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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555795 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/22/2020 |
| NAME OF PROVIDER OF SUPPLIER VETERANS HOME OF CALIFORNIA - CHULA VISTA | | STREET ADDRESS, CITY, STATE, ZIP 700 EAST NAPLES COURT CHULA VISTA, CA 91911 | |
| 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 0602 Level of harm - Potential for minimal harm Residents Affected - Many | <p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from misappropriation of personal property when a Certified Nurse Assistant (CNA 1) found Resident 1's fanny pack in the parking lot and returned it, five days later, with 169 dollars missing. This failure resulted in a financial loss, and the inability for Resident 1 to use the belongings in his fanny pack for five days. Findings: Resident A's clinical record was reviewed. The Admission History and Physical Exam dated 8/20/19, indicated Resident 1 was admitted to the facility for assistance with activities of daily living and medications. A review of the Mini-Mental State Exam (MMSE-a test of cognitive function among the elderly) indicated Resident 1 had a score of 30 out of 30 (normal cognition). An interview was conducted with Resident 1 on 1/24/20 at 10:30 AM. Resident 1 stated he returned from an outing with his daughter on 11/15/19 at about 3:30 PM, and unknowingly dropped his fanny pack in the parking lot of the facility. Resident 1 stated the fanny pack contained his cell phone, credit and bank cards, \$360 dollars in cash, and numerous other small items. Resident 1 added, the cash consisted of crisp \$20 dollar bills. Resident 1 stated he asked Security Staff (SS 1) to review surveillance video of the area outside the facility, at the time he returned from his outing. Resident 1 stated the video showed a woman pick up the fanny pack and throw it in her car. Resident 1 stated when his fanny pack was returned to him on 11/20/19, there were wrinkled \$1, \$5, and \$20 dollar bills in place of the crisp \$20 dollar bills. He added that over \$160 dollars was missing. In an interview with the Charge Nurse (CN 1) on 8/19/20 at 1:15 PM, CN 1 stated an investigation into the loss of Resident 1's fanny pack was initiated on 11/15/19. CN 1 stated he viewed the surveillance video and he could clearly see the person who picked up and left with the fanny pack was CNA 1. CN 1 stated that CNA 1 should have turned in the fanny pack to security immediately, rather than take it home with her. In an interview with the Standards Compliance Coordinator (SCC 1) on 8/19/20 at 10 AM, she stated that CNA 1 became the focus of the investigation after she was identified picking up Resident 1's fanny pack in the surveillance video from 11/15/19. SCC 1 stated that CNA 1 called out sick on 11/16/19 and 11/17/19, so they mailed a letter to CNA 1 to inform her of the investigation. She stated CNA 1 returned the fanny pack on 11/20/19, denied keeping any of the money, and resigned her position before any further action could be taken.</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.