STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555144	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Pauls Health Care Center	235 Nutmeg Street San Diego, CA 92103

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to notify the attending physician of an abuse allegation for one of two sampled residents (Resident 1) reviewed for abuse. As a result, the attending physician was not aware of the abuse allegation placing Resident 1 at risk for further abuse. In addition, there was a potential for Resident 1 to not have appropriate safe interventions and physician evaluation. Findings: On 5/20/25 at 8:30 A.M., an unannounced onsite visit at the facility was conducted related to an abuse allegation. Resident 1 (R1) was admitted to the facility on [DATE] with diagnoses including [NAME] cell carcinoma (skin cancer) according to the facility's Face Sheet. During an observation and interview on 5/20/25 at 8:32 A.M. with Resident 1, Resident 1 was in bed leaning towards the left side of the bed near the bed rail. Resident 1 stated he had a concern with certified nurse assistant (CNA) 3. Resident 1 stated CNA 3 was, Rough while turning him in bed. During an interview on 5/20/25 at 9:46 A.M. with licensed nurse (LN) 1, LN 1 stated a resident's complaint about a CNA being rough was considered an abuse allegation. LN 1 stated abuse allegations were reported to the Director of Nursing (DON), Administrator, the resident's attending physician and the family. A concurrent record review and interview was conducted on 5/20/25 at 10 A.M. with the Charge Nurse (CN). The CN reviewed Resident 1's progress notes in the electronic medical record (EMR). The CN stated there was no documentation that Resident 1's attending physician was notified regarding the abuse allegation. During an interview with the DON on 5/20/25 at 10:25 A.M., the DON stated she did not find documentation regarding physician notification of the abuse allegation. During an interview with the DON on 6/13/25 at 10:18 A.M., the DON stated it was important for a resident's physician to be aware of an abuse allegation for the physician to evaluate the resident to ensure there was no physical or psychosocial harm to the resident. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555144	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Pauls Health Care Center	235 Nutmeg Street San Diego, CA 92103

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, dated February 2025 was conducted. The (P&P) indicated, If resident abuse, neglect, exploitation .is suspected, the suspicion must be reported to the administrator .The administrator or the individual making the allegation immediately reports his or her suspicion to .The resident's attending physician; and g. The facility medical director.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555144	A. Building B. Wing	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Pauls Health Care Center	235 Nutmeg Street San Diego, CA 92103

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 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to comply with the current state regulation on maintaining a complete information as to past employment and qualifications. As a result, the facility had no record of employees' past employment history or references and qualifications. Findings: On 5/20/25 at 8:30 A.M., an unannounced onsite visit at the facility was conducted related to an abuse allegation. Resident 1 (R1) was admitted to the facility on [DATE] with diagnoses including [NAME] cell carcinoma (skin cancer) according to the facility's Face Sheet. During an interview on 5/20/25 at 8:32 A.M. with R1, R1 stated he had concerns regarding certified nurse assistant (CNA) 3. An interview was conducted on 5/20/25 at 10:25 A.M. with the Director of Nursing (DON). The DON stated CNA 3 had been employed by the facility since 11/21/2000. The DON stated she checked CNA 3's file and did not find a reference check prior to CNA 3's employment. The DON further stated that the human resources [HR- the department which manages the company's employees including hiring, recruiting and employee relations] also did not find references for CNA 3. An interview was conducted on 5/20/25 at 12:50 P.M. with HR 1. HR 1 stated CNA 3 had been employed for over 20 years and was not sure what was done back then. The current process was to check an employee's background if the manager requested it. Prior to an employee's hire, managers would have to submit a hire requisition and reference check. If a reference check was not requested, then it was not done. HR 1 further stated the HR Manager (HRM) would know if there was a policy regarding newly hired employees. During an interview on 5/20/25 at 2:42 P.M. with the HRM, the HRM stated CNA 3 had been employed by the facility for 25 years and 17 years ago, reference checks were handwritten. The facility transitioned from paper to electronic in 2018 and there was no reference available for the CNA. The HRM further stated, reference checks were not mandatory, and it was done if requested only. The facility had no written policy regarding reference checks. During a follow up visit on 6/3/25 at 9:28 A.M. the Registered Nurse Supervisor (RNS) stated, prior to floor orientation, a reference and background check were completed to ensure that the employee had no criminal record. The facility did not provide a policy and procedure regarding employment verification or employee reference checks.