STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055806	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Las Palmas Healthcare Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to treat one of 12 sampled residents (Resident 1) with dignity during toileting and brief care.This failure could lead to the emotional and psychosocial trauma of Resident 1.Findings:A review of the admission Record for Resident 1 indicated, Resident 1 was admitted on [DATE] for diagnoses which included: Polyneuropathy (condition characterized by damage to multiple peripheral nerves throughout the body simultaneously, often resulting in weakness, numbness, and burning pain, typically starting in the hands and feet) and Osteomyelitis of the Vertebrae (infection of the vertebrae[backbones] and intervertebral discs[cushion located between each vertebra in the spine]). A review of the Minimum Data Set (MDS- a federally mandated, standardized clinical assessment tool used to evaluate resident functional capabilities, health conditions, and preferences) Section C-Cognitive (thinking processes) Patterns dated 2/20/26 indicated, Resident 1 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderate cognitive impairment. On 4/1/126 at 10:15 A.M., an interview with Certified Nursing Assistant 1(CNA) was conducted. CNA 1 stated Resident 1 is nice, gets up early, very active, always goes to dining room and activities. Alert and oriented, and can make her needs known. Resident 1 is making good progress with her rehab, can stand and turn, and start to use restroom by herself. Resident 1 is able to make her needs known and is very compliant. Resident 1 is minimum assist and is pretty independent, and can turn by herself. On 4/1/26 at 10:25 A.M., an observation and interview with Resident 1 was conducted. Resident 1 was in her wheelchair in her room freshly showered. Resident 1 was alert and oriented and agreeable to the interview. Resident 1 stated she felt safe in the facility at this time. Resident 1 stated that on the morning of 3/17/26 at 3 A.M., she used her call light to let her CNA know her brief was wet and she needed to be changed. Resident 1 stated she waited until 5 A.M. for the light to be answered by CNA 5. Resident 1 stated she was frustrated and asked CNA 5 for an explanation as to why it took 2 hours to answer the light. Resident 1 stated CNA 5 did not provide her an answer. Resident 1 stated that she may have raised her voice to CNA 1 out of frustration. Resident 1 stated that CNA 5 told her, Don't yell at me. When you are ready for me to change you, I will change you. Resident 1 stated that CNA 5 went to change the other residents in the room despite the resident being the one who called to be changed. Resident 1 stated that CNA 5 came back to her after she finished changing the other two residents in the room and asked, Are you ready now? Resident 1 stated she replied, Yes. Resident 1 stated that CNA 5 asked, Are you ready now? and Resident 1 stated, Yes a second time. Resident 1 stated she felt belittled and angry after the interaction because she felt she was in a vulnerable position, and unable to care for herself independently. On 4/1/26 at 11:45 A.M., an interview with CNA 2 was conducted. CNA 2 stated Resident 1 was sweet, has a routine, likes coffee, can make her needs known, alert and oriented, is compliant, no problems, typically very easy going resident. Resident 1 will come back to her room and tell you when she needs to get changed, is very good about letting staff know if she needs something or to be changed. On 4/1/26 at 11:55 A.M., an interview with CNA 3 was conducted. CNA 3 stated Resident 1 is alert and oriented, makes her needs known with staff. Easy going resident. On 4/1/26 at (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055806	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Villa Las Palmas Healthcare Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12:05 P.M., an interview was conducted with the Director of Staff Development (DSD). The DSD stated the expectation was to answer call lights immediately and to change residents as soon as possible, if residents requested a brief change. The DSD stated that a resident waiting two hours to be changed was not acceptable, and that they should be changed promptly after call light was answered. The DSD also stated that not changing a resident immediately was disrespectful of their needs and constituted a dignity issue. The DSD stated she expects staff to treat residents with the same respect they would show their own family, because it could affect the residents' psychosocial well-being. On 4/1/226 at 4:56 P.M., a phone interview was conducted with CNA 4. CNA 4 stated she did not work on Tuesday, 3/17/26 with Resident 1. CNA 4 stated Resident 1 was compliant, alert and oriented, and had no issues with her. CNA 4 stated that when a resident requested a brief changed, she does change them immediately. CNA 4 stated that if she worked with another resident, she would inform the resident that she will return after she finished her current task. CNA 4 stated she had not worked with Resident 1 for a long time. On 4/2/26 at 5:26 P.M. a phone interview was conducted with CNA 5. CNA 5 stated she remembered the incident with Resident 1. CNA 5 stated she went to check on the resident about 4 AM and remembered that the Licensed Nurse (LN) asked who had Resident 1's room. CNA 5 stated Resident 1 was very angry when she entered the room and was yelling at her. CNA 5 stated she told Resident 1 she would give her a few minutes to calm down, stating that she had been hit by a resident before. CNA 1 stated while she was in the room for Resident 1, she offered to change the roommates while Resident 1 calmed down. CNA 5 stated that she was unaware of how Resident 1 was feeling, because she had never been in her situation before. CNA 5 also stated that changing the other residents in the room before attending to the angry resident could be considered disrespectful to Resident 1. CNA 5 stated she likes to treat people like the way she wants to be treated. CNA 5 stated the importance of treating residents with respect when caring for them was to maintain their dignity. On 4/14/26 at 12 P.M., an interview with the Assistant Director of Nursing (ADON) was conducted. The ADON stated the expectation for call lights was to be answered them as soon as possible, and that soiled briefs must be changed immediately. The ADON stated, failure to change promptly could lead to infection, skin breakdown, or falls. The ADON stated that all residents should be treated with respect and dignity, as this was the standard of care and helps maintain residents' psychosocial well-being. Review of facility policy titled Dignity dated 2001, indicated Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self worth and self-esteem.5. When assisting with care, residents are supported in exercising their rights.d. allowed to choose.and conduct activities of daily living.8.Staff speak respectfully to residents at all times.12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example:.b. promptly responding to a resident's request for toileting assistance.