STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	405032	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hospital DE LA Concepcion Inc	Carr 2 Km 173 4 Bo Cain Alto San German, PR 00683

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on review of the responsibilities assigned to the Charge Nurse position and staff interview , on 03/04/2026 at 1:22 PM, it was determined that the facility failed to ensure that the Charge Nurse performed all the responsibilities assigned during each shift. Findings include: On 03/04/2026 at 1:22 PM, during an interview with the Nursing Supervisor (employee #2), stated that the facility assigns a Nurse leader on each shift. The nursing staff are not formally designated as nurse leaders, and the facility have not ensured that these nurses perform all the responsibilities associated with the nurse leader position. Charge Nurse is a licensed nurse with specific responsibilities designated by the facility that may include staff supervision, emergency coordinator, physician liaison, as well as direct resident care.

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on staff interview and review of staff competency practice, it was determined that the facility failed to ensure that the per diem nursing staff assigned to the skilled nursing facility completed annual competency evaluation.Findings include: On 03/05/2026 at 9:51 AM, during an interview with the Nursing Supervisor (employee #2), stated that per diem nursing is hired by the hospital. The supervisor further indicated that competency evaluations for per diem staff were conducted only at the time of initial hiring.The facility failed to ensure that all staff who provide direct care to residents must maintain current competencies that are evaluated on a periodic basis, including per diem staff.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Base on the review of the of Skilled Nursing Facility (SNF) Beneficiary Notification of three (3) resident discharge, it was determined that the facility failed to ensure to inform each Medicare-eligible resident, in writing, at the time of admission and 48 hour previous to be discharge the Important Medicare Message in 3 out of 3 supplemental sample Resident (R) # 63, #64, and #65.Finding include: 1 . Resident #63 was a [AGE] years old female admitted on [DATE] with a diagnosis of Right (Rt) Total Knee Replacement (TKR) and was discharge to home on [DATE], during the record review performed on 03/05/2026 10:22 AM, no evidence was found related to the Important Medicare Message was provided in writing and informed at admission and at least 48 hours before discharge. 2. Resident #64 was a 78-years-old male admitted on [DATE] with a diagnosis of Rt TKR and was discharge to home on [DATE], during the record review performed on 03/05/2026 10:30 AM, no evidence was found related to the Important Medicare Message was provided in writing and informed at admission and at least 48 hours before discharge. 3. Resident #65 was a 70-years-old female admitted on [DATE] with a diagnosis of Post operated of Posterior Cervical and was discharge to home on [DATE], during the record review performed on 03/05/2026 11:40 AM, no evidence was found related to the Important Medicare Message was provided in writing and informed at admission and at least 48 hours before discharge. 4. During interview with the nurse supervisor employee # 2 on 03/05/2026 12:00 PM she states that the resident record did not have the documentation of the important message of Medicare, that she asked to the admission clerk and she notified that the important message of Medicare in the Skilled Nursing Facility (SNF) was not provided to the resident. Previously this document was provided to the resident and take the resident signature as oriented but know this documents was not provided. At this moment no resident have concern and were satisfy, and meet with their goals. 5. During interview with the admission Register Official employee #3 on 03/05/2026 at 2:00 PM, she states that since the last survey it was informed to the previous supervisor that the important Medicare Message was not provided to the resident of the SNF. The resident with primary Medicare was inform of the advance Beneficiary noted of non-coverage (ABN). 6. The important Medicare Message policy and procedure was requested on 03/05/2026 at 11:30 am, and no evidence was provided by the end of the survey , the policy was created. 7. The facility failed to ensure and promote the resident right to know their rights to appeal the discharge 48 hour previous to be discharged .

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on residents interview and environmental observation on 03/04/2026, it was determined that the facility failed to ensure a comfortable room temperature for residents 3 out of 29 residents (Residents #24, #36 and #39).Findings include:According to the facility policy monitoreo Temperaturas y Humedades - Monitoring of Temperature and Humidity in the Skilled Nursing Facility- SNF, dated May 2025, Section IV states that based on ASHRAE recommendations, the temperature in resident rooms must be maintained between 70 Fahrenheit (F) and 75 F. Page 2 of 3.Resident #24 is a 64 year- old female admitted on [DATE] with Left Knee Arthroplasty. During a resident interview on 03/04/2026 at 10:45 AM, she stated that the temperature in the room was excessively cold. At the time of the observation, there was no thermometer available in the room to indicate the temperature. Proceeded to measure the room temperature using a thermometer, which registered 67.8 F, below the temperature range established by the facility's policy. Resident #36 is a [AGE] year-old female admitted on [DATE] with Right Knee Arthroplasty. During resident interview on 03/04/2026 at 11:11 AM, she stated that the temperature in the room was cold. At the time of the observation, there was no thermometer available in the room to indicate the temperature. Proceeded to measure the room temperature using a thermometer, which registered 69.7 F, below the temperature range established by the facility's policy. Resident #39 is a [AGE] year-old female admitted on [DATE] with Left Knee Arthroplasty. During resident interview on 03/04/2026 at 210:15 AM, she stated that the temperature in the room was cold. At the time of the observation, there was no thermometer available in the room to indicate the temperature. Proceeded to measure the room temperature using a thermometer, which registered 66.9 F, below the temperature range established by the facility's policy.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical records reviewed (RR) and staff interviews, it was determined that the facility failed to ensure that a resident's weight was monitored and documented after admission to assess the residents. This deficient practice was identified for 1 out of 29 RR (RR# 42).Findings include:During de medical record review conducted on 03/04/2026 at 11:10 AM, it was identified that the Resident Record #42 a [AGE] year-old male admitted on [DATE] with Prosthetic Joint Infection of Left Hip, had documentation of weight obtained only at the time of admission. Further review of the clinical record revealed no additional documentation of weight monitoring after admission.During an interview conducted on 03/04/2026 at 11:25 AM, Nursing Supervisor (employee # 2) stated that the facility did not have a policy regarding routine weight monitoring for residents. On 03/05/2026 at 11:10 AM, the facility provided a newly developed policy regarding weight monitoring. This policy was created after the surveyors request, confirming that such policy was not in place at the time the residents care was provided.