

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055975	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Manor Sanitarium		STREET ADDRESS, CITY, STATE, ZIP CODE 1889 National City Blvd. National City, CA 91950	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>43518</p> <p>Based on observation, interview, and record review, the facility failed to staff a Registered Nurse (RN) for at least 8 hours a day for twelve days from April 1 - June 30, 2024.</p> <p>This failure had the potential to prevent residents from receiving the care they needed.</p> <p>Findings:</p> <p>Review of PBJ (Payroll-Based Journal) Staffing Data Report, CASPER Report 1705 (a report that can help Skilled Nursing Facilities identify areas for improvement in care and operations) for Quarter 3 2024 (April 1 - June 30) indicated that No RN hours was triggered for twelve days.</p> <p>On 11/20/24 at 9:30 A.M., an observation of current staffing was observed posted at nurse's station. Staffing was within normal limits.</p> <p>On 11/20/24 at 9:57 A.M., a concurrent interview with the Director of Nursing (DON) and record review of PBJ Staffing Data Report, CASPER Report 1705 for Quarter 3 2024 (April 1 - June 30) was conducted during the Sufficient and Competent Staffing Facility Task. The DON indicated from her records the following days did not have a RN scheduled for at 8 least hours:</p> <p>4/11/24, 4/16/24, 4/18/2, 04/22/25, 5/2/24, 5/8/24 5/16/24, 5/21/24, 5/23/24, 5/27/24, 5/28/24, 5/30/24 & 6/18/24.</p> <p>The DON stated that staffing numbers for Licensed Nurses (LN) and Certified Nursing Assistants (CNAs) were within limit those days, but they were unable to retain the services of an RN. The DON stated the facility had no waivers for staffing. The DON stated that when they do not have a RN on schedule, they have tried to accommodate with more LVNs. The DON stated the expectation was the facility should have a RN at least 8 hours a day. The DON stated the importance of having a RN at least 8 hours a day was to oversee patient care and safety, supervise nursing operations, conducts assessments for residents, and to provide support during change of conditions of residents.</p> <p>A review of undated facility policy titled, Nursing Services indicated, It is the policy of the facility to assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet residents' needs safely and in a manner that promotes each resident's rights, physical, mental, and psychosocial well being .</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38542</p> <p>Based on interview and record review, the facility failed to ensure the staff followed policy and procedure for one of 14 sampled residents (Resident 22) when:</p> <ol style="list-style-type: none"> 1) the staff did not document the medication administration accurately and 2) the staff did not document the medication administration in a timely manner. <p>As a result, there was a potential the residents did not receive the prescribed amount of medication.</p> <p>Findings:</p> <p>Resident 22 was admitted to the facility on [DATE] with diagnoses which included schizophrenia (a type of mental health illness) per the facility's Admission Face Sheet.</p> <p>1) A review of records was conducted. The physician order dated, 6/20/24 indicated, Resident 22 was to receive eight units of insulin (a medication to control blood sugar) three times a day. The MAR indicated, LN 2 and LN 3 gave Resident 22 six units of insulin on 11/16/24, 11/17/24 and 11/18/24.</p> <p>On 11/20/24 at 10:09 A.M., an interview with the DON was conducted. The DON stated LN 2 informed her that LN 2 knew the physician order was to give eight units of insulin to Resident 22, but LN 2 did not know why she documented the resident was given six units instead. The DON stated there could have been an effect on the resident if inaccurate medication was given.</p> <p>On 11/20/24 at 12:19 P.M., an interview with LN 2 was conducted. LN 2 stated she did not know why she documented she gave six units of insulin to Resident 22 when the physician order was to give eight units. LN 2 stated it looked like she did not give the prescribed full dose of insulin to Resident 22. LN 2 stated Resident 22's blood sugar could have gone up because of this.</p> <p>LN 3 was not available for interview.</p> <p>2) On 11/19/24 at 1:45 P.M., an observation and interview was conducted with LN 1. LN 1 was observed documenting on the MAR dated 11/19/24 that she gave eight units of insulin to Resident 22 at 11:45 A.M. LN 1 stated she was supposed to document the medication administration right after she gave it to the resident and not wait two hours later. LN 1 stated if it was not documented right away, the staff may forget and give the resident a double dose.</p> <p>On 11/20/24 at 10:09 A.M., an interview with the DON was conducted. The DON stated the staff may just forget that they already gave the medication to a resident if they did not document it right away. The DON stated the staff was supposed to document on the MAR immediately after giving the medication.