

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Capistrano Beach Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  35410 Del Rey Capistrano Beach, CA 92624	

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49644</p> <p>Based on observation, interview, and facility P&amp;P review, the facility failed to ensure a safe environment was provided for the residents.</p> <p>* The facility failed to ensure the broken shower bench in Shower Room C was removed. This failure had the potential to affect the safety of the residents in the facility.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Maintenance Service revised December 2009 showed the maintenance service shall be provided to all areas of the building, grounds, and equipment. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</p> <p>On 7/1/24 at 0949 hours, an observation was conducted in Shower Room C. A broken shower bench was found in the shower room. The chair had a hanging metal at one end and the legs of the shower bench were not even.</p> <p>On 7/1/24 at 1007 hours, an observation and concurrent interview was conducted with CNA 1. CNA 1 observed, touched, and moved the shower bench in Shower Room C. CNA 1 verified the shower bench in Shower Room C was broken. CNA 1 stated it was her first time to see the broken shower bench in Shower Room C. CNA 1 further stated usually there was no shower bench in the shower room because the staff used the rolling shower chair for the residents. CNA 1 stated whoever saw a broken bench should report it to the maintenance.</p> <p>On 7/3/24 at 1318 hours, interview was conducted with the Maintenance Director. The Maintenance Director verified the above findings. The Maintenance Director stated the two flat plastic saucers on the two legs of the shower bench were broken. The hanging metal on the shower bench was not broken and there was one metal piece missing. The Maintenance Director stated any broken shower chair should be removed in the shower room and reported for the safety of the residents.</p> <p>On 7/3/24 at 1540 hours, an interview was conducted with the Administrator and DON. The Administrator and DON were informed and acknowledged the above findings.</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.

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