

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Bayshire Torrey Pines Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13101 Hartfield Ave San Diego, CA 92130	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on interview and record review, the facility failed to implement policies and procedures when the facility failed to conduct a comprehensive investigation of allegations of inappropriate comments that involved one resident (Resident 1).</p> <p>This failure had the potential for allegations of inappropriate behavior to not be fully investigated.</p> <p>Findings:</p> <p>According to the Admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses which included visual loss and need for assistance with personal care.</p> <p>According to the Minimum Data Set (MDS, an assessment tool), Resident 1 was cognitively intact with a BIMS (Brief Interview of Mental Status, a cognition tool) score of 12.</p> <p>On 10/22/24 at 10:59 A.M., an interview was conducted with the Director of Staff Development (DSD). The DSD stated on 9/16/24 Certified Nursing Assistant (CNA) 1 reported while assisting Resident 1 with a shower, Resident 1 made inappropriate comments to her. The DSD stated the comments were of a sexual nature.</p> <p>On 10/22/24 at 2:04 P.M., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON acknowledged CNA 1 had accused Resident 1 of making inappropriate sexual comments to her. The DON stated she did not document the investigation per facility policy. The DON further stated .no, it wasn ' t done . The DON stated it was important to follow the facility ' s abuse policy .so that no harm comes to them [residents and staff] .so they stay safe in the facility .</p> <p>On 11/8/24 at 2:22 P.M., an interview was conducted with the Administrator (ADM). The ADM stated his expectation was for the facility to follow their abuse policy. The ADM stated, .the tricky thing for this is we didn ' t classify it as abuse .we didn ' t have the stuff [documentation] in the chart .</p> <p>A review of the facility ' s policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating revised September 2022 indicated, All reports of .are thoroughly investigated by facility management .The individual conducting the investigation as a minimum .reviews all events leading up to the alleged incident; and I. documents the investigation completely and thoroughly .</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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