan, Notify family & MD Staff to understand safety of resident takes priority.

Presentation Method: ☒ Lecture ( ) Demonstration ☒ Questions & Answers

Content Summary:

See above

Evaluation Method: ( ) Return Demo ☒ Oral Quiz

LAST NAME	FIRST NAME	SIGNATURE	TITLE	CNA CERT #	SHIFT
MA DAVID	MARILYN		LVN		7-3
DIAZ	Emmanuel		LVN		7-3
~~Pittman Woods~~			CNA		7-3
DIVIZON	Woods		CNA		3-11
FAYOR	CLEOPATRA		CNA		3-11
PALPALLATOC	JUXIE		CNA		3-11
RICHARD CETHAS			CNA		3-11
NL-SANCHEZ	[illegible]		LVN		3-11
ALCA-YACA	MARIKIT		LVN		7-3 / 3-11
Salamanca	Carolyn		AW		7-3 / 3-11
[illegible]	[illegible]		[illegible]		3-11
SALGADO MARK		MS	[illegible]		PM
DIONISIO	ROWENA		RT		PM
Cynthia Monsalud			LVN		7-3
Abrigo	Mary		LVN		3-11
Medina TES/CMA			LVN		3-11
TES-CMA	Medina		CNA		3-11
BARKOW	Katnyel		CNA		3-11

Community Care Center

LAST NAME	FIRST NAME	SIGNATURE	TITLE	CNA CERT #	SHIFT
Riego	Misty		LVN		3-11
Mendoza	Janet		RN		11-7
Reyes	Jacqueline		CNA		11-7
Flores	Clarissa		CNA		11-7
Taylor	Dan	Dan Taylor	CNA		NOC
Aponte	William		CNA		AM
Aponte	Antonio		CNA		AM
Wolde-Hannes	Asfaw		CNA		AM
Sotamoreno	Brenda		CNA		PM
KIM STANOWICZ					PM

Community Care Center

PROVIDER #F0182

TOPIC: Code Yellow: Elopement DATE: 6-07-2021

INSTRUCTOR: Erica McDaniel DEPARTMENT: All Staff

INSTRUCTOR SIGNATURE:

REASON FOR IN SERVICE: Elopement TIME: 10:30-11:30 LENGTH: 1.0 HR.

Learning objectives: At the conclusion of the in service, the participants will be able to:

Lesson Plan Attached (X)

Presentation Method: (X) Lecture ( ) Demonstration (X) Questions & Answers

Content Summary:

I. F.G.

Evaluation Method: ( ) Return Demo (X) Oral Quiz

PRINT NAME	SIGNATURE	TITLE	SHIFT	CERT #
Dyvion Woods		CNA	AM/PM	—
Migbnesh Tekle		CNA	PM/AM	—
K Williams		LVN	7-3	—
Heather Page		LVN	AM	—
Samantha Canedo		RN		
Shelley Mast		DOR	AM	
Adriana Espinosa		H.K.	AM	
Luis Jimenez		Supply	AM	
Erika Leano		Admissions	AM	
Rosie Muñoz		admission	AM	
Alyssa De Cervantes		LVN/LVN	AM	
Julia Lopez Navarro		House Keeping	AM	
Eva Perez		Activities	AM	
Julie Arce		NAS	AM	
Maricela Cortez		RN	AM	
Maria James Ruiz		Activities	AM	
Telena Bobbs		ACF	AM	
Cesar Huerta				

Community Care Center

PROVIDER #F0182

TOPIC: CODE YELLOW - ELOPEMENT DATE: 6-7-21

INSTRUCTOR: Elvia M Daniel DEPARTMENT: SUB ACUTE

INSTRUCTOR SIGNATURE:

REASON FOR IN SERVICE: Elopement TIME: 10:30 - 11:30AM LENGTH: 1.0 HR

Learning objectives: At the conclusion of the in service, the participants will be able to:

Lesson Plan Attached (X

Presentation Method: ( ) Lecture ( ) Demonstration (X Questions & Answers

Content Summary:

Evaluation Method: ( ) Return Demo (X) Oral Quiz

PRINT NAME	SIGNATURE	TITLE	SHIFT	CERT #
Rebecca Guerrero		CNA	AM	
Geoffrey Manuel		CNA	AM	
Carolina Salamanca		MNA	AM	
JOY SERRANO		RT	AM	
Janet Mendoza		RN	AM	
Sadinder Kaur		RN	AM	
MARIRIT ALCALA		LVN	7:3AM	
Antonio Aponte		CNA	AM	
Cynthia Menendez		LVN	AM	
AGGASH		HOUSEKEEPING	AM	
MARLENE TORRES		CNA	PM	

Community Care Center

PROVIDER #F0182

PRINT NAME	SIGNATURE	TITLE	SHIFT	CERT #
Ruben Bonilla	Ruben Bonilla	Dietary	AM	
Isaiah Taylor	Isaiah Taylor	Dishwasher	AM	
Enrique Fuentes	Enrique Fuentes	Dietary	PM	
Jacob Perez	Jacob Perez	Maintenance	AM	
Debra Dietzman	Debra Dietzman	RN	AM	
Bernardo Samson	Bernardo Samson	LVN	AM	
Shayreeta Bandier	Shayreeta Bandier	cna	AM	
Osvaldo Soto	Osvaldo Soto	CNA	AM	
Lourdes Vera	Lourdes Vera	Laundry	AM	
Olivia Thomas	Olivia Thomas	LVN	AM	
Patrick Brower	Patrick Brower	PT	PM	
Laura Balderas	Laura Balderas	Laundry	AM/PM	
Maryde Lango	Maryde Lango	CNA	NOC	
Elsa Mier	Elsa Mier	CNA	PM	
Kalaysha Knight	Kalaysha Knight	LNN	AM	
[illegible]	[illegible]	RNA	AM	

Community Care Center

TOPIC: Routine Inspection PROVIDER #

DATE: 11/16/2021

INSTRUCTOR: _____

DEPARTMENT: _____

REASON FOR IN SERVICE: F689

TIME: _____ LENGTH: _____

Learning objectives: At the conclusion of the in service, the participants will be able to:

Lesson Plan Attached ( )

Routine Inspection of Emergency Exit Door + Alarm System.

Presentation Method: (✓) Lecture ( ) Demonstration ( ) Questions & Answers

Content Summary:

N.D. is required to conduct routine Inspection of ~~Exterior~~ Emergency exit doors + alarm systems to ensure proper function.

Evaluation Method: ( ) Return Demo ( ) Oral Quiz

PRINT NAME	SIGNATURE	TITLE	SHIFT
Antonio DeSanty	[signature]	Maintenance	AM