

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Encinitas Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 Santa Fe Drive Encinitas, CA 92024	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46982</p> <p>Based upon observation, interview and record review, the facility failed to provide privacy for one unsampled resident (Resident 3) during bathing. As a result the facility failed to provide dignified care when bathing Resident 3.</p> <p>Findings:</p> <p>On 4/25/24 at 9:35 A.M., from the main hallway, the shower room door was observed to be held wide open with a large magnet. A curtain partially obscured a shower stall, and a male resident, Resident 3, was observed seated in a shower chair, facing the door, and rinsing self with a hand-held shower head. The resident was without clothing. A staff member was observed next to Resident 3 and a male voice was giving verbal cues to Resident 3.</p> <p>On 4/25/24 at 9:37 A.M. an interview was held with LN 1, who identified CNA 1 as the staff member assisting Resident 3 in the shower, and stated that CNA 1 is not a new employee. LN 1 stated it is policy that the shower room door be closed with the sign up noting occupied when a resident is bathing. LN 1 said residents should have privacy in the shower.</p> <p>On 4/25/24 at 10:13 A.M., CNA 1 was interviewed. CNA 1 stated the policy for the shower room door depends as there are a lot of staff in and out to gather supplies so I usually leave it open. CNA 1 said I would not feel good if I was exposed and people were walking by the shower room. CNA 1 identified Resident 3, as the resident he was assisting who required assistance with bathing.</p> <p>On 4/25/24 at 11:40 A.M. Resident 3 was observed resting in bed, fully dressed. Resident 3 stated his privacy is number one in importance, and would feel embarrassed if someone unknown saw him using the bathroom, bathing or clothing being changed.</p> <p>On 4/25/24 at 11:55 A.M. CNA 3 was interviewed and stated part of showering a resident was closing the curtain and the shower room door to provide privacy.</p> <p>On 4/25/24 a concurrent record review of facility Policies and Procedures for Bath, Shower and Resident Rights, and interview was held with the Director of Nursing (DON). The DON stated privacy should be provided for all personal care of residents to avoid discomfort and embarrassment.</p> <p>The Procedure, dated 2006, for Bath, Shower directed.cover resident with appropriate drape.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Encinitas Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 Santa Fe Drive Encinitas, CA 92024	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Policy and Procedure, dated 10/22, Resident Rights directed The resident has the right to a dignified existence. 4. Respect and dignity. The resident has a right to be treated with respect and dignity.</p>