

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Vista View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 304 N. Melrose Dr Vista, CA 92083	
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor resident rights for 1 of 4 sampled residents (Resident 1) when vaccinations were administered to Resident 1 without his consent. This failure had the potential for Resident 1 to experience unwanted side effects from the vaccinations, and emotional distress from not having his rights/preferences honored. Findings: According to the admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses which included hemiplegia (weakness of one side of the body) following cerebral infarction (a stroke) affecting right dominant side. The admission Record indicated Resident 1 was his own responsible party. During an interview with Resident 1 on 2/5/26 at 9:26 A.M., Resident 1 stated after he was admitted to the facility, he was given the Covid-19 and influenza vaccines via intramuscular injections (a shot which is given directly into the muscle). Resident 1 stated prior to his admission to the facility, he had never received the Covid-19 vaccination or the influenza vaccine, per his personal preference. Resident 1 stated, [The facility] told me I had to have [the vaccines]. I didn't know I could refuse. During a concurrent interview and record review with the Infection Preventionist (IP) on 2/5/26 at 11:32 A.M., the IP stated the Covid-19 and influenza vaccines were administered to Resident 1 on 1/8/26. The IP acknowledged Resident 1 did not sign any consent forms prior to receiving the Covid-19 and influenza vaccinations. The IP stated according to CAIR (California Immunization Registry- an online database which lists historical immunization information for California residents), Resident 1 had never received the Covid-19 or influenza vaccines. The IP stated consents needed to be obtained from residents, or from their representatives, prior to the administration of any vaccines. During an interview with the Director of Nursing (DON), the DON stated it was her expectation that consents were obtained from residents prior to administering any vaccines. The DON stated, [Residents] have the right to refuse if they don't want the vaccines. During a review of the facility's policy titled Informed Consent, revised 3/2024, the policy indicated, It is the responsibility of the healthcare professional who proposes any medical intervention or treatment that requires informed consent to provide information to the resident/resident representative regarding the resident's condition and circumstances that are pertinent to a decision to accept or refuse the proposed intervention or treatment. During a review of the facility's policy titled Resident Rights, dated 12/2022, the policy indicated, The resident has the right to be informed of, and participate in his or her treatment, including. The right to request, refuse, and/or discontinue treatment.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555246	Facility ID: 555246 If continuation sheet Page 1 of 1