

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER St. Pauls Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Nutmeg Street San Diego, CA 92103	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. (continued on next page)		

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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review the facility failed to provide a homelike environment for two of four sampled residents (Resident 1 and 2), when it did not maintain a comfortable temperature in one resident room. This failure had the potential to make residents uncomfortable. Findings: Record review of Face Sheet indicated Resident 1 was admitted on [DATE] with diagnoses which included: Dementia (severe cognitive decline affecting memory, thinking, language, and daily function, caused by damaged brain cells), Alzheimer's Disease (a progressive brain disorder, the most common form of dementia, causing severe memory loss, thinking, and behavioral problems that interfere with daily life), and Muscle Weakness. Record review of Resident 1's Minimum Data Set (MDS-assessment tool used in nursing homes) section C, Cognitive Patterns indicated a Brief Interview for Mental Status (BIMS) score of 3 indicating Resident 1 has severe cognitive impairment. Record review of Face Sheet indicated Resident 2 was admitted with diagnoses which included: Dementia, Malnutrition (lack of proper nutrition), Major Depressive Disorder (serious mental illness causing persistent sadness, loss of interest in activities, and impacting how you feel, think, and act, significantly interfering with daily life for at least two weeks), and Muscle weakness. Record review of Resident 2's MDS section C, Cognitive Patterns indicated a BIMS score of 10 indicating Resident 2 has moderate cognitive impairment. On 12/9/25 at 10:57 A.M., an observation and interview with Resident 1 was conducted. Resident 1 was observed sleeping. Resident 1 was arousable only to a loud voice. Resident 1 was observed with thick fleece blanket over her head. Resident 1 was alert, but hard of hearing (HOH), Resident 1 was able to answer questions translated by Spanish speaking staff, Unit Clerk 1 (UC). Resident 1 stated she was not cold under the thick blanket, but did not want to come out from under the blanket. Resident 1's room felt drafty with a cool breeze coming from the vent directly above her head. An observation of Resident 1's room thermostat indicated it was set at 74 degrees Fahrenheit (F-measure of temperature). On 12/9/25 at 11:10 A.M., an observation and interview with Resident 2 was conducted. Resident 2 was observed sitting in bed with her jacket on. Resident 2 was alert and able to answer questions via Spanish translator, UC. Resident 2 stated that she felt cold, and that a wind was coming from the vent making her cold. Resident 2 stated that she preferred to be warmer and would like it if we could warm up the room for her. On 12/9/25 at 11:20 A.M., an interview with CNA 1 was conducted. CNA 1 stated that Resident 1 typically stayed under the blanket while in the room and could be cold at times. CNA 1 stated that Resident 1's daughter wrote on the board not to change the temperature on the thermostat and to leave it set at 74 F. On 12/9/25 at 11:50 A.M., a concurrent observation and interview with Maintenance Supervisor (MS) was conducted. MS stated that they check the room temperatures weekly. MS then measured the temperature of air vents above resident's bed with a laser thermometer at 60 degrees F. MS measurement of temperatures of surface temp of Resident's 1's and 2's beds was 72 degrees. MS acknowledged the cool draft coming from the vent could be uncomfortable for the residents. MS acknowledged Resident 1 underneath her thick fleece blanket and Resident 2 wearing her coat in bed. MS stated that the expectation was for the residents' rooms to be comfortable and homelike for them. MS stated that if residents were uncomfortable and cold their room was not homelike. MS stated the Resident's rooms should be homelike, because it's better for the residents' quality of life. On 12/9/25 at 12:05 P.M., a concurrent observation and interview with Licensed Nurse 1 (LN 1) was conducted. LN 1 stated that Resident 1's thermostat was not locked and anyone can change the temperature, but Resident 1's daughter insists that the temperature stay at 74 F. LN 1 stated that Resident 1 and Resident 2 seemed cold in their room. LN 1 stated the expectation for room temperature was that it should be comfortable for both residents and home like. On 12/18/2025 at 10:43 A.M., an interview with the Director of Nursing (DON-[NAME]) was conducted. The DON stated that residents should have a temperature in their room that is comfortable for both residents. The DON stated that temperature in Resident 1 and 2's room on 12/9/25 was not homelike and could have negatively affected the residents' mood and health. Review of facility policy titled Home Environment dated 2/2025, indicated Residents are provided with a safe, clean, comfortable, and homelike environment .1. Staff provides person-centered care that emphasizes the resident's comfort, independence, and personal needs and preferences. 2. The facility staff and management maximizes to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting: These characteristics include.h. comfortable temperatures (71 F-81 FF)</p>		