

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF ESCONDIDO		STREET ADDRESS, CITY, STATE, ZIP 1980 FELICITA ROAD ESCONDIDO, CA 92025	
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 0625 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a written notice of bed-hold to Resident 1's responsible party (appointed decision maker when a resident is unable to make decisions for themselves) during a discharge to the hospital for one of two sampled residents (1). As a result, the resident's responsible party was not aware of the facility's bed-hold policy at the time of discharge. Findings: Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per Resident 1's physician orders, on 6/19/20, LN (Licensed Nurse) 1 documented receiving an order from the MD (medical doctor) to send Resident 1 to an acute care hospital for a 5150 hold (placing a person on an involuntary psychiatric hold for up to 72 hours due to the person being a danger to themselves or others). Per the facility's Bed Hold Informed Consent, dated 6/19/20, on 6/19/20 LN 1 notified Resident 1 of the bed-hold, and Refused to speak to staff was written under Resident 1's name. On 6/26/20 at 1:15 P.M., a telephone interview was conducted with LN 1. LN 1 stated, when Resident 1 was being sent to the hospital on a 5150 hold, she offered the bed-hold to Resident 1, but Resident 1 was crying and refused to talk to her about the bed-hold. LN 1 further stated, she did not offer the bed-hold to anyone else except for Resident 1. On 7/3/20 at 5:15 P.M., a telephone interview was conducted with the MD (Medical Doctor). The MD stated, Resident 1 was not able to make her own decisions during her discharge to an acute care hospital on [DATE] for a 5150 hold. Per the facility's policy, titled Advance Directives, revised 4/14/20, .Health Care Surrogate - A health care surrogate is a decision-maker, any competent adult individual, who carries out a resident's medical decisions if he or she is not able to give informed consent .		
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.