

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 8665 LA MESA BLVD. LA MESA, CA 91942	
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 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to track and return money that was provided for a portable radio for one of 2 residents (1) reviewed for personal property. This failure resulted in Resident 1 not receiving the money or the portable radio at the time of discharge. Findings: Resident 1 was admitted to the facility on [DATE] facility's Resident Face Sheet. Per Resident 1's History and Physical, dated 7/22/19, the attending doctor documented Resident 1 was able to understand and make his own decisions. On 10/1/19 at 3:43 P.M., SW1, who worked with Resident 1 in his home, stated Resident 1 was discharged from the facility on 9/13/19 due to his wish to receive end of life care at home. SW 1 stated Resident 1 liked to listen to music and requested an AM/FM portable radio from the facility's AD. SW 1 stated Resident 1 gave the AD \$60 dollars to cover the cost of the radio 1 week prior to his discharge from the facility. SW 1 stated at the time of discharge, Resident 1 had not received the radio or his money back. Per the same interview, SW 1 stated she left messages on the facility phone for the ADM, DON, and the AD. The SW1 stated on 9/2[DATE]9 the facility's AD called and stated she would bring Resident 1 his radio, but did not. During an interview on 10/[DATE]9 at 9:53 A.M., SW 2 stated she did not know anything about Resident 1's money. SW 2 stated she did not deal with resident's money and did not know what process was used to track Resident 1's money. During an interview on 10/[DATE]9 at 10:32 A.M., the BOM, who was in charge of the residents' money accounts, stated the AD requested money for the residents from their accounts. The BOM stated Resident 1 did not have an account and kept his own money with him and she had nothing to do with that. The BOM stated they did not have a policy for tracking resident's money, how it was used, or refunded to the resident if the facility made a purchase for the resident with their money. During an interview on 10/[DATE]9 at 1 P.M., the AD stated she did not have a tracking system for Resident 1's money when he gave it to her to buy the portable AM/FM radio. The AD stated I forgot about the money. During an interview on 10/21/19 at 10:07 A.M., the ADM stated inventory of purchases for residents and monies due was not tracked. The ADM stated it was the facility's job to track the resident's money and keep logs updated. The ADM started the resident must feel safe in the facility and know how their money is being handled. Per the facility's undated policy, Guidelines on Protecting Resident's Personal Money on Small Purchases, . Purpose: this guide aims to help operators and staff of nursing facilities protect the people in their care from financial exploitation/abuse through prevention and early intervention . the staff receiving the money shall fill out the receipt form indicating the amount received, purpose, receipt of sold item and amount returned .</p>		
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.