

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 05/06/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who required assistance with incontinent (loss of bowel and bladder control) care, was provided care in a timely manner for one of four sampled residents (Resident 4) reviewed for ADL (activities of daily living- bathing or showering, dressing, getting in and out of bed or a chair, walking, toileting and eating) care.</p> <p>This failure resulted in not meeting Resident 4 ' s need for comfort and had the potential for further complications such as skin breakdown and infection.</p> <p>Findings:</p> <p>Resident 4 was admitted to the facility on [DATE] with diagnoses including left fibula (the smaller of the two bones in the lower leg) fracture and type 2 diabetes with hyperglycemia (abnormal high blood sugar) according to the facility ' s Admission Record.</p> <p>On 5/6/25 at 8:45 A.M. an unannounced onsite visit to the facility was conducted related to a complaint regarding lack of staff assistance with a resident ' s incontinent care.</p> <p>During an interview on 5/6/25 at 9:33 A.M. with CNA 1, CNA 1 stated call lights should be answered within 5 minutes because if a resident was wet, the resident can develop a skin breakdown. CNA 1 further stated if a resident was constantly wet, the resident can get an infection such as a urinary tract infection.</p> <p>During an interview on 5/6/25 at 9:42 A.M. with Resident 4, Resident 4 stated during the first week of her admission she waited one hour before her brief was changed. Resident 4 stated it was very uncomfortable because she had a bowel movement. Resident 4 stated this morning (5/6/25) when her breakfast tray was served, she requested the Certified Nurse Assistant (CNA) to change her brief because it was, Soaking wet. Resident 4 stated the CNA told her that breakfast trays were still being passed and Resident 4 ' s brief will be changed after passing of trays. Resident 4 stated she waited an hour for the CNA to return to change her brief. Resident 4 stated she felt, Uncomfortable because she was wet.</p> <p>A review of Resident 4 ' s bowel and bladder assessment dated [DATE] was conducted. The assessment indicated that Resident 4 had bladder and bowel incontinence with a usual voiding pattern of upon rising and after meals.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 4 ' s care plans, the care plan dated 4/29/25 indicated, .Resident is incontinent of [x] bladder [x] bowel and is not a candidate for retraining due to long history of incontinence .Provide check and change incontinence management .Provide clean and dry clothes after incontinent episodes .</p> <p>An interview was conducted on 5/6/25 at 11:12 A.M. with Resident 4 ' s assigned CNA (CNA 3). CNA 3 stated she delivered Resident 4 ' s breakfast tray and Resident 4 told her she (Resident 4) needed to be changed because she was soaking wet. CNA 3 stated she explained to Resident 4 that breakfast trays were still being passed and would return after trays were passed. CNA 3 stated she changed Resident 4 ' s brief after breakfast. CNA 3 stated if she was wearing a wet brief, she would feel uncomfortable.</p> <p>An interview on 5/6/25 at 11:19 A.M. was conducted with the Director of Staff Development (DSD- a licensed nurse certified for staff training). The DSD stated she in-serviced the CNAs to check the residents if they needed to be changed prior to meals, especially those residents who were incontinent of their bowel and bladder. The DSD stated she expected the CNAs to change residents' briefs right away if residents were wet or soiled. The DSD stated if a resident sat on feces or urine, the resident would be uncomfortable and may develop a skin breakdown. The DSD stated she would feel uncomfortable if she was left soaking wet. The DSD further stated it was unacceptable for a resident to have to wait and sit on a wet brief.</p> <p>During an interview on 5/9/25 at 12:05 P.M. with the Director of Nursing (DON), the DON stated it was a priority to change the resident ' s brief instead of passing meal trays for the resident ' s comfort and dignity. The DON stated she would not want to eat knowing her brief was wet.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Resident Rights, dated February 2021, the P&P indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident ' s right to: a. a dignified existence; b. be treated with respect, kindness, and dignity .</p> <p>A review of the facility ' s P&P titled, Answering the Call Light, dated September 2022 was conducted. The P&P indicated, .Answer the resident call system immediately .If you are uncertain as to whether or not a request can be fulfilled, or if you cannot fulfill the resident ' s request, ask the nurse supervisor for assistance .</p>		