

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4033 Sixth Avenue Ext 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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39220</p> <p>Based on observation, interview, and record review, the facility failed to thoroughly investigate an allegation of missing money for one of three residents (Resident 1) reviewed for Resident Rights under Grievances.</p> <p>As a result, Resident 1 ' s grievance was not promptly resolved and there was limited documentation to prove a thoughtful, meaningful investigation was conducted.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses which included hemiplegia (weakness on one side of the body) following cerebral infarct (stroke) affecting the left non-dominant side, per the facility ' s Admission Record.</p> <p>An observation and interview was conducted with Resident 1 on 10/16/24 at 11:50 A.M., within the resident ' s room. Resident 1 was dressed, groomed, and sitting in a self-propelling wheelchair. Also observed in his room was a walker with an adjustable seat, next to the bed. Resident 1 stated about two months ago, he realized he would need to sell his truck, since he could no longer afford the registration and insurance. Resident 1 stated he asked a family friend (FF) to sell the truck for him, since the friend owned an automotive business. Resident 1 stated the FF sold the truck and brought him \$2500.00 in cash. Resident 1 could not remember what day the money was brought to him, but remembered it was sometime in August 2024. Resident 1 stated after he received the money for his truck, he asked the Social Service Director to take him to the bank, so he could open a savings account. Resident 1 stated the SSD told him they did not do things like that, but she would see what she could do to help him.</p> <p>Resident 1 stated the last time he saw his money was on Friday evening 8/16/24 around 10 P.M., as he was preparing for bed. Resident 1 stated he placed the \$100.00 bills in a small Q-tip box and placed the Q-tip box inside the toe of his tennis shoe. Resident 1 stated he placed his wallet on top of the Q-tip box and then shoved his two socks up against them, to keep them in the toe of his shoe.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4033 Sixth Avenue Ext 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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1 continued, stating the next morning, an unknown certified nurse ' s assistant (CNA) was helping him get dressed. Resident 1 stated when he removed his socks, the wallet, and the Q-tip box from his shoe, he realized th Q-tip box had less bills inside. Resident 1 stated there was only one \$100.00 bill left and someone had taken \$2400.00, possibly while he had been sleeping. Resident 1 pointed to his seated walker and said he had placed his tennis shoes on top of the walker seat and did not hear anyone come into his room that night. Resident 1 stated all the staff knew he was selling his truck, because he talked about it constantly, telling them he did not want to sell it, but he had to. Resident 1 stated only two staff knew about the money, because he had told them about it. Resident 1 stated he never showed anyone the money and he did not tell anyone where he was hiding it. Resident 1 named the two staff members as Licensed Nurse 1 (LN 1) and a Certified Nurse ' s Assistant 1 (CNA 1), who both worked on the evening shift (3 P.M. through 11:30 P.M).</p> <p>Resident 1 continued, stating on the morning of 8/17/24 he immediately went to the charge nurse on the day shift (7 A.M. through 3:30 P.M.), saying he thought the charge nurse that day was LN 2, who he told about the missing money. Resident 1 stated he explained to LN 2 how he got the money. Resident 1 provided LN 2 his FF phone number, who LN 2 called to verify the money was given to Resident 1. Resident 1 stated he called the police department and filed a report that same Saturday. Resident 1 stated on Monday, 8/19/24, he filed a Grievance with the Social Service Director (SSD) and he spoke with the Administrator (ADM). Resident 1 stated the ADM informed him they would investigate it and get back to him. Resident 1 stated just recently, the ADM told him they would not be replacing the money, because no one saw the money and he should have given it to an LN to lock up, for safekeeping. Resident 1 stated he was informed if he had turned it over to an LN, they would have added the money to his inventory sheet, and there would have been a record, so the facility would have had to reimburse him.</p> <p>Resident 1 ' s clinical record was reviewed on 10/16/24:</p> <p>According to the quarterly Minimum Data Set (a clinical assessment tool), Resident 1 had a cognitive score of 15, indicating cognition was intact. According to the Functional Abilities, Resident 1 used a walker and a wheelchair, and required set-up assistance only.</p> <p>There was no documented evidence by any LN that the money had been reported missing on 8/17/24 or 8/18/24, and there was no documented evidence the FF had been contacted.