</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 - Some</p>	<p>Per the facility's policy and procedure titled Medication Administration Guidelines, no date, .POLICY: 3. Each dose administered to a residents' shall be properly recorded in the residents' medical record.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43518</p> <p>Based on interview the facility failed to ensure that the facility's water system was tested for Legionella (an infectious bacteria that flourishes in air conditioning and water systems that causes a flu like symptoms).</p> <p>This failure had the potential for residents to become infected with Legionella via contaminated water sources.</p> <p>Findings:</p> <p>On 11/21/24 at 10 A.M., during the Infection Control task, an interview with the Director of Nursing (DON) was conducted. The DON stated that she was unaware if the facility was testing the facility's water for Legionella, but that the Administrator (ADM) would know. The DON stated that it was important to test for Legionella to prevent resident infection from Legionella.</p> <p>On 11/21/24 at 10:46 A.M., an interview with the Maintenance Supervisor (MS) was conducted. The MS stated he did not test the water for Legionella or any other bacteria. The MS stated he only tested the water temperature. The MS stated that he was not sure if the ADM was having a company come to test the water. The MS stated that it was important to test the water to prevent infections from Legionella.</p> <p>On 11/21/24 at 10:50 A.M., an interview with the ADM was conducted. The ADM stated that they were not testing for Legionella, and they had plans to contract the service out to a company. The ADM stated the expectation was that the facility should test and monitor the water regularly for possible Legionella contamination of water sources. The ADM stated that the importance of testing for Legionella was to prevent Legionella infections in staff and residents. The ADM stated that they had just developed a Legionella policy and procedure that was not yet approved.</p> <p>Review of QSO (Quality Safety Oversight Group a part of the Centers for Medicare & Medicaid Services that ensures the quality and safety of care for patients receiving Medicare and Medicaid services)-17-30 . DATE: June 02, 2017 REVISED 07.06.2018 indicated .Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water .This policy memorandum applies to .Long-Term Care .</p>

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<p>F 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43518</p> <p>Based on observation, interview, and record review, the facility failed to ensure five of 25 resident rooms (Rooms SWD 1, SWD 2, SWD 3, SWD 4, and room [ROOM NUMBER]) accommodated no more than four residents.</p> <p>This failure had the potential to limit the freedom of movement for the residents that occupied those rooms, which may place them at risk for injury.</p> <p>Findings:</p> <p>During initial tour on 11/18/24, five of the 25 resident rooms accommodated more than four residents:</p> <ul style="list-style-type: none"> a. Room SWD 1- 5 Residents b. Room SWD 2- 5 Residents c. Room SWD 3- 5 Residents d. Room SWD 4- 5 Residents e. room [ROOM NUMBER]- 5 Residents <p>During the course of the survey, those rooms did not impose any safety hazards. There were no complaints of space or room issues from the residents occupying these rooms. There were no quality of care or quality of life concerns identified that negatively affected the residents residing in those rooms.</p> <p>The survey team recommends the approval of the written room waiver continuum request, dated 11/18/24, for the rooms listed in this deficiency.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>43518</p> <p>Based on observation, interview, and record review, the facility failed to provide a minimum of 80 square feet (sq. ft.- unit of measurement) of livable space per resident for four of 25 resident rooms.</p> <p>This failure had the potential to affect the resident's health and safety, and prevent the residents from maintaining their highest level of well-being by limiting the movements of those residents in their rooms.</p> <p>Findings:</p> <p>During initial tour, dated 11/18/24, four of the 25 resident rooms were observed to be less than 80 sq. ft. per resident. The residents' rooms and their measurements of livable space were noted as follows:</p> <ul style="list-style-type: none"> a. Room SWD 1 (5 beds) measured: 385.5 sq. ft. (77.1 sq. ft. per resident) b. Room SWD 2 (5 beds) measured: 391.3 sq. ft. (78.2 sq. ft. per resident) c. Room SWD 3 (5 beds) measured: 394.5 sq. ft. (78.9 sq. ft. per resident) d. Room SWD 4 (5 beds) measured: 390.2 sq. ft. (78 sq. ft. per resident) <p>These four rooms were not crowded and did not impose any safety hazards. There were no complaints of space or room issues from the residents occupying these rooms.</p> <p>During an interview with the Administrator, on 11/21/24, the Administrator (ADM) confirmed the measurements for 25 of the 25 residents' rooms and four of those rooms did not meet the required 80 square feet per resident requirement.</p> <p>The survey team recommends the approval of the written room waiver continuum request, dated 11/18/24, for the rooms listed in this deficiency.</p>		