

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055806	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Villa Las Palmas Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 622 South Anza Street El Cajon, CA 92020	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise and implement a preventative fall risk plan of care for 1 of 3 sampled residents (1) with a known history of falls and severe cognitive impairment. Resident 1 sustained an unwitnessed fall which had the potential to be prevented.</p> <p>Findings:</p> <p>An unannounced visit was conducted at the facility on 6/2/25. Resident 1 was no longer in the facility.</p> <p>A review of Resident 1's admission record indicated she was admitted to the facility on [DATE] with diagnoses that included vascular dementia (decreased blood flow to the brain leading to reduced cognitive function), metabolic encephalopathy (a brain dysfunction characterized by changes in thinking), muscle weakness and gait instability (an abnormal walking pattern).</p> <p>On 6/2/25 at 12 P.M. a concurrent record review and interview were conducted with the Director of Nursing (DON).</p> <p>Resident 1 had two falls in the facility, one on 5/1/25 and another on 5/24/25. Resident 1's fall risk evaluations indicated a score of 20 (high risk) for falls.</p> <p>A review of Resident 1's Minimum Data Set (MDS) section C (an assessment that evaluates a patient's memory) dated 5/1/25 indicated a Brief Interview for Mental Status (BIMS) score of 2 (severe cognitive impairment, a significant decline in mental abilities such as memory, impacting daily life).</p> <p>A review of Resident 1's fall care plan initiated on 8/9/24 indicated, .history of self-transferring and getting out of bed with no assistance. Interventions: anticipate and meet needs. Educate/ remind resident to call for assistance with all transfers . , monitor for changes in condition affecting risk for falls and notifying physician if observed. Additional interventions added to Resident 1's fall care plan on 2/24/25 indicated, Anticipate needs due to dementia and poor safety awareness.</p> <p>Resident 1 was found on the floor in her room by staff at approximately 9:45 PM on 5/24/25 with a one-inch skin tear on the back of her head.</p> <p>The facility's fall care plan for Resident 1 indicated staff were to anticipate and meet Resident 1's needs however, the interventions were not individualized for specific fall prevention in regards to Resident 1's severe cognition impairment.</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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