STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555323	A. Building B. Wing	06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviara Healthcare Center	944 Regal Road Encinitas, CA 92024

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36765 Based on observation, inteview and record review, the facility failed to develop care plans for two residents (1,2) following a resident-resident altercation. This failure had the potential for increased risk of abuse for Resident 1 and Resident 2. Findings: A report of a resident-resident altercation was received in the district office on 6/13/24. An unannounced on-site visit to the facility was conducted on 6/20/24. Resident 1 was admitted to the facility on [DATE] with diagnoses that included Bi-Polar disorder (a disorder of wide mood swings) and dementia (a complex memory loss disorder) per the facility Admission Record. A concurrent observation and interview of Resident 1 was conducted on 6/20/24. Resident 1 was sitting on her bed and had just finished lunch. Resident 1 was interviewed using a translation phone as Resident 1 spoke only Mandarin Chinese. According to the translator, Resident 1 stated she was ok, felt safe, doesn't remember much of the incident. A review of Resident 1's medical indicated no care plan developed for the altercation. A concurrent record review and interview was conducted with the Director of Nursing (DON) on 6/20/21 at 12:11 P.M. The DON stated, There is no care plan, there should be, there was an altercation. A review of the facility's policy, dated 2002, titled, Care Plans, Comprehensive Person-Centered, indicated: Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident. Resident 2 was admitted to the facility on [DATE] with diagnoses that included Bi-Polar Disorder (a disorder of wide mood swings) and history of falls. per the facility's Admission Record. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A concurrent obsevation and interview of Resident 2 was conducted on 6/20/24 at 1:32 P.M. Resident 2 was reclining in bed and stated that she was very happy with the room change and she remembered the incident well but is ok and feels safe. A review of Resident 2's medical indicated no care plan developed for the altercation. A concurrent record review and interview was conducted with the Director of Nursing (DON) on 6/20/21 at 12:11 P.M. The DON stated, There is no care plan, there should be, there was an altercation. A review of the facility's policy, dated 2002, titled, Care Plans, Comprehensive Person-Centered, indicated: Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident.