

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/22/2023
NAME OF PROVIDER OR SUPPLIER  Veterans Home of California - Chula Vista		STREET ADDRESS, CITY, STATE, ZIP CODE  700 East Naples 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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35626</p> <p>Based on interview and record review, the facility failed to implement their policy and procedure for reporting suspected financial abuse, for one of three sampled residents (Resident 1), within 24 hours. This failure resulted in a year long delay of California Department of Public Health (CDPH) oversight and investigation of the suspected abuse, placing other residents at risk for potential financial abuse.</p> <p>Findings:</p> <p>On 7/19/2023, the facility sent an e-mail to CDPH as a courtesy report of their notification to APS (Adult Protective Services) for the failure of Resident 1's DPOA (Durable Power of Attorney- person legally appointed to manage another person's finances) to pay monthly residential fees, and that an SOC 341 (Report of Suspected Dependent Adult/Elder Abuse) had been submitted to APS.</p> <p>A review of Resident 1's Face Sheet indicated she was admitted to the facility on [DATE] with diagnoses which included need for assistance with personal care.</p> <p>A review of the MDS (Minimum Data Set- an assessment tool used to develop a plan of care for skilled nursing residents) dated 6/12/2022, indicated Resident 1's BIMS (Brief Interview for Mental Status) score was 2. A score of 0 to 7 points suggests severe cognitive impairment (problems with memory and thought processes).</p> <p>A review of a facility document to calculate Resident 1's monthly fees, effective 1/1/2022, included Resident 1's monthly income of \$1,688.74, and total monthly fees (residential fees) of \$1,012.02.</p> <p>A review of the facility's Delinquent Fees spreadsheet included the following notes documented by the Financial Case Worker (FCW 1):</p> <p>8/25/2022- Left a voicemail (to DPOA) and sent him an e-mail regarding the payment status .I will be completing the APS report requested by upper management. There was no evidence an APS report had been filed.</p> <p>9/13/2022- Received an e-mail from DPOA notifying him that I will have to complete an APS report because we have not received a payment since July . He states he is unable to make a payment prior to the 1st of October. There was no evidence an APS report had been filed.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/17/2022- .he told us he would be making a payment on 10/3, but now he is pushing it back again, notified Finance Manager (FM 1). Received notification from FM 1 to complete APS report .Notified</p> <p>Social Worker (SW 1) of case and received confirmation to complete APS report. There was no evidence an APS report had been filed.</p> <p>A review of an e-mail from FCW 2 to DPOA dated 10/31/2022, included, .FCW 1's last day is on Friday, and I will be Resident 1's caseworker .Upon review of the file, I noticed Resident 1 is delinquent</p> <p>A subsequent unsigned note in the Delinquent Fees spreadsheet dated 1/17/2023, included, I did not report the DPOA to APS. There was not enough evidence or documentation to file the report.</p> <p>During an interview with FCW 2 on 11/14/2023, FCW 2 stated she took over managing Resident 1's account after FCW 1 left in October 2022, and upon reviewing the file, she suspected the DPOA was misusing the money in Resident 1's personal bank account. FCW 2 stated she did not report to APS, at that time, because she didn't have enough documentation to make a case for financial abuse. FCW 2 stated she did not know the suspicion of abuse needed to be reported immediately, and confirmed she did not submit an SOC 341 to APS until 7/17/2023.</p> <p>A review of the SOC 341 dated 7/17/2023, submitted by the Finance Case Worker (FCW 2) included the following statement: I suspect that . Resident 1's DPOA (a family member) . is financially abusing Resident 1 by misappropriating her funds. She currently has an outstanding balance of \$11,801.21 in residential fees.</p> <p>During an interview with the Facility Administrator (FA 1) on 11/29/2023 at 1:50 PM, he stated he attended periodic meetings to discuss delinquent resident accounts with the Finance Manager (FM 1) and the Social Work Manager (SWM 1). FA 1 stated they should have identified financial abuse by Resident 1's DPOA when the account became delinquent, and said, We missed it. FA 1 acknowledged the suspected abuse should have been reported to CDPH immediately.</p> <p>A review of the facility Policy and Procedure, Elder Abuse, Prevention and Reporting, dated 6/20/23, indicated, Reporting . Supervisors will report .suspected elder abuse to the Home Administrator . or designee (who) will report to officials in accordance with State law, including the State Agency (CDPH) and Adult Protective Services (APS) .all alleged violations will be reported .no later than twenty-four (24) hours .</p>