

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555754	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE SQUARE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1586 W. SAN MARCOS BLVD SAN MARCOS, CA 92078	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on observation, interview and document review, the facility failed to inform two of two residents (Resident 1 and 2) before 5:00 P.M. the next calendar day, after the facility was aware that a staff member tested positive for COVID (Coronavirus disease is an infectious disease, spread from person to person via respiratory droplets). This deficient practice violated the resident's right to be informed of the facility's COVID status. Findings: On 9/21/2020 at 9:15 A.M., an interview was conducted with the Director of Nursing (DON) and the Director of Staff Development/Infection Preventionist (DSD/IP). The DSD/IP stated they have one new COVID positive staff member that tested positive on September 18, 2020. The DON was asked how residents, families and or responsible parties were notified if a resident or staff member tested positive for COVID. The DON stated they have a COVID section on their website with updates. The DON stated residents, families and responsible parties were also notified with a letter and a phone call. On 9/21/2020 at 10:35 A.M., an interview with Resident 1 was conducted. According to Resident 1's Minimum Data Set (MDS - Assessment tool), dated 7/7/2020, the resident had a Brief Interview for Mental Status (BIMS - use to evaluate a person's mental/cognitive function) assessment score of 15 (cognitively intact). Resident 1 stated she had been at the facility since July after her shoulder surgery. Resident 1 stated she had not been notified that the facility has had any COVID positive residents or staff since being admitted. Resident 1 stated she specifically selected the facility because they did not have any cases of COVID. On 9/21/2020 at 12:15 P.M., an interview with Resident 2 was conducted. According to Resident 2's MDS assessment, dated 8/31/2020, Resident 2 had a BIMS score assessment of 15 (cognitively intact). Resident 2 was asked if she had been notified by the facility of any staff members or residents that have tested positive for COVID. Resident 2 stated not that I am aware of. Resident 2 stated she talked to her doctor frequently and she would assume her doctor would let her know if there was any COVID at the facility. Resident 2 stated the facility had never informed her of any COVID positive staff members or residents since she had been admitted to the facility in August. On 9/21/2020 at 12:35 P.M., an interview was conducted with the DON. The DON stated they did not have a facility policy or procedure related to notifying residents, families or responsible party that the facility have a positive COVID staff member or resident in the facility. On 9/22/2020 at 2:28 P.M., a document of the facility's mitigation plan titled (facility name) COVID-19 Mitigation Plan, dated 7/1/2020, was conducted. The document indicated the following: - Facility will assign staff member(s) to be communication lead(s) to families, residents, and staff about the facilities activities as it relates to its COVID-19 Mitigation. - Communication to residents and families and staff will include the prevalence of cases in staff and residents in the facility. - Daily Communication Protocol: * Utilize facility website for daily update * Receptionist and/or designee will report daily to resident's unable to access facility website for update * Assigned Ambassador, Manager of the Day, and/or designee will follow-up with any residents regarding questions or concerns. * Bi-weekly COVID-19 newsletter with updates for staff will be posted in common areas.</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.