

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  10/24/2024
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 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** 39111</b></p> <p>Based on interview and record review, the facility failed to send the results of an abuse investigation to the State agency (California Department of Public Health, CDPH-licensing and certification agency) within five working days.</p> <p>This deficient practice had the potential for residents to not be protected from abuse.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the resident was admitted on [DATE].</p> <p>A review of Resident 2 ' s Admission Record indicated the resident was readmitted on [DATE].</p> <p>A review of Resident 1 ' s Interdisciplinary Team (IDT) note dated 10/18/24, indicated on 10/13/24 Resident 1 had hit Resident 2.</p> <p>On 10/24/24 at 9:25 A.M., an onsite investigation was conducted. The administrator (ADM) and director of nursing (DON) were interviewed. The ADM and DON both stated the facility ' s abuse investigation between Resident 1 and Resident 2 was completed and the results of the investigation were sent to the CDPH, but that they would verify this was done.</p> <p>On 10/24/24 at 11:25 A.M., an interview was conducted with the DON. The DON stated she did not report the results of the facility ' s abuse investigation between Resident 1 and Resident 2 to CDPH. The DON stated the results of the abuse investigation should have been sent to CDPH no later than 10/18/24.</p> <p>On 10/24/24 at 3:25 P.M., an interview was conducted with the ADM and DON. The ADM stated the facility did not send the results of their investigation to CDPH within five working days, and that they should have.</p> <p>A review of the facility ' s policy titled Alleged or Suspected Abuse and Crime Reporting revised 10/2022, indicated, .The facility Administrator, or designee, shall report investigative findings to officials in accordance with State law, including State Licensing and Certification agency, within five working days of the incident</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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