

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/09/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to immediately notify the attending physician timely of a low potassium level for one of three residents (Resident 1). This failure resulted in Resident 1's transfer to the acute hospital for treatment had the potential for the resident to sustain a cardiac arrest (an electrical malfunction that causes the heart to suddenly stop beating effectively, halting blood flow to the brain and vital organs) or death. Findings: On July 9, 2026, at 12:15 p.m., an unannounced visit was made to the facility to investigate a complaint. A review of Resident 1's admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses that included muscle wasting and atherosclerotic heart disease (heart vessels become narrowed or hardened). Resident 1 was discharged to an acute hospital on December 6, 2025. On July 9, 2026, at 1:40 p.m., Registered Nurse (RN) 1 was interviewed. RN 1 stated on December 4, 2025, at 3:00 p.m., a Comprehensive Metabolic Panel (CMP) lab test was collected from the resident. On December 4, 2025, at 4:40 p.m., the lab reported to the facility that the resident had a low potassium level of 2.9. The normal range is 3.5 to 5.1. RN 1 stated he called the attending physician on December 5, 2025, at 10:00 p.m. (approximately 29 hours after the lab result was received.) He received orders to administer Potassium 40 meq (milliequivalent-unit of measure). The medication was administered at 10:55 p.m. RN 1 notified the physician on December 5, 2025, at 11:33 p.m., that the facility did not have enough potassium for the morning dose. The physician gave orders to transfer the resident to the acute hospital for further treatment. On July 20, 2026, at 3:13 p.m., Registered Nurse 2 was interviewed. RN 2 stated he worked on December 4, 2025, 2:30 p.m., to 10:30 p.m. and December 5, 2025, 6:30 a.m. to 3:00 p.m. RN 2 stated, I did not review lab results because I have my routine duties of admissions and room changes. On July 20, 2025, at 3:15 p.m., the Director of Nursing (DON) was interviewed. The DON stated it was the responsibility of RN 2 to review lab results. A review of facility policy and procedure titled, Acute Condition Changes-Clinical Protocol, dated, 2001, indicated, . The nursing staff will contact the physician based on the urgency of the situation .		

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