

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555871	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER SOMERSET SUBACUTE AND CARE		STREET ADDRESS, CITY, STATE, ZIP 151 CLAYDELLE AVE EL CAJON, CA 92020	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy and procedure for shift to shift report related to one Resident (1). This failure had the potential to increase the elopement risk for Resident 1. Findings: On 4/15/19 at 2:43 P.M., a report of a possible elopement was received in the department. On 4/16/19, an unannounced inspection of the facility was conducted. Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An interview was conducted with the Director of Nursing (DON) on 4/16/19 at 8:56 A.M. The DON stated, He (Resident 1) was last seen in the facility at 5 P.M. on 4/13/19. The staff did not do a 'head count' as is their routine because they were very busy. An interview was conducted with the Charge Nurse (CN) 1 on 4/16/19 at 10:12 P.M. The CN 1 stated, For the change of shift, we are supposed to do a shift report, walk around, make sure everyone is alive and well; a 'head count'. An interview was conducted with CN 2 on 4/16/19 at 11:01 A.M. CN 2 stated, I saw him (Resident 1) outside at 5 P.M. but didn't check again to see if the resident came back in. A review of the facility's document, dated, 4/15/19, titled, Quality Team Tracking Form, indicated, . Problem area: incident of elopement .Problem: elopement risk resident found missing .Causal factors: LN's failed to do patients' head count at the beginning of each shift . A review of the facility's policy, dated, 5/2007, titled, Care and Treatment: Shift-Shift Report, indicated: Policy: it is the policy of this facility to ensure that shift-shift report is timely, accurate and be done during walking rounds. Procedures: 1. Walking rounds will be done and performed residents' head count to ensure no residents is missing .		
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.