</p> <p>According to the SSD note dated 8/19/24 at 3:11 P.M., Resident came to SS (social services) office regarding missing money \$2400 that he got from selling his truck. Per resident he put his money in a Q-tip case with his wallet on top in his show with his socks jammed inside the show. Resident stated he last saw his money on Friday night after he counted the money and put it back into his shoe on top of his rollator walker. Administrator, case manager and SS went through all of resident ' s ' belongings again to make sure, SS also explained to resident the importance of money, valuable to inform department heads for safekeeping or [NAME] open up a trust account, resident agreeable.</p> <p>The next documentation regarding the missing money was on 9/9/24 at 11:12 A.M. by the SSD, SS met with resident following up with the missing money, per resident stated that he is doing well, but a little upset he didn ' t let the facility know that he was selling his truck and not letting the facility know he had that much money with him. Resident stated that he has the police report number in his e-mail, when he has access, he will provide number.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4033 Sixth Avenue Ext 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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The next and last documentation was on 9/18/24 at 5:01 P.M., by the Administrator, Resident came to office to discuss alleged missing \$2400. Writer and DON (Director of Nursing) made follow up call to SDPD regarding resident ' s concern. Dispatcher stated that a report was made in August case # (case number) also verbalized that anything less than 10k (thousand) they will only conduct phone report. Dispatcher asked if there was any updated information Resident was re-educated on informing staff if he has money. Re-educated on resident trust and safe keeping of cash.</p> <p>The facility ' s Inventory of Personal Effects for Resident 1 was reviewed. The inventory list contained personal items, dated 6/12/23, with no additional items added after admitted [DATE].</p> <p>An interview was conducted with the FF on 10/16/24 at 12:22 P.M. The FF stated he has known Resident 1 and his family for over [AGE] years. The FF stated Resident 1 asked him to sell his truck, which he did for \$3000.00. The FF stated resident 1 instructed him to keep \$200 for selling it and to keep another \$200 to buy his staff lunch as a thank you. The FF stated he brought Resident 1 a total of \$2600.00 in a bank envelope, all in \$100 dollar bills. The FF stated he could not remember what day he brought the envelope with the money, but believed it was on a Tuesday. The FF stated he received a call from the facility and described the caller as a male nurse. FF stated the phone call from the facility occurred 1-2 days after the money was delivered to the resident. The facility nurse asked FF if he sold Resident 1 ' s truck and how much money the resident was given. The FF stated he answered all the staff member ' s questions and did not think any more about it.</p> <p>An interview was conducted with the SSD on 10/16/24 at 12:54 P.M. The SSD stated Resident 1 never asked her to take him to the bank to open an account. The SSD stated she knew Resident 1 would need a valid identification card to open an account, and currently the resident had no valid Identification. The SSD stated she had offered to assist the resident with obtaining a valid Identification card when he was ready, and he agreed. The SSD stated she learned of Resident 1 ' s missing money over the weekend, when she got a call from the staff.</p> <p>The SSD continued, stating when she returned to work on Monday, she searched the residence ' s room and assisted him with filing a grievance, The SSD stated the resident informed her that he had also filed a police report and he was instructed to give her the police report number, so she could follow up on the facility ' s investigation. The SSD stated she discussed the incident with the Administrator, and both were surprised he had been holding that amount of money. The SSD stated once the grievance was filed, the ADM took over the investigation. The SSD provided a copy of Resident 1 ' s grievance that was filed on 8/19/24.</p> <p>A review of the grievance indicated it was filed on 8/19/24 at 2 P.M. with an alleged occurrence date of 8/17/24 at 8 A.M. and a handwritten explanation of how and where the money was stored. There was no documented evidence of a written resolution to the grievance.</p> <p>An interview was conducted with LN 2 on 10/16/24 at 1:11 P.M. LN 2 stated he was not the nurse working on the morning of 8/17/24, and he did not call Resident 1 ' s friend to verify the selling of his truck or the money . LN 2 stated he learned of the allegation during stand-up, (when staff meet to discuss resident events or conditions over the last 24 hours) after the incident occurred. LN 2 stated his only involvement was asking Resident 1 if he was okay. LN 2 stated if Resident 1 reported the missing money to a nurse, the nurse should have documented the day and time it was reported, if the resident ' s room was searched, and who was notified or contacted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4033 Sixth Avenue Ext 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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the