STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055067	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palomar Vista Healthcare Center	201 N Fig Street Escondido, CA 92025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235 Based on interviews and record review, the facility did not ensure patient centered care plans were developed for one of four residents reviewed for care plans when Resident 1 had diarrhea and purple feet with swelling. This failure resulted in delayed care and a decreased physical well-being for Resident 1. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total or partial paralysis of one side of the body) and hemiparesis (muscle weakness on one side of the body) following cerebrovascular disease (a condition affecting blood flow and blood vessels in the brain) according to the facility ' s Admission Record. During an interview and concurrent record review on 8/29/24 at 10:32 A.M. with LN 1, LN 1 stated an open area on Resident 1 ' s coccyx (tailbone) was identified on 8/28/24. LN 1 reviewed Resident 1 ' s bowel movement record and stated Resident 1 had loose bowel movements from 8/16/24 through 8/23/24. During a review of progress notes (PN) titled, Physician Progress Note for Resident 1 dated 8/2/24, 8/5/24 and 8/14/24, the PN indicated resident complained of diarrhea. During a review of Resident 1 ' s PN titled, Change in Condition, dated 8/21/24 at 9:04 P.M., the PN indicated, .Swelling of +2 to both feet, both soles with purplish color . A phone interview on 8/30/24 at 11:41 A.M. with the Director of Nurses (DON) was conducted. The DON stated she reviewed Resident 1 ' s record of bowel movements and stated Resident 1 had loose bowel movements/diarrhea documented on: 8/1/24, 8/3/24. 8/5/24, 8/6/24, 8/7/24, 8/10/24, 8/12/24, 8/12/24, 8/14/24, 8/16/24, 8/20/24 through 8/23/24. The DON stated Resident 1 also had a changed in condition on 8/21/24 due to purple feet and swelling. The DON stated she reviewed the care plans for Resident 1 and there were no care plans regarding Resident 1 ' s diarrhea and the purple, swollen feet. The DON further stated it was important to have a care plan because it guided staff and alerted everyone of the resident ' s condition and for staff to follow the interventions. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Palomar Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 N Fig Street Escondido, CA 92025	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility ' s policy and procedure (P&P) titled, Comprehensive Person-Centered Care Planning, dated 7/2024 was conducted. The P&P indicated, .It is the policy of this facility that the interdisciplinary team (IDT-team members with various areas of expertise who work together toward the goals of their residents) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident ' s medical, nursing, mental and psychosocial needs .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235 Based on interviews, and record review, the facility failed to provide a medication for diarrhea for one of four residents (Resident 1) reviewed for services that meet professional standard, according to professional scope of practice. As a result, Resident 1 continued to have diarrhea and had a skin breakdown on the sacro-coccyx (the triangular shaped bone at the base of the back extending to the tailbone) area. In addition, Resident 1 had the potential for increased infection and discomfort. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total or partial paralysis of one side of the body) and hemiparesis (muscle weakness on one side of the body) following cerebrovascular disease (a condition affecting blood flow and blood vessels in the brain) according to the facility ' s Admission Record. The MDS (a clinical assessment tool) dated 7/19/24 for Resident 1, listed a cognitive (mental process involved in knowing, learning, and understanding things) score of 14, indicating cognition was intact. During an interview and concurrent record review on 8/29/24 at 10:32 A.M. with LN 1, LN 1 stated an open area on Resident 1 ' s coccyx (tailbone) was identified on 8/28/24. LN 1 reviewed Resident 1 ' s bowel movement record and stated Resident 1 had loose bowel movements from 8/16/24 through 8/23/24. LN 1 further stated CNAs were expected to change the resident after each episode of diarrhea and notify the LN to apply a barrier cream. LN 1 reviewed Resident 1 ' s medication administration record (MAR) and stated Resident 1 had an order for a medication for diarrhea ordered on 8/2/24 and an order for a stool softener (medication for constipation). LN 1 stated the medication for diarrhea was administered to Resident 1 once on 8/14/24. LN 1 stated the stool softener was not administered to Resident 1 on 8/1/24, 8/2/24, 8/5/24, 8/8/24 and Resident 1 refused the medication on 8/14/24. LN 1 further stated he was not sure why the medication for diarrhea was not given to Resident 1 and why the stool softener was not held. A review of Resident 1 ' s medication administration record (MAR) for August 2024 was conducted. The MAR indicated, Loperamide HCL Oral Tablet (medication for diarrhea) 2 MG (milligrams) .Give 1 tablet by mouth every 8 hours as needed for loose bowel .Order Date- 08/02/2024 . In addition, the MAR indicated, Colace Oral Capsule (a stool softener) 100 MG .Give 1 capsule by mouth two times a day for constipation prevention Hold for loose stools .Order Date- 8/17/24 1453 (2:53 P.M.) . (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Palomar Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 N Fig Street Escondido, CA 92025	

