STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055632	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grossmont Post Acute Care	8787 Center 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)
F 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain a chest x-ray (an image of the chest that shows lung problems) as ordered for one of two sampled residents (1). As a result, there was an increased risk of Resident 1 to receive a delay in care or incorrect treatment. Findings: Per the facility's Face Sheet, Resident 1 was admitted to the facility on [DATE] with diagnoses to include Chronic Obstructive Pulmonary Disease (a lung disease which causes difficulty breathing), heart failure, bronchitis (lung infection), emphysema (a long disease which causes difficulty breathing), solitary pulmonary nodule (a growth in a lung), and discharged to an acute care hospital on 1/25/26. Per the facility's Progress Notes, on 1/24/26 at 8:34 A.M., Resident 1 had a Change in Condition involving shortness of breath (the feeling of not getting enough air), and Medical Doctor (MD) 3 ordered a chest x-ray for Resident 1. Per the facility's Order Summary Report, dated 1/25/26, there was an order for a chest xray on 1/25/26. There were no orders for a chest xray entered on 1/24/26. Per the facility's Progress Notes, on 1/25/26 at 11:57 P.M., Resident 1 was sent to an acute care hospital for multiple episodes of vomiting with shortness of breath. On review of the progress notes. On 2/10/26 at 11:10 A.M., a telephone interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated, MD 3 gave Licensed Nurse (LN) 2 a verbal order on the morning of 1/24/26 for Resident 1 to have a chest x-ray, but due to a miscommunication LN 2 did not enter the order into the medical record, and did not notify the mobile radiology service (company who provides x-rays) until the following morning on 1/25/26. The ADON stated that the chest x-ray should have been completed on the same day that it was ordered, and LN 2 should have notified the mobile radiology service at the time MD 3 gave her the verbal order. The ADON further stated, that when the chest x-ray order was entered on the morning of 1/25/26 it was entered as a STAT order (to happen immediately), and that the chest x-ray should have been completed within six hours of entering the order as STAT. The ADON further stated, that when Resident 1 left the faciity on 1/25/26 at 10:20 P.M., (more than 36 hours after the chest x-ray was verbally ordered, and more than 11 hours after it was entered as a STAT order) that the chest x-ray had not been completed for Resident 1. Per the facility's policy, titled Diagnostic Test Results Notification, revised April 2025, It is the policy of this facility to obtain laboratory and radiology services when ordered

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