ADM on 10/16/24 at 1:40 P.M. The ADM stated Resident 1 comes and talks to her several times a day, and he never mentioned to her that he was selling his truck or that he sold it and had money from the sell. The ADM stated when she returned to work on Monday 8/19/24, she talked with staff and could not find anyone who knew about the money or the selling of Resident 1 ' s truck. The ADM stated she interviewed two staff members, LN 1 and CNA 2, who denied seeing or taking any money. The ADM stated she did not interview any other staff members and she did not take any written statements. The ADM stated she did not contact the family friend to inquire on the selling of Resident 1 ' s truck. The ADM stated she could have performed a more thorough investigation and documented things better. The ADM stated the alleged missing money was not reportable because no one saw the money, no one witnessed the money, and the resident originally said he never told anyone about the money, so the allegation could not be substantiated.</p> <p>An interview was conducted with the Business Office Manager (BOM) on 10/16/24 at 2:26 P.M. The BOM stated if valuables were received after hours, she expected residents to inform the charge nurse, who would then lock the valuables in the medication cart until Monday morning, so the BOM could take over. The BOM stated in the facility ' Admission packet, all residents were provided with instructions about safeguarding valuables by locking them up in the business office safe or a personal lock box could be provided. Staff should always update the resident ' s inventory sheet with the valuables when they get turned over for safekeeping.</p> <p>A follow-up interview was conducted with the SSD on 10/17/24 at 12:42 P.M. The SSD could not recall which nurse called her at home on 8/17/24, but reviewed her personal cell phone log. The ADM stated the call came in to her on 8/17/24 at 10:29 A.M. The SSD was shown a list of the staffing for the day shift on 8/17/24, and stated it was the charge nurse LN 3, who called her. The SSD stated if LN 3 was informed that day of loss by the resident, there should be a nurses note. The SSD stated she was unaware Resident 1 had the money or where he got it from, and the whole story did not make sense. The SSD stated she provided the ADM with Resident 1 ' s grievance on Monday 8/19/24, because the grievance investigation was the ADM responsibility. The SSD stated Resident 1 had complained before about missing items from his room, such as a pen and other small things like that.</p> <p>An interview was conducted with LN 3 on 10/17/24 at 1:05 P.M. LN 3 stated he had been working on 8/17/24 when Resident 1 came to him and reported money was missing. LN 3 stated it was around 10 A.M. when the resident reported the missing money, and he was unsure of what he should do, so he informed LN 4 who was the MOD (Manager of the Day). LN 3 stated he and the MOD searched Resident 1 ' s room and then the MOD contacted the ADM via phone. LN 3 stated he was provided Resident 1 ' s friend ' s phone number from the resident, so he called the friend. The FF told LN 3 that he had sold Resident 1 ' s truck and brought the resident the money around 6 P.M. LN 3 recalled Resident 1 also speaking with the SSD over the phone. LN 3 stated he did not document the reported loss or who he contacted in the nurse ' s notes, but maybe he should have. LN 3 stated he had never been in this situation before, and no one told him to document it.</p> <p>An interview was conducted with the MOD, (LN 4) on 10/17/24 at 1:14 P.M. LN 4 stated he was contacted by LN 3 around 10 A.M. on 8/16/24, after Resident 1 reported money missing from his room. LN 4 did not know if the incident was reportable, so he contacted the ADM to explain the situation. The ADM informed him the resident was responsible for informing staff, so the money could be safeguarded. LN 4 stated he checked with staff, and no one was aware Resident 1 had that kind of money in his room. LN 4 stated he and LN 3 searched the resident ' s room and could not find the money. LN 4 stated he had no other involvement after he informed the ADM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4033 Sixth Avenue Ext 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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A follow up interview was conducted with the ADM on 10/17/24 at 1:32 P.M. The ADM stated she should have conducted a better investigation and attached documentation of the investigation to the grievance. The ADM stated she also interviewed Resident 1 ' s roommate, but did not originally document the roommate ' s response. The ADM stated she should have provided a written response or resolution to the grievance.</p> <p>According to the facility ' s policy, titled Grievances/Complaints, Filing, dated April 2017, .3. All grievances, complaints or recommendation stemming from resident . Actions on such issues will be responded to in writing, including a rationale for the response 12. The resident or person filing the grievance Will be informed (verbally and in writing) of the findings of the investigation and the actions taken to be corrected any identified problems .</p>