

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Parkway Hills Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7760 Parkway Drive LA Mesa, CA 91942	

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 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39448</p> <p>Based on observation and interview, the facility failed to equip resident rooms with curtains to ensure complete visual privacy for one of two sampled residents (1).</p> <p>As a result, there was the risk of facility residents observing Resident 1 while she received personal care.</p> <p>Findings:</p> <p>Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses to include, heart failure, need for assistance with personal care, functional quadriplegia (inability to move the arms or legs).</p> <p>On 7/25/24 at 10:31 A.M., an observation and interview was conducted with Resident 1. There was a privacy curtain for Resident 1's bed that other residents would have had to enter in order to access the room's shared bathroom. The privacy curtain for Resident 1's bed, did not separate the walkway to the bathroom door from Resident 1's bed. Resident 1 stated, she did not have any privacy at the facility. Resident 1 further stated, if her roommate needed to use the bathroom while Resident 1 was receiving personal care from staff, the roommate would have had a full view of Resident 1's body because there was no curtain between her bed and the walkway to the room's shared bathroom.</p> <p>On 7/25/24 at 10:50 A.M., an interview was conducted with Resident 2, who was the roommate of Resident 1. Resident 2 stated, if she walked to the bathroom while Resident 1 was receiving personal care from staff, she would have had to enter Resident 1's privacy curtain, and would have had a clear view of Resident 1.</p> <p>On 7/25/24 at 11:15 A.M., an observation and interview was conducted with the Maintenance Director. The Maintenance Director stated, if Resident 1's curtain was closed, the other resident's in her room would not have had access to the shared bathroom without passing Resident 1's privacy curtain. The Maintenance Director further stated, it would have been a simple fix to add a curtain between Resident 1's bed and the walkway to the room's shared bathroom.</p> <p>Per the facility's policy, titled Confidentiality of Information and Personal Privacy, revised October 2017, .The facility will strive to protect the resident's privacy regarding .personal care .</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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