

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2025
NAME OF PROVIDER OR SUPPLIER  Poway Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15632 Pomerado Road Poway, CA 92064	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>39448</p> <p>Based on observation, interview, and record review, the facility failed to keep room temperatures between 71 F and 81 F for four of six sampled residents (1, 2, 3, 4).</p> <p>As a result, residents felt uncomfortably cold.</p> <p>Findings:</p> <p>On 4/8/25 at 10:20 A.M., an interview and observation of resident room temperatures was conducted with the Maintenance Director (MD). The room temperatures read 64 F, 68 F, 69 F, 68 F, 72 F, and 72 F. The MD stated, resident rooms should have been between 71 F and 81 F.</p> <p>On 4/8/25 at 10:28 A.M., an interview was conducted with Resident 1 (room temperature 64). Resident 1 stated he felt that his room was too cold.</p> <p>On 4/8/25 at 10:33 A.M., an interview was conducted with the Responsible Party of Resident 2 (RP 2). RP 2 stated, he thought that Resident 2's room was too cold for her. RP 2 further stated, he visited Resident 2 regularly, and she often complained to him that the room was too cold.</p> <p>Per the facility's policy, titled Homelike Environment, revised February 2021, .The facility staff and management maximizes .the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include .comfortable and safe temperatures (71 F - 81 F) .</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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