

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY VILLA PLAZA CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP 1209 HEMLOCK WAY SANTA ANA, CA 92707	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility document review, the facility failed to ensure the grievances were resolved for one of three sampled residents (Resident 1). This had the potential for the facility to not take the appropriate corrective actions in a timely manner. Findings: Medical record review for Resident 1 was initiated on 1/15/20. Resident 1 was readmitted to the facility on [DATE]. On 3/5/20 at 1500 hours, an interview was conducted with Resident 1's family member. The family member stated she never received any follow up from the facility's Administrator after she had filed a grievance about Resident 1's missing clothing items. Review of the Interdisciplinary Team Conference Record dated 2/22/19, showed Resident 1's family member verbalized concern about Resident 1's missing belongings/clothing; however, there was no documentation to show the concern about Resident 1's missing belongings/clothing was addressed. Review of the Resident Property Loss Report dated 11/19/19, showed Resident 1's family member had reported Resident 1 was missing a cell phone charger, belts, eight pairs of black socks, and six pairs of white socks. The area in the form to document the resolution was blank. On [DATE] at 1340 hours, a follow-up telephone interview was conducted with the Administrator. The Administrator failed to provide documentation the above grievance was addressed or resolved. The Administrator verified the above findings.		
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.