

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555754</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VILLAGE SQUARE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1586 W. SAN MARCOS BLVD SAN MARCOS, CA 92078</b>	
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 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to implement the abuse investigation policy for one of four sampled residents (1). This failure had the potential to increase the risk of further abuse. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 8/7/19 at 12:40 P.M., a reported incident was received from the facility related to verbal abuse from an employee to Resident 1. On 8/9/19 at 1:24 P.M., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON reviewed the personnel file of certified nursing assistant (CNA)1. The DON stated, There are no reference checks in the file. On 8/9/19 at 1:36 P.M., an interview was conducted with Resident 1. Resident 1 stated (through a translator), The CNA (1) said to me, 'why you need help, go home. She also has used the f-word three times to me. I feel sad; when she is not here I am tres bien (very good). On 8/9/19 at 2:35 P.M., an interview was conducted with the DON. The DON stated, There were no reference checks in the personnel file; it is blank. It is important because you need to see how this person interacted with patients on other jobs. A review of the facility's policy, dated 1/00, titled Employee Reference Checks, indicated, Policy: it is the policy of the Company to conduct employment reference checks in accordance with state and federal guidelines .and .Procedure 1. complete a minimum of 2 reference checks from previous employers on each viable candidate .2. offers of employment are contingent upon the successful and satisfactory completion of the reference checking process .3. Place the completed reference checks in the employee's personnel file .		

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.