

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER BOULDER CREEK POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 12696 MONTE VISTA ROAD POWAY, CA 92064	
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. Based on observation, interview and record review, the facility failed to provide an accident-free environment related to unlocked/broken entry doors. This failure had the potential for unauthorized persons to enter the facility and increase the safety risk for residents. Findings: On 7/16/18 at 9:04 A.M., an anonymous complaint was received by the department related to resident safety, facility staffing and resident rights. On 7/23/18 at 10:31 A.M., an anonymous complaint was received by the department related to resident rights. An unannounced visit to the facility was conducted on 7/26/18 at 8:30 A.M. 7/26/18 at 8:30 A.M. The main entry/lobby door was noted to be closed and not locked. There was no receptionist or any staff in the lobby. An interview was conducted with the Maintenance Supervisor (MS) on 7/26/18 at 3:21 P.M. The MS stated the door (lock) had been broken; it took about 1.5 weeks to get the parts. The MS locked the door and checked it. The MS stated, It (the door), locks but it is loose. An unannounced visit to the facility was conducted on 6/30/19 at 12:07 A.M. An observation of the main entry/lobby door to the facility was conducted on 6/30/19 at 12:07 A.M. The main entry/lobby door was noted to be closed but not locked. There was no staff in the lobby. The door to enter into the patient care area was also closed but not locked. An interview was conducted on 6/30/19 at 12:12 A.M. with registered nurse (RN) 3 stated, The door doesn't lock right, it hasn't. A concurrent observation and interview was conducted with certified nursing assistant (CNA) 4 on 6/30/19 at 3:06 A.M. CNA 4 stated, The front door doesn't always lock right. A joint interview was conducted with the director of nursing (DON) and administrator (admn) 2 was conducted on 8/2/19 at 14:17 P.M. The DON stated, The door should have been locked. Anyone could have come in. No facility policy was available.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.