

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 06/25/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46982</p> <p>Based on interviews and record reviews, the facility failed to ensure one of four nursing staff reviewed had the required continuing education and state certifications for working with the facility resident population. This failure placed up to 11 residents at risk for harm due to a lack of required education related to patient care.</p> <p>Findings:</p> <p>On [DATE] an unannounced visit was made to the facility in response to a Facility Reported Incident.</p> <p>On [DATE], at 10:24 A.M., a record review of a facility Performance Improvement Plan (PIP), dated [DATE], and interview was held with the Director of Nursing, (DON), and the Administrator (ADM). The PIP reflected a Certified Nursing Assistant (CNA 1) had an expired license as of [DATE], but had been working full time assisting residents and providing care.</p> <p>The ADM stated that there was a lapse in checking licenses; the current Director of Staff Development (DSD) was transferred from another position and was unaware of the cancelling of the COVID blanket waiver that allowed a CNA to work for a period of time without a license due to delays in issuing licenses.</p> <p>On [DATE] at 10:44 A.M., a record review of CNA 1's personnel file was held with the DSD. CNA 1's employment application, dated [DATE], reflects CNA license number 0120xxxx. CNA 1's CNA license was issued [DATE], and expired [DATE]. The last employee review, dated [DATE] reflected that CNA 1 needed to attend required trainings and complete the CNA renewal. Also, CNA 1 had a position change, effective [DATE], from CNA to Direct Care Partner (DCP).</p> <p>On [DATE] at 10:58 the Director of Nursing (DON) was interviewed regarding the differences between a CNA and a DCP. The DON stated the DCP does not involve patient care. DCP tasks would be to assist with interviews, do paperwork, fetch tissues, any non-care task; a DCP could not assist with dressing, feeding, brushing hair or teeth, or any other resident care. The DON also stated that CNA 1 was utilized as a CNA, providing care, until [DATE]. The DON stated there was an unawareness of the change in status for CNA 1 from CNA to DCP in [DATE].</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:15 P.M., an interview was held with the DSD. The DSD confirmed that CNA 1 still does not have a new license. The DSD stated she is now aware that CNA 1 should not have been on the schedule to work with a resident providing care.</p> <p>On [DATE] at 2:03 P.M. a second interview was held with the DON and the ADM. The ADM stated having unlicensed staff giving direct care could cause harm to residents; not enough training for the requirements needed to care for the residents. The DON stated for patient safety, personnel need to have knowledge to take care of the resident's medical needs.</p> <p>The document, Duties and Responsibilities of the In-Service Director/Educator (DSD), dated 2003, reflected Administrative Functions include: .Assist licensed nursing personnel (i.e. RNs, LVNs, and Nurse Aides) in obtaining in-service training to keep their license current in accordance with state law.</p>		