

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055890	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 635 S Magnolia Ave 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235 Based on interview and record review the facility failed to notify a resident ' s (4) physician regarding an altered mental status (confusion, disorientation, difficult to arouse) for one of one resident reviewed for change in condition. This failure had the potential to delay care and treatment to address the resident ' s change in condition. Resident 4 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease stage three (mild to moderate loss of kidney function) and discharged to the hospital on 3/28/24 according to the facility ' s Admission Record. An interview on 5/3/24 at 9:55 A.M., with licensed nurse (LN) 1 was conducted. LN 1 stated, for a change in resident ' s condition, the physician will be notified immediately. LN 1 stated vital signs will be taken, provide emergent treatment as needed, and call 911 if necessary. During an interview with LN 2 on 5/3/24, at 11:28 A.M., LN 2 stated, a change in condition was considered any deviation from a resident ' s normal status. LN 2 further stated the physician should be notified right away for anything abnormal with the resident. A review of Resident 4's progress notes (PN) was conducted. On 3/28/24, at 12:30 P.M., the PN indicated a change in condition with Resident 4. The PN indicated Resident 4 was taken to the therapy room, but per family, therapy did not push thru due to Resident 4 ' s increase drowsiness. The PN indicated, after lunch time, the family member requested for resident to be assisted back to bed and the resident was slow to respond. The PN indicated .her drowsiness was progressed to lethargy, AMS (altered mental status) .barely open her eyes to verbal and tactile stimuli, hard to arouse .became nonverbal . The PN further indicated Resident 4 .left the facility thru 911 at 1930 (7:30 P.M.) hrs. (hours) . An interview was conducted on 5/6/24, at 9:55 A.M. with the Director of Nurses (DON). The DON stated she expected nurses to observe the resident then notify the physician of a change in condition. The DON further stated it was facility's policy to notify the physician immediately for a change in resident ' s condition. (continued on next page)		

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the DON on 5/6/24, at 12:47 P.M., the DON stated, it was important to notify the physician for any change in resident ' s condition because any change could be detrimental to the resident. During a review of the facility ' s undated policy and procedure (P&P) titled, CARE AND TREATMENT . CHANGES OF CONDITION, the P&P indicated, .It is the policy of this facility that all changes in resident condition will be communicated to the physician .Any sudden or serious change in a resident ' s condition manifested by a marked change in physical or mental behavior will be communicated to the physician by the Licensed nurse .		