

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055873	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2024
NAME OF PROVIDER OR SUPPLIER  Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8665 LA Mesa Blvd. LA Mesa, CA 91942	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49330</p> <p>Based on observation, interview, and record review, the facility failed to implement a care plan for one of three residents (Resident 1) reviewed for foley catheters.</p> <p>This failure placed Resident 1 at risk for complications related to the foley catheter, including infection.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses which included surgical amputation of the right leg, and stage 4 pressure ulcer of the right buttock, left buttock, and right heel, according to the Admission Record.</p> <p>The Admission Nursing Assessment, dated 4/13/24, indicated Resident 1 had an indwelling foley catheter (a tube inserted into the bladder which collects urine) present upon admission.</p> <p>On 8/5/24 at 2:21 P.M., a joint interview and record review was conducted with the infection preventionist nurse (IPN). The IPN stated a physician's order for a foley catheter was entered into Resident 1's chart on 4/23/24, but it should have been entered upon admission on 4/13/23. The IPN further stated there was no care plan for a foley catheter implemented until 7/24/24. The IPN stated Resident 1 was at higher risk of a urinary tract infections because she had a foley catheter. The IPN stated .It is important for all foley catheters to have an order and care plan because it is a foreign body . and .to make sure the foley is kept clean and monitored to prevent infection.</p> <p>On 8/5/24 at 3 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated a care plan was important because it served as a guide for Resident 1's care. The DON stated a physician's order and care plan for Resident 1's foley catheter should have been implemented when Resident 1 was admitted . The DON stated .the order was missed.</p> <p>A review of the facility's Policy and Procedure titled Catheter Care, Urinary, revised September 2014, indicated, .The purpose of this procedure is to prevent catheter-associated urinary tract infections . and . Review the resident's care plan to assess for any special needs of the resident .</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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