

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Escondido Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 421 E Mission Ave Escondido, CA 92025	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to submit a five-day (5-day) summary of investigation to the California Department of Public Health (CDPH- state agency that protect the public's health and enforces state and federal laws) related to an abuse allegation for one of two residents reviewed for abuse. (Resident 6) This failure had the potential to result in a delay in determining the occurrence of abuse and had the potential to affect Resident 6's safety and well-being. Findings: On 12/30/24 at 8:53 A.M., an unannounced onsite visit at the facility was conducted related to a reported abuse allegation. Resident 6 was re-admitted to the facility on [DATE] with diagnoses including other sequelae (consequence of a previous disease or injury) of other cerebrovascular disease (a condition affecting blood flow and blood vessels in the brain) according to the facility's admission Record. An observation and interview was conducted with Resident 6 on 10/30/25 at 10:29 A.M. Resident 6 was in bed with a dark purple discoloration, size of a small tangerine on the left forearm. Resident 6's left forehand had a band aid on top of steri-strips (thin, adhesive skin closure strips used to hold the edges of minor cuts and lacerations). Resident 6 raised both arms and stated he was attacked by a staff member which caused bruises on his left and right arms. An interview with the Director of Nursing (DON) was conducted on 12/30/25 at 11:04 A.M. The DON stated Resident 6's son reported that Resident 6 had bruises on the right forearm and skin tears on both hands and would like to know what happened. During an interview on 12/30/25 at 11:38 A.M. with Licensed Nurse (LN) 2, LN 2 stated he was not sure how Resident 6 sustained bruises and skin tears. During an interview on 1/7/25 at 12:04 P.M. with the DON, the DON stated she initiated and completed abuse investigations for any alleged abuse incidents. The DON stated Resident 6 was at the hospital when the abuse allegation was made and the resident returned to the facility on [DATE]. The DON stated she completed an investigation but did not submit a 5-day summary of the investigation to CDPH. The DON stated she should have submitted one because it would show as a follow up on the investigation and the root cause of the incident. A review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated April 2021 was conducted. The P&P indicated, All reports of resident abuse [including injuries of unknown origin] .are reported to local, state and federal agencies. Reporting Results of Investigations 1. The administrator, or his/her designee, provide the appropriate agencies or individuals listed above with written report of the findings of the investigation within five (5) working days of the occurrence 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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