

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2025
NAME OF PROVIDER OR SUPPLIER San Jacinto Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 275 North San Jacinto Street Hemet, CA 92543	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51665</p> <p>Based on interview and record review, the facility failed to ensure a system of safeguarding personal belongings, such as bank card and Identification (ID) card, were in place, for one of three residents reviewed (Resident 1).</p> <p>This failure resulted to unauthorized bank transactions on Resident 1's bank cards while at the facility without her knowledge.</p> <p>Findings:</p> <p>On April 14, 2025, at 9:20 a.m., an unannounced visit was conducted to investigate a facility reported incident regarding Resident 1 's missing ID Card and bank card with unauthorized transactions.</p> <p>On April 14, 2025, at 10:37 a.m., an interview was conducted with Social Worker 1 (SW 1). SW 1 stated during a resident's admission, an inventory list of personal belongings were conducted by the facility staff. SW 1 stated she was then notified by the staff if the resident had a cash money or bank and/or debit cards in their possession. SW 1 stated she would then let the resident know that the facility ' s safe can be used to store their valuables or personal belongings of value. SW 1 stated was aware Resident 1 had bank cards and ID card in her possession but Resident 1 did not want to put these in the facility safe.</p> <p>On April 14, 2025, Resident 1's record was reviewed. Resident 1 was admitted to the facility on March 10, 2025 and was discharged on [DATE].</p> <p>The HISTORY AND PHYSICAL EXAMINATION, dated March 11, 2025, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>The INVENTORY OF PERSONAL POSSESSIONS, signed by Resident 1 and facility staff, dated March 10, 2025, indicated Resident 1 had a wallet/purse but the list did not indicate Resident 1 had bank cards and an ID card in her possession.</p> <p>The WAIVER OF RESPONSIBILITY FOR MONEY AND VALUABLES, signed by Resident 1 and a facility staff on March 11, 2025, did not indicate what personal belonging or valuable Resident 1 decided to keep in her possession and not store at the facility safe for safe-keeping.</p> <p>(continued on next page)</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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 14, 2025, at 11:08 a.m., Family Member 1 (FM 1) was interviewed via telephone. FM 1 stated Resident 1's bank cards and ID cards went missing during her stay at the facility from March 10, 2025 to April 1, 2025. FM 1 stated several unauthorized transactions were made on Resident 1 ' s missing bank cards within the facility's surrounding area from March 26, 2025, through March 27, 2025. During her stay, FM 1 stated Resident 1 ' s bank cards and ID were in her wallet, which was placed inside her purse and at her bedside. FM 1 said Resident 1 did not know about these unauthorized bank transactions and her bank cards were missing until after her discharge in April 1, 2025.</p> <p>On April 14, 2025, at 2:31 p.m., an interview was conducted with the Director of Nursing (DON). the DON stated if a resident was admitted with valuables, such as jewelry, cash, bank cards, or ID Cards, the facility offers to keep them in a safe. The DON stated the resident will sign a waiver if they preferred to keep their valuable in their possession.</p> <p>The DON further stated they were made aware of the unauthorized transactions on Resident 1's bank cards after she was discharged on [DATE]. The DON stated these unauthorized transactions were made during Resident 1's stay in the facility and they were not able to identify the individual who conducted this unauthorized transactions.</p> <p>On April 16, 2025, at 2:41 p.m., and interview was conducted with SW 1. SW 1 stated Resident 1 had a signed a waiver indicating she preferred to keep her wallet in her possession at her bedside and not the facility safe. SW 1 stated she did not inspect the contents of Resident 1's wallet. SW 1 stated she was aware Resident 1 had bank cards and ID her card in her possessions and this was not documented in her personal belongings list.</p> <p>SW 1 further stated the staff was responsible for ensuring that residents ' items were kept safe. SW 1 stated that facility should safeguard the resident ' s possessions. SW 1 stated they knew Resident 1 had a wallet and that it was in her purse. SW 1 stated the facility should have had safeguards in place such as monitoring of personal belongings in a resident's possession. SW 1 stated the personal belongings inventory lists were used to keep track of resident's personal items.</p> <p>On April 17, 2025, at 1:43 p.m., a telephone interview was conducted with the DON. The DON stated the facility did not have specific monitoring system in place for residents who chose to keep their valuables. The DON stated Resident 1's personal belonging inventory lists should have been itemized and specific.</p> <p>The facility's policy and procedure titled, Personal Property, dated August 2022 was reviewed. The policy indicated, .Resident belongings are treated with respect by facility staff, regardless of perceived value .</p> <p>The facility's undated policy and procedure titled, ' Safekeeping of Personal Funds and Valuables of Residents in the Facility, was reviewed. The policy indicated,</p> <p>.Personal funds or valuables may include: cash, checks, jewelries, ID Cards, wallet, credit/debit cards, etc .</p> <p>The facility shall have the responsibility to implement written procedures to prevent misappropriation of resident personal funds or valuables .</p> <p>(continued on next page)</p>

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility shall provide a resident a receipt for the personal funds or valuables, and retain a copy for its records .</p> <p>Upon admission, resident ' s belongings shall be itemized in the Inventory List .</p> <p>Resident's personal funds or valuables itemized during admission or at any time during the resident's stay int he facility, shall be turned over to the family or responsible party, and shall be accounted for, signed out, and witnessed in the Inventory List accordingly .</p>