STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055223	A. Building B. Wing	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Jacinto Valley Post Acute	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement a safe discharge for one of three sampled residents (Resident 1), who uses a wheelchair and required partial to moderate assistance with mobility and ADLs (Activities of Daily Living-basic self-care task such as bathing, dressing, toileting, getting in and out of bed), when the facility failed to assess the resident for appropriate discharge placement. The resident was discharged to a two-story room and board without personal care assistance and was given a bedroom on the second floor. The facility also failed to verify and ensure the receiving facility could meet the resident's care needs. This failure resulted in Resident 1 sleeping in the dining room without privacy, experiencing multiple falls and had caused psychological distress (state of mental and emotional discomfort characterized by negative feelings). The resident was eventually transferred to the general acute care hospital (GACH) due to inability of the room and board to provide the required services. Findings:On October 2 and 8, 2025, an unannounced visit was made to the facility to investigate a discharge rights concern. A review of Resident 1's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (stroke-medical emergency that occurs when blood flow to the brain is interrupted or reduced) and a history of falls. A review of Resident 1's, History of Physical, dated, July 19, 2025, indicated the resident was admitted to the facility for physical therapy and occupational therapy, has general weakness, and has the capacity to understand and make decisions.A review of Resident 1's Brief Interview of Mental Status (BIMS- a cognitive assessment tool), dated, July 25, 2025, indicated a score of 12 (meaning moderate cognitive impairment). A review of Resident 1's, Minimum Data Set (MDS-A comprehensive assessment of resident's healthcare), section GG (Functional Abilities), dated, July 25, 2025, indicated the following: a. Resident 1 uses a wheelchair for mobility, is impaired on one side of lower extremities; b. Requires partial/moderate assistance (Helper does LESS THAN HALF the effort. Helper lifts, holds, or support trunks or limbs, but provides less than half the effort) to complete oral/personal hygiene and dressing upper body;c. Requires Substantial/maximal assistance (helper does more than half the effort) to complete showering, lower body dressing, putting on and off footwear and toileting hygiene;d. Requires partial/moderate assistance with lying to sitting in bed; and e. Requires Substantial/maximal assistance with sitting to standing, tub/shower transfers and transfers to and from the toilet. A review of Resident 1's, Progress Notes, dated August 11, 2025, at 2:40 p.m., by the Case Manager (CM), . Resident met with CM requesting to be (discharged) and would like assistance with placement .On October 2, 2025, at 3:42 p.m., during an interview with the CM, she stated the following: a. Her role in resident discharges is finding and planning resident placements in the community, which included meeting with the resident to determine the resident's healthcare needs such as required caregiver services, and reviewing medical records, such as physical therapy (PT) notes;b. At times she would refer the resident's discharge to a 3rd party agency (not contracted with the facility) for assistance in finding appropriate/safe placement in the community; c. She would document when she requests assistance from a 3rd party agency, and all the correspondence with the 3rd party agency involving residents;d. Resident 1 approached her on August 11, 2025, and requested to be discharged from the facility, as he (Resident 1) wanted more of a private room;e. On August 26, 2025, she referred Resident 1 to a 3rd party agency to assist with finding community placement, and she informed the 3rd party agency that the resident was requesting a room downstairs that could accommodate his wheelchair; f. On August 27, 2025, the 3rd party agency came to the facility to assess resident for Compatibility (healthcare needs) for a specific room and board, and she provided the 3rd party agency with the resident's (Resident 1) medical records such as the history and physical and the IDT functional abilities collaboration documents; g. On September 17, 2025, the 3rd party agency informed the CM that the resident (Resident 1) was appropriate for placement at the room and board, and the room and board would provide caregiver services to meet the resident's daily mobility and ADL needs, and that resident would have a room downstairs;h. The 3rd party agency did not specify how many caregiver hours were available daily to assist the resident (Resident 1) at the room and board, and she did not know how many caregiver hours would be provided at the room and board, as she had not contacted or verified this information with the room and board;i. On September 18, 2025, the resident (Resident 1) was discharged to a room and board. The CM explained that this room and boards are for more independent residents, and PT notes confirmed the resident is independent with transfers;j. The CM verified she did not have any