

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055286	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OF SUPPLIER KEARNY MESA CONVALESCENT AND NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 7675 FAMILY CIRCLE DRIVE SAN DIEGO, CA 92111	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive care plan related to a suprapubic urinary catheter (a device surgically inserted into the bladder to drain urine into a drainage bag), for one of three residents (Resident 1), reviewed for Quality of Care. This failure had the potential for staff not to deliver consistent urinary catheter care related to monitoring, dressing changes, and flushing (putting sterile water or saline into the bladder through the catheter with a syringe, to clear obstructions). Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses, which included end stage [MEDICAL CONDITION] (loss of kidney function) and necrosis (irreversible tissue death) to the penis per the facility's Admission Record. Resident 1's clinical records were reviewed on 8/5/20: According to the hospital emergency room Provider Notes, dated 7/13/20 at 9:34 A.M., Resident 1 was admitted with complaints of an inability to urinate and the sensation of bladder fullness. The hospital Discharge Summary notes, dated 7/15/20 at 5:09 A.M., Resident 1 was to be discharged back to the skilled nursing facility after a suprapubic catheter was placed 7/14/20. According to the facility's Nursing Progress Notes, dated 7/15/20 at 2:22 P.M., Resident 1 was readmitted to the facility with a suprapubic catheter. Resident 1's physician's orders [REDACTED]. A plan of care for the suprapubic urinary catheter could not be located. An interview was conducted with Licensed Nurse (LN 3) on 8/6/20 at 1:25 P.M. LN 3 stated she would expect to see a care plan for Resident 1's suprapubic catheter. LN 3 stated care plans were important to ensure staff provided consistent care. An interview was conducted with LN 1 on 8/6/20 at 2:14 P.M. LN 1 stated Resident 1 should have had a care plan for the suprapubic catheter. LN 1 stated care plans were important for staff communication, so resident care was being consistently followed. An interview and record review was conducted with the Director of Nursing (DON) on 8/6/20 at 2:37 P.M. The DON stated she could not locate a care plan for Resident 1's suprapubic catheter. The DON stated she expected a care plan to be developed for all residents that had a change in condition or new treatment plan. The DON stated care plans were important so staff knew how to care for the resident, in order to reach all the residents goals. According to the facility's policy, titled Care Plans-Comprehensive, dated August 2006, .3. Each resident's Comprehensive Care Plan . b. Incorporate risk factors associated with identified problems; . d. Reflect treatment goals and objectives in measurable outcomes; .</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.