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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055488 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/26/2020 |
| NAME OF PROVIDER OF SUPPLIER LA MESA HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 3780 MASSACHUSETTS AVENUE LA MESA, CA 91941 | |
| 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 0712 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure one of three residents (1) was seen by a physician at least every 30 days for the first 90 days after admission. This failure had the potential to result in unidentified medical conditions and/or insufficient provision of medical treatment. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. An observation was conducted on 4/18/17 at 10:20 A.M. of Resident 1. Resident 1 was sitting in her wheelchair and had a soft cast on her left lower leg. A review of Resident 1's medical record was conducted on 4/18/17 at 11 A.M. No evidence of a physician's visit for March 2017 was documented. A concurrent interview and record review was conducted on 4/18/17 at 11:15 A.M. with the Director of Nursing (DON). The DON stated, I don't see it (documentation of a physician visit) for March. It should be there, they should come every month. No facility policy was available. | | |

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.