STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
056040		056040		A. BUILDING B. WING	<u> </u>	02/2	5/2009	
NAME OF PROVIDER OR SUPPLIER ESCONDIDO CARE CENTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 421 E MISSION AVE, ESCONDIDO, CA 92025 SAN DIEGO COUNTY					
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	FULL	ID PREFIX TAG	(EACH CORRECTIVE AC	N OF CORRECTION CTION SHOULD BE CROSS- PPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
	The following reflects t Department of Public H Investigation visit.	-	blaint					
	Representing the Depa	artment of Public Hea luator	alth:					
	CLASS AA CITATION PATIENT CARE 08-1516-0005891-S Complaint(s): CA00171321							
	72311 (a)(1)(C)(2)(3 General	)(B) Nursing	Service -					
	(a) Nursing service limited to, the following		out not be					
	<ul><li>(1) Planning of patient care, which shall in at least the following:</li><li>(C) Reviewing, evaluating and updating of patient care plan as necessary, by the nursing staff and</li></ul>							
	of the patient at le if there is a change in t patient's condition.	ast quarterly, and	more often					
	(2) Implementing of according to the method indicated. Each part on this plan.							
	(3) Notifying the of:	attending physicia	n promptly					
Event ID:	Q34O11		3/2/2009	3:46:4				
LABORATOR	RY DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	TURE	TITLE	E	(X6) DATE	

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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.

State-2567 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
056040		B. WING			5/2009	
NAME OF PROVIDER OR SUPPLIER  ESCONDIDO CARE CENTER  STREET ADDRES  421 E MISSION			ZIP CODE DIDO, CA 92025 SAN DIEGO	Э СОИТУ		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  'MUST BE PRECEEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Continued From page	21					
(B) Any sudden change in signs, symp behavior exhibited by	toms, or					
reviewed and revised of care for Patient having difficulty swallo The facility also for when Patient A was id have problems we There were no change	A, after he was observed wing thin liquids. ailed to notify the physician entified to ith swallowing thin liquids. es made in the ds and/or food provided for 3, Patient A					
2002. According to a D	es that included and history of a stroke in Discharge general acute care hospital, at A was "diabetic diet with PM					
On admission to Patient A's diet order r NCS (no concentra salt) diet." On 10/28/08 facility developed a pla	ead, "Regular ted sweets), NAS (no added 3, the					
Event ID:Q34O11	3/2/2009	3:46:4	15PM			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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State-2567 2 of 7

, ,		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTII	PLE CONSTI	RUCTION	(X3) DATE SURVEY COMPLETED	
		056040	B. WING		- -		02/2	5/2009
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE, 2	ZIP CODE			
ESCONDIDO CARE CENTER 421 E MISSION			421 E MISSION A	AVE, ESCON	DIDO, CA	92025 SAN DIEGO COUNT	Υ	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE
	Continued From page 2							
	Nutritional Status. The was for the patie symptoms of aspiration 3 months. The included: "Dietary/Ntexture of food physician) if not resident PRN (as to chew and swall monitor Patient A aspiration during megoal.	nt to have no n/choking daily for approaches to Nsg. (nursing) the and notify ME tolerated, Dietitian needed), Allow endow." There was refor signs and sy	the plan o assess D (doctor, n to visit nough time no plan to mptoms of					
	registered dietitian wro Nutritional Screenin however tolerating pool (without) chewing of 11/26/08 at 9:50 A.I nursing notes, "I [representative] from	ng notes, "Poor (oral) s difficulty per nursi M., LVN 1 wrote Left mssg (mes n [insurance] for evaluation), nea [insurance secon	dentition, ng." On e in her sage) for OK for ed auth. ndary] res. (frequent)					
	Other than the about no other documentation observation that swallowing thin liquids documentation in the that the physician was Patient A's difficulty swallowing the about the physician was the about the physician was the about the physician was the about	n of any Patient A had There was no ne nursing notes notified of						
Event ID:0	Q34O11		3/2/2009	3:46:4	15PM			
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESEI	NTATIVE'S SIGNA	TURE		TITLE		(X6) DATE

