

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Reo Vista Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6061 Banbury St. San Diego, CA 92139	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>39448</p> <p>Based on interview and record review, the facility failed to notify the responsible party (RP) before changing a resident's room for one of two sampled residents (1).</p> <p>This failure created the risk of Resident 1's RP being unaware of Resident 1's location while attempting to visit.</p> <p>Findings:</p> <p>Per the facility's Admission Record, Resident 1 was admitted to the agency on 7/13/19 with diagnoses to include Hemiplegia (inability to move one side of the body).</p> <p>On 4/24/24 at 12:15 P.M., an interview was conducted with Resident 1's RP (RP 1). RP 1 stated, the facility had changed Resident 1's room multiple times and they did not always notify RP 1 that the room change had occurred. RP 1 further stated, that the facility did not notify her of Resident 1's latest room change on 4/23/24 until 4/24/24 at 10:23 A.M.</p> <p>On 4/24/24 at 12:35 P.M., an interview was conducted with Social Services (SS). SS stated, the facility notified RP 1 on the morning of 4/24/24 that Resident 1 had a room change the previous day.</p> <p>On 4/30/24 at 1:30 P.M., a telephone interview was conducted with the Director of Staff Development (DSD). The DSD stated, she coordinated Resident 1's room change on 4/23/24, but forgot to notify RP 1.</p> <p>RR Per the facility's policy, titled Room Change/Roommate Assignment, revised May 2017, .Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., residents and their representatives (sponsors)) will be given a .advance notice of such change .</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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