

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER LEMON GROVE CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 8351 BROADWAY LEMON GROVE, CA 91945	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure facility policy was followed when one of three sampled residents (1) reported a personal belonging was missing from his room. This failure had the potential to affect Resident 1's psychosocial well-being. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's record was conducted. The Resident Inventory of Personal Effects, dated 11/13/16, included a list of personal belongings that Resident 1 brought to the facility. This record included documentation dated 4/18/18, that one acoustic guitar was added to Resident 1's personal belongings list. The social services progress note dated 12/19/18, included documentation that Resident 1 .asked about the status of his guitar and ss (social service) told him that the director is reviewing the status of his loss . An interview was conducted with the director of social services (DSS) on 1/29/19 at 2:40 P.M. The DSS stated she did not know how long Resident 1's guitar had been missing. The DSS stated, . I imagine for some time before Christmas since the note says he's asking what (the) status of it was in December . A review of the facility's Theft and Loss Binder dated 2018/2019, was conducted. There was no documented report of Resident 1's missing guitar. The facility's Theft and Loss policy revised 4/2013 indicated, Loss . of resident property . will be documented and reported . for investigation . Completed Theft & (and) Loss investigation reports will be filed in a binder . report must be . made available . An interview was conducted with the DSS on 1/29/19 at 3 P.M. The DSS stated that resident's missing or lost personal items were supposed to be listed in the Theft & Loss binder. The DSS acknowledged that Resident 1's missing guitar was not documented per facility policy.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.