

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 05/08/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>31524</p> <p>Based on interview, record review, and facility policy review, the facility failed to refer a resident to the appropriate state-designated authority for a level II preadmission screening and resident review (PASRR) when the resident was diagnosed with a new mental illness diagnosis for 1 (Resident #134) of 3 sampled residents reviewed for PASRR.</p> <p>Findings included:</p> <p>An undated facility policy titled, PASRR (Pre-Admission Screening & Resident Review), indicated, To ensure each patient in the facility is screened for a mental disorder (MD) or intellectual disability (ID) prior to admission and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate to their needs.</p> <p>An Admission Record indicated the facility admitted Resident #134 on 01/08/2025. According to the Admission Record, the resident had a medical history that included diagnoses of generalized anxiety disorder and post-traumatic stress disorder. Per the Admission Record, the resident received a diagnosis of major depressive disorder on 04/14/2025.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/12/2025, revealed Resident #134 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition. The MDS revealed the resident had active diagnoses to include anxiety disorder and post-traumatic stress disorder.</p> <p>Resident #134's medical record revealed no evidence to indicate a level II PASRR was resubmitted after the resident was diagnosed with major depressive disorder on 04/14/2025.</p> <p>During an interview on 05/07/2025 at 9:55 AM, the Admissions Director stated if a resident had a change in condition or if a new diagnosis or psychiatric medication was added, the facility completed another PASRR for the resident. Per the Admissions Director, the Director of Nursing (DON) was responsible for completing the PASRR screening. The Admissions Director stated that she checked the PASRR portal and Resident #134's most recent PASRR was completed in January 2025.</p> <p>During an interview on 05/07/2025 at 3:22 PM, the MDS Coordinator stated the facility should have identified that Resident #134's diagnosis of major depressive disorder was not on the resident's level I screening and another screening should have been completed.</p> <p>(continued on next page)</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/07/2025 at 2:47 PM, the DON stated if she had noticed that the resident's depression diagnosis was not listed on the initial PASRR, another PASRR should have been completed. The DON stated it was important for the PASRR to be accurate because the diagnosis could qualify the resident for a level II screening and to ensure the resident was appropriate for the facility.</p> <p>During an interview on 05/08/2025 at 8:48 AM, the Director of Operations (DOO) stated facility staff reviewed residents' level I PASRRs upon admission to ensure the resident was appropriate for the facility. The DOO stated he expected the level I PASRR to accurately reflect a resident's condition, and if a pertinent diagnosis was missing, a status change should be submitted.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>31524</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure 1 (Resident #134) of 5 residents reviewed for unnecessary medications was free of significant medication errors. Specifically, facility staff failed to hold spironolactone (a diuretic/water pill which promotes the removal of fluid [edema] from the body) when Resident #134's systolic blood pressure (SBP) was below 120 millimeters mercury (mmHg) as outlined in the physician's order.</p> <p>Findings included:</p> <p>A facility policy titled, Administering Medications, dated 04/2019, indicated, Medications are administered in a safe and timely manner, and as prescribed. The policy indicated, 11. The following information is checked/verified for each resident prior to administering medications: a. Allergies to medications; and b. Vital signs, if necessary.</p> <p>An Admission Record indicated the facility admitted Resident #134 on 01/08/2025. According to the Admission Record, the resident had a medical history that included diagnoses of acute on chronic systolic (congestive) heart failure (CHF), pulmonary hypertension, and essential (primary) hypertension.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/14/2025, revealed Resident #134 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident received a diuretic during the seven-day look-back period.</p> <p>Resident #134's Care Plan Report, included a focus area initiated 01/09/2025, that indicated the resident required the use of a diuretic medication, spironolactone, related to heart failure. Interventions directed staff to administer medications as ordered (initiated 01/09/2025).</p> <p>Resident #134's Order Summary Report, which contained active orders as of 05/06/2025, revealed an order dated 01/27/2025, for spironolactone oral tablet 25 milligrams (mg), give one tablet by mouth one time a day for CHF and hold if the resident's systolic blood pressure (SBP) was less than 120 millimeters of mercury (mmHg).</p> <p>Resident #134's medication administrator record (MAR) for the timeframe 04/01/2025 - 04/30/2025, revealed spironolactone was administered to the resident when their SBP was less than 120 mmHg on the following days:</p> <ul style="list-style-type: none"> - On 04/01/2025, the resident's SBP was listed as 116 mmHg. - On 04/05/2025, the resident's SBP was listed as 112 mmHg. - On 04/06/2025, the resident's SBP was listed as 111 mmHg. - On 04/10/2025, the resident's SBP was listed as 104 mmHg. - On 04/18/2025, the resident's SBP was listed as 117 mmHg. <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - On 04/22/2025, the resident's SBP was listed as 117 mmHg. - On 04/23/2025, the resident's SBP was listed as 118 mmHg. - On 04/24/2025, the resident's SBP was listed as 114 mmHg. - On 04/26/2025, the resident's SBP was listed as 118 mmHg. - On 04/27/2025, the resident's SBP was listed as 114 mmHg. - On 04/29/2025, the resident's SBP was listed as 111 mmHg. <p>Resident #134's MAR for the timeframe 05/01/2025 - 05/31/2025, revealed spironolactone was administered to the resident when their SBP was less than 120 mmHg on the following days:</p> <ul style="list-style-type: none"> - On 05/03/2025, the resident's SBP was listed as 115 mmHg - On 05/05/2025, the resident's SBP was listed as 118 mmHg. - On 05/06/2025, the resident's SBP was listed as 118 mmHg. <p>During an interview on 05/07/2025 at 9:40 AM, Licensed Vocational Nurse #1 stated she administered spironolactone to Resident #134 when the resident's SBP was less than 120 mmHg on 05/06/2025 because she did not see the order to hold the medication for a SBP less than 120 mmHg.