

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Cottonwood Canyon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1391 Madison Avenue El Cajon, CA 92021	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36471</p> <p>Based on the interview and record review, the facility failed to ensure the care plan for discharge (leaving the facility) was developed for one of three sampled residents (Resident 4).</p> <p>This failure increased the risk for Resident 4 to have an unsafe discharge from the facility back to the community.</p> <p>Findings:</p> <p>Resident 4 was admitted to the facility on [DATE] with diagnoses that included heart failure (the heart muscle can not pump enough blood to the body), per the Admission Record.</p> <p>On 4/24/25, a review of Resident 4's medical record was conducted. Resident 4 was discharged from the facility on 4/4/25. There was no evidence that a Discharge Care Plan was developed for Resident 4.</p> <p>On 4/24/25 at 2:35 P.M., an interview was conducted with the Social Service Director (SSD). The SSD stated she and her assistant were responsible for developing a discharge care plan for Resident 4 on admission, which was missed. The SSD further stated that the care plan should have been created to ensure the resident was discharged according to the plan.</p> <p>On 4/30/25 at 2:55 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated that the discharge care plan should have been developed to meet residents' needs.</p> <p>Per the facility's policy and procedure, dated 3/25, titled Discharge Summary and Plan, .Every resident has an individualized discharge plan, which begins at admission and is part of the comprehensive care plan .</p> <p>Per the facility's policy and procedure, dated 3/22, titled Care Plans, Comprehensive Person-Centered, .A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident .</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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