

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Redwood Terrace Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 710 W 13th 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** 51541</p> <p>Based on interview and record review, the facility failed to send the results of an alleged staff to resident (Resident 1) abuse investigation to the State agency (California Department of Public Health, CDPH-licensing and certification agency) within five working days.</p> <p>This deficient practice had the potential for residents to not be protected from abuse.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses which included dementia (decline in thinking abilities) .</p> <p>On 4/29/25 at 8:55 A.M., an onsite investigation was conducted to investigate an allegation of abuse between Resident 1 and a staff member. The administrator (ADM) was interviewed and stated the facility's abuse investigation between the staff member and Resident 1 was completed on 4/23/25 and the results of the investigation were sent via fax to the CDPH, on 4/23/25.</p> <p>A record review of the facility ' s document titled Confidential Summary of Incident Investigation, fax receipt dated 4/23/25, indicated the facility was made aware of the incident of alleged abuse between Resident 1 and the staff member on 4/15/25 and started their investigation on 4/15/25.</p> <p>On 4/29/25 at 12:35 P.M., an interview was conducted with the ADM. The ADM stated the facility sent the results of their investigation to CDPH seven working days after having knowledge of the incident. The ADM stated the results of their investigation of the incident of alleged abuse should have been sent to CDPH within five working days.</p> <p>A review of the facility ' s policy titled Elder Abuse Prevention, Identification, Response, Reporting revised 10/2023, indicated, .Section E. d. iii. Report the results of all investigations within five working days to the administrator orhis/her designated representative and to the other officials in accordance with State law, including to the State survey and certifications agency</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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