STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	1350 East Devonshire Avenue Hemet, CA 92544

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control measures were being implemented, when:1.The sit to stand lift (a mechanical aid designed to help individuals with limited mobility move from a seated to a standing position, reducing physical strain on caregivers) was dirty and dusty. In addition, the sit to stand sling/pad was dirty; and2.The shower rooms were observed to have dirty linen and trash bins filled with linens with urine and stool smell.These failures had the potential for infections to be transferred among residents and staff. In addition, the strong urine and stool smell has the potential for residents and staff to experience uncomfortable and unsanitary conditions with potential for spread of infection.Findings:On March 19, 2026, at 10:15 a.m., an unannounced visit was conducted at the facility to investigate quality of care issues.On March 19, 2026, at 10:50 a.m., a sit to stand lift was observed blocking shower room [ROOM NUMBER]. The sit to stand lift was observed to have a shower pad/sling used to assist the residents during transfer to have a whitish substance on it. The foot board of the sit to stand lift had crumbs, debris, dirt, and dust on it. The foot board of the sit to stand life was wiped with a glove and had hair, dust, and dirt. Concurrently, shower room [ROOM NUMBER] was observed to have linen bin full of used linen, with strong pungent urine smell coming from the bin.On March 19, 2026, at 11 a.m., a concurrent observation and interview was conducted with the Director of Nursing (DON). The DON stated the sit to stand lift and sling were dirty. The DON stated the dirty sling should be sent to laundry to be washed, and the equipment should be wiped down after use.On March 19, 2026, at 11:15 am., during a concurrent observation and interview with Certified Nursing Assistants (CNA) 1 and 2, CNA 1 stated they would take out the trash and dirty linen and place the bins in the shower areas after their morning rounds. CNA 2 stated the linen bins should be emptied after the morning rounds due to the strong smell of stool and urine. On March 19, 2026, 11:40 a.m., shower 1 was observed with the Infection Preventionist (IP). Shower 1 was observed to have linen and trash carts with urine and trash smell. In a concurrent interview, the IP stated the linen and trash should be taken out after morning rounds and the smell of trash and dirty linens in the shower area should not be there. The IP stated shared residents' equipment should be disinfected after each use, and all slings should be washed between use.A review of the facility's undated policy and procedure titled, Infection Prevention and Control Program, dated September 18, 2024, indicated, .an infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the physical environment is safe and sanitary, for 92 residents who could use the shower rooms, when:1.There were missing tiles and peeled off base boards on the shower wall of shower room [ROOM NUMBER];2.The shower walls in shower room [ROOM NUMBER] were dirty with brown/blackish substance on the grout and tiles; and3.There were used razors in the trash bin in shower room [ROOM NUMBER] and overflowing sharps container with used razors in shower room [ROOM NUMBER]. These failures had the potential for accidents and infection to residents and staff who uses the shower rooms.Findings:On March 19, 2026, at 10:15 a.m., an unannounced visit was conducted at the facility to investigate quality of care issues.On March 19, 2026, at 10:50 a.m., shower room [ROOM NUMBER] was observed to have a sign out of service on the door. Upon entrance of the shower room, there were missing tiles from the floor and peeled off base boards on the shower wall, and a trash bin with used razors.Concurrently, shower 6 was observed to have a sharps container which was overflowing with razors and would not be closed, and shower tile noted with brown to black build up on the grout and tiles.On March 19, 2026, at 11 a.m., a concurrent observation and interview was conducted with the Director of Nursing (DON). The DON stated the razors should be disposed in the sharps container and not in the trash bin.On March 19, 2026, at 11:15 am., during a concurrent observation and interview with Certified Nursing Assistants (CNA) 1 and 2, CNA 1 stated the sharps container should not get too full before changing it out as it would not close for safety.On March 19, 2026, 11:40 a.m., shower room [ROOM NUMBER] was observed with the Infection Preventionist (IP). In a concurrent interview, the IP stated the sharps container should not be overfilled with used razors, and it was unsafe to have used razors sticking out of the container.On March 19, 2026, at 12 p.m., shower room [ROOM NUMBER] was observed with the Director of Maintenance (DM). The DM stated the nursing staff reported there were issues with shower room [ROOM NUMBER]. The DM stated there were missing floor tiles and the base of the shower wall broke away to see the repairs needed. The DM stated he removed some additional tiles and the facility was not able to use it at this time. The DM stated he had reported the issues to management and had ordered new tiles to repair the shower but had not place a work order in their system to monitor the repair project and no documentation provided of work done for shower room [ROOM NUMBER]. A review of the facility's undated policy and procedure titled, Maintenance Service, indicated, .Maintenance service shall be provided to all areas of the building, grounds, and equipment.The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.Maintaining the building in good repair and free from hazards.Establishing priorities in providing repair services.the Maintenance Director is responsible for maintaining the following records.Work order requests.A review of the facility's undated policy and procedure titled, Bath, Shower/Tub, indicated, .The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin.Be sure the tub or shower is clean