

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555873	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER SOUTH BAY POST ACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 553 F STREET CHULA VISTA, CA 91910	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to provide the supervision to prevent a fall for one of three residents (1). As a result, Resident 1 was sent to an acute care hospital due to pain after a fall and required surgery. Findings: Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Per the facility's Progress Notes, dated 9/18/18 at 10:23 A.M., p/u (picked up) by (resident transportation company) accompanied by staff for Ortho f/u (physician follow up appointment) . Per the facility's Progress Notes, dated 9/18/18 at 12:29 P.M., Staff called to inform that resident fell and hit her head while coming out of the van, and transferred to (acute care hospital) for further evaluation. Per the facility's Progress Notes, dated 9/18/18 at 3:23 P.M., Called (acute care hospital) . resident has left hip fx (fracture), will have surgery . Per the acute care hospital's Operative Report, dated 9/18/18, Resident 1 had a displaced left femoral neck fracture (broken bone at top of left leg) after a fall. Resident 1 received a hemiarthroplasty (partial hip replacement) per the physician's recommendation. Per the facility's MDS (Minimum Data Set, an assessment tool), dated 7/31/18, Resident 1 required supervision (oversight, encouragement, or cueing) when walking or moving from a sitting to a standing position. On 10/11/18 at 4:55 P.M., a telephone interview was conducted with CNA 1 (certified nursing assistant). CNA 1 stated, she was on light duty, and would not have been able to assist if Resident 1 started to fall. CNA 1 further stated, the transportation driver and herself were standing outside of the vehicle when the driver instructed Resident 1 to walk to the lift from inside of the vehicle. CNA 1 stated, Resident 1 fell inside of the vehicle while trying to walk, and then paramedics took Resident 1 to an acute care hospital. On 11/1/18 at 3:15 P.M., an interview was conducted with the TC (Transport Coordinator). The TC stated, when a resident was sent to a doctor's office for an appointment, the office required an escort for any resident visiting from a skilled nursing facility. The TC further stated, usually family members were used to escort resident's to a doctor's appointment, but the facility provided a CNA escort for Resident 1 on 9/18/18 because the family was not available to escort on the day of the appointment. On 11/1/18 at 3:30 P.M., an interview was conducted with HR (Human Resources). HR stated, CNA 1's light duty meant that she could not lift, push, or pull more than ten pounds. On 2/6/19 at 1:23 P.M., a telephone interview was conducted with the Driver. The Driver stated, CNA 1 and herself were standing outside of the vehicle, she told Resident 1 to walk toward the back of the vehicle from inside, Resident 1 fell , then paramedics took Resident 1 to an acute care hospital. The Driver further stated, the facility did not provide her specific precautions to take for Resident 1. On 3/12/20 at 4:15 P.M., a telephone interview was conducted with the DON (Director of Nursing). The DON stated, when a CNA accompanied a resident requiring supervision during transportation, the expectation was for the CNA to be at the resident's side during transportation to intervene in case help was needed, and they would not send a CNA on light duty. The facility's policy, titled Transportation, arranging for, revised 5/2007, did not address resident safety or staff escorting resident's during transportation.</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.