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State-2567 3 of 7

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056040			B. WING		02/2	5/2009		
NAME OF PROVIDER OR SUPPLIER  ESCONDIDO CARE CENTER  421 E MISSION			ZIP CODE DIDO, CA 92025 SAN DIEC	GO COUNTY				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACTI REFERENCED TO THE API	ION SHOULD BE CROSS-	(X5) COMPLETE DATE	
	Continued From page	3						
	physician orders received diet modification and diet. There was also not in the record that reviewed and revised to interventions for problem.	d/or changes to o indication Patient A's plan o o reflect						
	During an interview LVN 1 was asked about nursing entry that is 1 said that Patient A county with "thin liquids." this on 11/25/08, the authorization for evaluation. "They (insurance) couldn't that to the speech them. I don't remember with that she could not remember when this was pathologist at the skille LVN 1 also stated anyone else at the faci difficulty is swallowing. In the physical patient A's difficulty swallowing.	at the the wrote on 11/20 bughed LVN 1 said that e day prior to ca r a speech/s send anyone out apist here. that she told me." ember reported to the d nursing facility. that she did lity of Patient A's LVN 1 confirmed cian of	she noted lling for an swallowing I relayed LVN 1 said the speech not notify					
	In an interview on 12/15/08 at 12:20 P.M., the speech pathologist stated that she was informed of the speech/swallowing evaluation after Patient A expired. "She (LVN 1) told me that the [insurance] didn't							
Event ID:0	Q34O11		3/2/2009	3:46:4	45PM			

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State-2567 4 of 7

TITLE

(X6) DATE

` '		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI A. BUILDIN	PLE CONSTRUC	TION	(X3) DATE SURVEY COMPLETED		
		056040		B. WING	<u> </u>		02/2	5/2009	
NAME OF PRO	NAME OF PROVIDER OR SUPPLIER STREET ADDRES		STREET ADDRESS	S. CITY, STATE, 2	ZIP CODE				
	OO CARE CENTER					025 SAN DIEGO COUN	ITY		
				,	•				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CC	ROVIDER'S PLAN OF CORRED DRRECTIVE ACTION SHOUL CED TO THE APPROPRIATE	ION SHOULD BE CROSS- COMPLET		
	Continued From page 4								
	authorize me to see hi	m (Patient A)."							
	authorize me to see him (Patient A)."  On 11/30/08, Patient A was in the assisted dining room for lunch. There were two certified nursing assistants (CNA) in this dining room to assist and observe eleven patients. Patient A was served a regular diet with no concentrated sweets and no added salt as per the physician's original order on admission. During an interview on 12/15/08 at 9 A.M., the dietary supervisor said that Patient A's lunch consisted of beef with barbeque sauce, steamed cabbage and carrots, and mashed potatoes. The dietary supervisor said that the patient also received regular fluids, not thickened.  CNA 1 was interviewed on 12/15/08 at 11 A.M., and CNA 2 was interviewed on 12/17/08 at 7:49 A.M. CNA 2 said that she cut Patient A's meat. Sometime during lunch, Patient A began coughing. CNA 2 said that she asked Patient A if he was "OK" and he responded, "Yes." She said, "He was still chewing. Still coughing." Both CNAs stated that Patient A was removed from the dining room as he "slumped" in the wheelchair. CNA 2 described and demonstrated how she performed an abdominal thrust, a fist punch to								
	CNA 2 said that the att	empt was unsuccess	tul,						
Event ID:0	Q34O11		3/2/2009	3:46:4	45PM			·	
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State-2567 5 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		STREET ADDRESS, 421 E MISSION A		ZIP CODE DIDO, CA 92025 SAN DIE	GO COUNTY			
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	Continued From page	5						
	and that Patient A was unresponsive. The responded to the call for LVN 1 performed Heimlich maneuver. Clipulmonary resuscit facility called 911, the parrived at 1:12 paramedic report, Patienoted to be "a pulseless (no pulse)." ALS (advanced life was pronounced at 1:2	CNAs said that or assistance. several attempts PR (cardio ration) was statemedics P.M. According ent A was initially apneic (no breat After unsuccessful es support) care,	to the					
	The autopsy report 12/4/08, showed that a completely occluded pipe) just above the case the right main examination of the lung documented a backnange with focal area early organizing debris and multinuclea consistent with presof death was asphyxia [suffocation] due to aspect to a specific process of the sum	"Soft food bolus the distal trac rina as well stem bronchus. gs ckground of emp s of older pneumonia with ted giant cells vious aspiration."	Microscopic  physematous  vegetable  The cause					
	These violations produced that death of a substantial serious physical hardirect proximate cause	or serious harm v probability that m would result a	vould result death or					
Event ID:0	Q34O11		3/2/2009	3:46:4	15PM			

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State-2567 6 of 7

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		056040		B. WING		02/2	5/2009	
			T ADDRESS, CITY, STATE, ZIP CODE MISSION AVE, ESCONDIDO, CA 92025 SAN DIEGO COUNTY					
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	Continued From page	6						
	patient.							
Event ID:0			3/2/2009	3:46:4		_		
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State-2567 7 of 7