</p> <p>During an interview on 05/07/2025 at 10:55 AM, Registered Nurse (RN) #2 stated when administering medications with parameter orders, she checked the resident's blood pressure (BP) and if it was below the ordered parameter, she held the medication. RN #2 stated she administered medications to Resident #134 when the resident's SBP was less than 120 mmHg; however, she stated that she checked the resident's BP later that day and it was fine. According to RN #2, she knew Resident #134 and knew the resident was okay.</p> <p>During an interview on 05/07/2025 at 10:24 AM, the Nurse Consultant stated it was important to hold a medication if there was a BP parameter specified in the order. The Nurse Consultant stated if a medication was given when a resident's BP was outside the accepted parameters it could cause a resident to become dizzy, develop other symptoms, or worsen their condition.</p> <p>During an interview on 05/07/2025 at 10:34 AM, the Pharmacist stated it was important to monitor a resident's BP when administering diuretics to maintain a stable BP. The Pharmacist stated nursing staff should follow BP parameters as specified in the physician's orders because if a diuretic was given when a resident's BP was low, their BP could fall even more, which could cause falls or unresponsiveness.</p> <p>During an interview on 05/07/2025 at 10:10 AM, the Physician stated diuretics affected electrolyte balance, and if it was administered to a resident when their vital signs were outside the specified parameters, it could adversely affect their kidney or cardiac function. The Physician stated spironolactone was used for the treatment of heart failure and helped to reduce edema and should be held if a resident's BP was already low to prevent any adverse effects.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/07/2025 at 2:47 PM, the Director of Nursing (DON) stated she expected nursing staff to follow vital sign parameters included in a physician's order when they administered medications. The DON stated it was important to follow orders for vital sign parameters for resident safety.</p> <p>During an interview on 05/08/2025 at 8:48 AM, the Director of Operations stated he expected nursing staff to follow what was specified in a physician's order for vital sign parameters when they administered medications.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46194</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food items stored in the residents' refrigerator were labeled and dated and discarded within two days per the facility policy. This deficient practice had the potential to affect who stored items in the residents' refrigerator.</p> <p>Findings included:</p> <p>An undated facility policy titled, Bringing In Food For Our Residents, revealed, Food or beverages should be labeled and dated to monitor for food safety. The policy revealed, Food or beverage items without a manufacturer's expiration date should be dated upon arrival in the facility and thrown away two days after the date marked. Foods in unmarked or unlabeled containers should be marked with the current date the food item was stored and the resident's name. Per the policy, Opened foods or beverages that require refrigeration should be marked with the date food was opened and resident's name. Refrigeration can occur in a personal room refrigerator, nurses station food refrigerator, or food service refrigerator. Unused food will be discarded within 2 days and if kept frozen, 30 days.</p> <p>During a concurrent interview and observation of the residents' refrigerator on [DATE] at 2:52 PM, with Registered Nurse (RN) #3, the surveyor noted in the freezer there was a pizza with a gray substance on top of it stored in a black plastic container that was not sealed, labeled or dated. In the refrigerator there was what appeared to be the chicken and rice that had a gray substance on top of the food with a date of [DATE] and a container of spaghetti labeled with a room number but no date. Also noted in the refrigerator was a blue bowl that contained beans, which was not labeled or dated. RN #3 stated the food items should be labeled and dated. According to RN #3, the kitchen and dietary staff were responsible for keeping the refrigerator clean.</p> <p>During an interview on [DATE] at 8:38 AM, RN #3 stated he was not sure what the gray substance was on top of the pizza, but it could have been freezer burn. RN #3 stated that was mold growing on top of the chicken and rice.</p> <p>During an interview on [DATE] at 7:30 AM, the Dietary Director (DD) stated she expected foods to be labeled with a resident's name and date. The DD stated the dietary aides were supposed to check the resident refrigerator. The DD stated staff should throw away everything in the refrigerator that had been opened for three days.</p> <p>During an interview on [DATE] at 7:47 AM, the Director of Nursing (DON) stated food stored in the refrigerator and freezer should be labeled with the date the food was opened and the date the food expired and be thrown away in two days. The DON stated the DD was supposed to ensure the refrigerator and freezer were clean and the items were dated and labeled with residents' names.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 9:05 AM, the Director of Operations (DOO) stated the refrigerator and freezer should be checked daily, and the food should be labeled, dated, and free of mold. The DOO stated that staff should throw away anything that was more than a couple of days old. The DOO stated the management staff should hold staff accountable for the cleanliness of the refrigerator and freezer.</p>