

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide adequate supervision and functioning elopement prevention measures for one resident (Resident 1). As a result, Resident 1 exited the facility without staff knowledge and was later located outside the facility, placing Resident 1 at risk for serious injury or death. Findings: A review of Resident 1's admission record indicted Resident was admitted to the facility on [DATE] with initial admission on [DATE] with a diagnosis that included paranoia schizophrenia (a serious mental health condition that affects how people think, feel and behave.) On 7/8/26 at 10:34 A.M., an interview was conducted with the Director of Nursing (DON). The DON stated on 6/30/26 at approximately 10:20 P.M., Resident 1 left through hall four egress undetected, using a stolen fob key (small electronic device that allows various functions such as locking, unlocking). The DON stated Resident 1 then used the same fob key to exit the chain linked door, scaled perimeter towards outdoor area of the skilled nursing facility side, then jumped over the low fence out into the street. The DON stated during morning rounds Resident 1 was unable to be located in the facility. The DON stated on 7/4/26, Resident 1 was located and brought back to the facility. The DON stated a staff member left the fob key unattended, and Resident 1 was able to get the fob key and use the fob key to exit the facility. The DON stated the fob key should never be left unsecured. On 7/10/26 at 1 P.M., a telephone interview was conducted with licensed nurse (LN 1). LN 1 stated she was in the locked unit for P.M. shift and received endorsement from the morning shift nurse. LN 1 stated when logging in the fob key she noticed a missing fob key. LN 1 stated she did not notify the DON or Administrator of missing fob key. LN 1 stated she should have escalated the situation to the DON or Administrator when she realized a fob key was missing. A review of the facility policy titled Behavioral Health Elopement, revised date 1/16/26, indicated, To establish a clear, effective process for preventing elopement .2. If a resident is noted to be missing during rounds, notify charge nurse so a search of the area can be started		

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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