

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 07/29/2025
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The following reflects the findings of the California Department of Public Health during an investigation of two complaints. Complaint Number: 2564745 Complaint Number: 2566052 The inspection was limited to the complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the complaint number: 2564745 and Complaint Number: 2566052 (Refer to Ftag 694). Resident 1 was readmitted to the facility on [DATE] with diagnoses which included pneumonia (lung infection), per the facility's admission Record. A review of Resident 1's clinical record was conducted. Resident 1's physician's order dated 7/16/23, indicated Resident 1 was to receive an antibiotic (anti-infective) medication and PIV line care. The physician's order was for the Licensed Nurses (LNs) to flush the PIV line every shift (three shifts in a day). A review of Resident 1's IV medication administration record (MAR) was conducted. Resident 1's IV MAR for July 2023 indicated, the License Nurses (LNs) missed documentation for PIV line flushing on 7/18/23 in evening shift, and 7/19/23 night shift. On 7/29/25 at 12:38 P.M., a joint review of Resident 1's clinical record and an interview was conducted with the Director of Nursing (DON). The DON stated Resident 1 was to get an antibiotic medication from 7/16/23 to 7/22/23 for urinary tract infection (UTI). The DON stated there was also an order for PIV line flush for Resident 1. The DON stated there were missed entries for PIV flush for Resident 1. The DON stated there were two missed opportunities. The DON stated she had no answer as to why the documentation was missing. The DON stated, It could have been given, it could have been not. The DON stated it was important to flush Resident 1's PIV to prevent clogging and to ensure there was no infiltration of the site. A review of the facility's policy titled, Intravenous Administration of Fluids and Electrolytes, revised 6/25, indicated, The purpose of this procedure is to provide guidelines for the safe and aseptic administration of intravenous fluids. General Guidelines. 1. Resident should be monitored frequently. for signs and symptoms. catheter patency, insertion site complications.</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
---	-------	-----------