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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055488 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>09/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LA Mesa Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3780 Massachusetts Avenue<br>LA Mesa, CA 91941 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Deficient Practice StatementBased on observation, interview, and record review, the facility failed to ensure staff report an allegation of financial abuse one of two residents (Resident 1) reviewed for abuse. As a result, Resident 1's report of stolen money was not reported to the Department in a timely manner, which delayed the investigation. Findings:On 8/15/25 at 11:52 A.M., The department received a complaint regarding Resident 1's money for the amount of \$ 4700 dollars stolen by an unknown certified nursing assistant (CNA) and that the facility Administrator (ADM) told Resident 1 the facility was not responsible.On 8/15/25 a review of the Facility's admission Record (AR) was conducted. The facility AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included Aftercare following Joint Replacement.On 8/21/25 at 12 noon, an interview with Resident 1 was conducted. Resident 1 stated he took out his \$ 3200 dollars total in large \$100 bills from the business office on 5/30/25 and signed the document. Resident 1 stated it was his lifelong money from social security and that he wanted it back. Resident 1 stated he told the Administrator (ADM) on 8/7/25 that the money was missing from his room. Resident 1 stated he wondered why the investigation on the missing money was just started on 8/21/25 when Resident 1 had reported the money missing on 8/7/25. Resident 1 stated when he came back to his room, he found his bedding and everything on his bed, all tossed away.On 8/21/25, A review of Resident 1's Minimum Data Set (MDS - a federally mandated assessment tool) dated 6/2/25, indicated a brief interview for mental status (BIMS) score of 11, which indicated Resident 1's cognition (thought process) was mildly impaired. A cognitively intact has a score of 13-15.On 8/21/25 at 1:20 P.M., an interview with the Administrator (ADM) was conducted. The ADM stated, I did not know that we had to report the incident since no one was accused of stealing the money until the surveyor came to the facility and started to investigate, including interviewing Resident 1. The ADM could not provide evidence that the incident was reported to the Department. On 8/21/25 at 1:30 P.M., an interview with the Director of Nursing (DON) was conducted. The DON stated the facility should have reported any forms of abuse, in a timely manner as required by state laws. On 8/21/25 at 2:18 P.M., a second interview with the DON was conducted. The DON confirmed that the facility reported the incident on 8/21/25. This was 14 days later after Resident 1 had informed the ADM of the allegation. On 8/22/25, A review of the facility's record titled, Investigating Incidents of Theft and/ or Misappropriation of Resident Property dated April 2021, indicated .6. If an alleged or suspected case of theft , exploitation or misappropriation of resident property is reported, the facility administrator , or his designee, notifies the following person or agencies within twenty-four (24 ) hours of such incident as appropriate: a. State licensing &amp; certification agency. A review of the facility's policy dated January 2011 indicated, .2. within 5 working days of the alleged incident, the facility will give the resident, resident representative, the ombudsman, the state survey and certification agency. written report of the findings of the investigation and summary of corrective action.</p> |

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.

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