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A phone interview on 8/30/24 at 11:41 A.M. with the Director of Nurses (DON) was conducted. The DON stated she reviewed Resident 1 ' s record of bowel movements and stated Resident 1 had loose bowel movements/diarrhea documented on: 8/1/24, 8/3/24. 8/5/24, 8/6/24, 8/7/24, 8/10/24, 8/12/24, 8/12/24, 8/14/24, 8/16/24, 8/20/24 through 8/23/24 (12 days total). The DON stated upon review of Resident 1 ' s MAR, there was a medication for diarrhea as needed and it was only administered on 8/14/24. The DON stated there was also an order for a stool softener for Resident 1 and it was held on 8/14/24. The DON stated Resident 1 refused the stool softener on 8/2/24, 8/5/24, 8/8/24 and on 8/22/24. The DON stated the licensed nurses should have held the stool softener due to Resident 1 having diarrhea. The DON further stated Resident 1 was at risk for fluid deficit (loss of body fluid) and dehydration (a dangerous loss of body fluid which can cause problems with blood pressure, heart rate, kidneys, and brain) due to diarrhea. During a review of the facility ' s policy and procedure (P&P) titled, Medication Administration, dated 7/2024, the P&P indicated, .Medications must be administered in accordance with the written orders of the attending physician .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235 Based on interviews and record review, the facility did not ensure one of three residents (Resident 1) reviewed for pressure ulcers (bedsores), received the necessary care and services to prevent pressure ulcer formation. This failure resulted in Resident 1 ' s rash to become a deep tissue injury. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (total or partial paralysis of one side of the body) and hemiparesis (muscle weakness on one side of the body) following cerebrovascular disease (a condition affecting blood flow and blood vessels in the brain) according to the facility ' s Admission Record. During an interview with licensed nurse (LN) 2 on 8/29/24 at 10:03 A.M., LN 2 stated Resident1 was transferred to the hospital on 8/28/24. LN 2 stated Resident 1 was on a low air loss mattress (mattress designed to distribute the resident ' s body weight and help prevent skin breakdown) due to skin problems. LN 2 stated to prevent pressure ulcers, residents should be repositioned every two hours, keep their skin dry by changing briefs. LN 2 stated if a resident had diarrhea the resident ' s brief should be changed after each episode of diarrhea to prevent the skin problem from worsening and getting infected. During an interview and concurrent record review on 8/29/24 at 10:32 A.M. with LN 1, LN 1 stated Resident 1 was transferred to the hospital on 8/28/24 due to low oxygen saturation (oxygen level) and edema (swelling). LN 1 stated an open area on Resident 1 ' s coccyx (tailbone) was also identified on 8/28/24. LN 1 reviewed Resident 1 ' s bowel movement record and stated Resident 1 had loose bowel movements from 8/16/24 through 8/23/24. LN 1 further stated CNAs were expected to change the resident after each episode of diarrhea and notify the LN to apply a barrier cream. An interview on 8/29/24 at 10:47 A.M. was conducted with the treatment nurse (TN). The TN stated Resident 1 had a rash in the perianal area (area where stool leaves the body and the private parts between the thighs). The TN stated on 8/28/24, Resident 1 was found to have a deep tissue injury (DTI- a pressure ulcer with purple or maroon areas of intact skin or blood blister due to pressure or shear) on Resident 1 ' s sacro-coccyx (the triangular shaped bone at the base of the back extending to the tailbone). A review of nursing progress notes (PN) for Resident 1 was conducted. The PN titled Change in Condition dated 8/10/24,11:36 A.M., indicated Resident 1 had a change in condition due to, Hemorrhoids (swollen and inflamed veins in the anus) and moisture associated dermatitis (MASD-skin inflammation and damage due exposure to moisture for a prolonged period of time; rash) in the perianal region. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of PNs for Resident 1 indicated no documentation regarding Resident 1 ' s diarrhea and rash on 8/11/24 through 8/16/24. The PNs titled, Daily Skilled Note dated from 8/17/24 through 8/20/24 indicated rash in the perianal area, but no description of the rash if it had improved or worsened. The facility ' s Daily Skilled Note dated 8/21/24 through 8/27/24 in Resident 1 ' s PN indicated, .No active gastrointestinal symptoms observed .No active skin condition (s) or treatments observed . Then on 8/28/24 at 10:13 A.M., a PN titled, Change in Condition indicated, .Symptoms or signs noted of Condition change: Skin wound or ulcer . There was no description of the wound or ulcer documented in Resident 1 ' s progress notes. The PN dated 8/28/24 at 2:09 P.M. indicated resident had a change in condition, .O2 desaturation (low oxygen level) . PN dated 8/28/24 at 2:25 P.M. indicated resident was transferred out via 911 (emergency number). A phone interview on 8/30/24 at 11:41 A.M. with the Director of Nursing (DON) was conducted. The DON reviewed Resident 1 ' s PNs and stated Resident 1 had a change in condition on 8/10/24 due to hemorrhoids and MASD in the perineal region. The DON stated there was no measurement documented and no follow up documentation regarding the MASD. The DON stated she expected licensed nurses to document every shift. The DON further stated the description of the rash was needed to determine if Resident 1 ' s rash was worsening or improving. At 1:03 P.M. the DON called this writer and stated a skin evaluation form was completed for Resident 1 on 8/28/24 which indicated a DTI on Resident 1 ' s sacro-coccyx that measured 15 cm (centimeters) by 8 cm. A review of the facility ' s policy and procedure (P&P) titled, Skin and Wound Monitoring and Management, dated 7/2024 was conducted. The P&P indicated .A licensed nurse will assess/evaluate each pressure injury and/or non-pressure injury that exists on the resident. This assessment/evaluation should .include .1) Measuring the skin injury 2) Staging the skin injury (when the cause is pressure) 3) Describing the nature of the injury .4) Describing the location of the skin alteration 5) Describing the characteristics of the skin alteration .A licensed nurse will assess/evaluate a resident ' s skin at least weekly .Licensed nurse should document skin evaluations .