

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Sharp Chula Vista Med Ctr Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 751 Medical Center Court Chula Vista, CA 91911	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39448</p> <p>Based on interview and record review, the facility failed to investigate an allegation of abuse for one of three sampled residents (1).</p> <p>As a result, Resident 1 had an increased risk of abuse.</p> <p>Findings:</p> <p>Per the facility ' s untitled resident information sheet dated 9/26/24, Resident 1 was admitted to the facility on [DATE].</p> <p>Per the facility ' s Social Work Interdisciplinary Note, dated 9/20/24 10:55 A.M., Resident 1 ' s Responsible Party (RP) notified the Social Worker (SW) of her concerns about Resident 1 ' s care, which included, .the patient stated that the CNA (Certified Nursing Assistant) pulled her arm and hurt her, and spoke to her in a hurtful way .</p> <p>On 9/26/24 at 10:20 A.M., an interview was conducted with the SW. The SW stated, she notified the facility ' s management of the RP ' s concerns, including the allegation of abuse. The SW further stated, that the abuse allegation was related to an incident that happened multiple months ago, but the RP did not notify the facility of the allegation of abuse until 9/20/24.</p> <p>On 9/26/24 at 10:37 A.M., a concurrent interview was conducted with the Director of Nursing (DON) and the Clinical Lead (CL). The DON and the CL both stated that they were not aware of the abuse allegation. The CL stated that she conducted the investigation into the RP ' s concerns, but did not investigate the allegation of abuse because she thought it was an old incident and did not recognize that it was a new abuse allegation.</p> <p>Per the facility ' s policy, titled Elder Abuse, revised 12/12/18, .Any charge of resident abuse will be investigated immediately .</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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