

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055964	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Friendship Manor Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 902 South Euclid Avenue National City, CA 91950	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>39220</p> <p>Based on interview and record review, the facility failed to ensure staff completed annual Federal mandatory abuse training for one of one employee (licensed nurse 1 {LN 1}, reviewed for abuse.</p> <p>As a result, all residents were at risk for possible staff to resident abuse (verbal, physical, financial, sexual, neglect and isolation).</p> <p>Findings:</p> <p>On 5/30/24 an unannounced visit was made to the facility in response to a complaint with an allegation of abuse.</p> <p>A record review was conducted on 5/30/24 at 11:54 A.M., of LN 1's employee file. LN 1 was hired in 5/21/18. LN 1's employee file did not contain evidence of annual mandatory abuse training. Proof of LN 1's last abuse training was requested from the Director of Staff Development (DSD).</p> <p>An interview was conducted with certified nursing assistant 1 (CNA 1) on 5/30/24 at 12:23 P.M. CNA 1 stated abuse training was mandatory and should be done at least once a year. CNA 1 stated abuse training was provided in-person by the DSD and a course was also available on-line. CNA 1 stated abuse training was important to keep the resident's safe and to remind staff what could be considered abuse.</p> <p>An interview and record review was conducted with the DSD on 5/30/24 at 12:33 P.M. Documentation was provided of LN 1 last attending an in-person abuse training on 12/29/22. The DSD stated LN 1 was hired on 5/21/18, then went on leave from 6/20/23 through 2/15/24. The DSD stated she could not find any documentation evidence LN 1 had any abuse training since returning to work February 2024. The DSD stated the facility offered abuse training both in-person and on-line every quarter. The last training was in January 2024. The DSD stated LN 1 should have been provided abuse training upon return in February 2024, but was not.</p> <p>An interview was conducted with the Director of Nursing (DON) on 5/30/24 at 12:41 P.M. The DON stated abuse training was provided to staff and was mandatory on an annual basis. The DON stated the facility often conducts abuse training to staff after any allegations of abuse. The DON stated the training was important for all staff, so they could recognize and handle different situations with residents, to avoid future allegations of abuse. The DON stated LN 1 did not have his annual abuse training and he should have, immediately upon return to work in February 2024.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the facility's policy, titled In-Service Training, Resident Rights, dated August 2006, .1. All employees are required to attend out facility's resident rights and abuse prevention program in-service training sessions prior to having any resident contact. 2. Our facility's resident rights abuse prevention in-service programs consist of the following information: .b. A review of the facility's abuse prevention and reporting policies and procedures .</p>		