

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Hemet Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1717 West Stetson Avenue Hemet, CA 92545	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509</b></p> <p>Based on interview, and record review, the facility failed to ensure transportation services were provided timely for residents receiving dialysis (the process of removing waste products in the blood), for four of six residents reviewed (Resident A, B, C, and D).</p> <p>This failure resulted to Residents A, B, C, and D, to arrive late at the dialysis center and received incomplete dialysis run time. This failure had the potential for the dialysis residents to experience complications related to incomplete dialysis treatment.</p> <p>Findings:</p> <p>On May 2, 2024, at 9:15 a.m., an unannounced visit was conducted for the investigation of two complaints.</p> <p>1. On May 2, 2024, Resident A's medical record was reviewed. Resident A's record indicated he was admitted to the facility on [DATE], with diagnoses which included sepsis (a life-threatening complication of an infection) and hemodialysis (a process of filtering the blood of a person whose kidneys are not working normally).</p> <p>Resident A's physician order, dated March 30, 2024, indicated, .Hemo dialysis Q (every) Mon (Monday), Wed (Wednesday) and Fri (Friday) at (name and address of dialysis center), (contact number), (name of transport) pick up on 4/1/24 (April 1, 2024) at 12:15 PM (p.m.), chair Time 1:15 - 4:15 PM (p.m.) .</p> <p>Resident A's Progress Notes, indicated the following:</p> <p>- April 15, 2024, at 3:40 p.m.; .Called (name of dialysis center) spoke with (name of dialysis staff) patient will have a make up hemodialysis on 04/16/2024 (April 16, 2024) chair time 0830 (8:30 a.m.) .Pick up time at 0745 (7:45 a.m.) .;</p> <p>- April 16, 2024, at 9:14 a.m.; .Dialysis called and states they will not be doing patient's dialysis today because he came in a wheelchair instead of a stretcher .explained to RN that patient is independent with transfers and ambulation. RN (Registered Nurse) states well he's not here, so we are sending him back .;</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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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- April 17, 2024, at 12:55 p.m., indicated, .Transport has not arrived to transport patient to dialysis . representative states driver will arrive in 5 (five) minutes .;</p> <p>- April 17, 2024, at 1:24 p.m., indicated, .Transportation still has not arrived to transport patient to dialysis . contacted (name of transport) .no one answered .LN (Licensed Nurse) left message requesting a call back ASAP (as soon as possible) .;</p> <p>- April 17, 2024, at 1:52 p.m., indicated .Transport still has not arrived to transport patient to dialysis .left several messages, no one is calling back .speak to RN regarding patient will not be arriving. Patient's dialysis rescheduled to April 18, 2024, chair time 12:15 pm (p.m.) -3:15 pm (p.m.) .</p> <p>On April 18, 2024, at 4:56 p.m., Resident A's Nurse's Note indicated .Transport came to facility and informed LN (licensed nurse) that patient was sent to ER (emergency room ) from dialysis .</p> <p>On May 2, 2024, at 12:05 p.m., an interview was conducted with the Transportation Coordinator (TC). The TC stated when patients needing dialysis are discharged from the hospital, they come with orders to the facility and the hospital sets up transportation for the first one to two weeks. The TC stated she would call the resident's insurance company and check on transportation benefits, and if the resident did not have transportation benefits, she would ask for authorization for transport to the dialysis center from the case manager of the medical group. The TC stated if dates are changed, she had to update the forms and information when dates of appointment were changed to avoid delays or needed to reschedule. The TC stated Resident A's insurance usually arranged for his dialysis and transportation. She stated there was a time the transportation company came four hours late and the appointment had to be cancelled. Resident A went to his appointment on April 18, 2024, and then was transferred to the hospital after finishing dialysis due to a change in condition while at the dialysis center.</p> <p>2. On May 2, 2024, at 3:45 p.m., an interview with Resident B was conducted. Resident B stated he did not like the transportation company assigned to him through his insurance company. He stated the transporters would be two hours late picking him up and would have to finish his hemodialysis early because of it. Resident B stated he had requested to have a different company to provide transportation through his insurance company because they were usually late.</p> <p>Resident B's medical record was reviewed. Resident B was admitted to the facility on [DATE], with diagnoses which included end stage renal disease (gradual loss of kidney function) and cirrhosis (damage causing scarring and failure) of the liver.</p> <p>Resident B's physician order, dated April 25, 2024, indicated .Hemodialysis Q (every) M-W-F . @ 12:20 p.m resident needs to be at dialysis between 12-12:15 p.m</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On May 7, 2024, at 11:15 a.m., an interview was conducted with the TC. The TC stated Resident B was being picked up late by the transportation company. She said she spoke with Resident B's insurance company and had them change to a different transportation provider because of how often the previous transportation company was late. The TC stated if a transportation company was more than 20 minutes late from the scheduled pick-up time, the facility would call the transport company to see when they will be at the facility to pick up the resident, we then call the dialysis center to see if they are able to accommodate our resident if they arrive late. The TC stated if the dialysis center cannot see them past their scheduled time, the licensed nurse or the coordinator will set up a new time, later the same day, or the following day, or on their next dialysis day, based on what the dialysis center says, and the resident's last set of labs. The TC stated if the resident's insurance company offers transportation services, it would take 24-72 hours to set up the new scheduled time. The TC stated our sister facility has a transportation van, but we could only use it if there was a problem or available to be used.</p> <p>3. On May 2, 2024, at 4:10 p.m., an interview with Resident C was conducted Resident C stated his transportation for dialysis would come late, last week the transportation company took him to the hospital for his dialysis, then took him to the right place, and after dialysis, the transportation company took him to his home, he had to tell them he was staying at the facility and then brought him back to the facility.</p> <p>Resident C's medical record was reviewed. Resident C's transportation record indicated Resident C was to receive dialysis on Monday, Wednesday, and Friday, with a pickup time at 12:30 p.m.</p> <p>On May 7, 2024, at 11:15 a.m. an interview was conducted with the TC. The TC stated Resident C received dialysis every Monday, Wednesday, and Friday. Resident C's transportation was late picking him up, and he missed his dialysis appointment, on Friday, April 26, 2024, it was arranged through the hospital and he was to be picked up by (name of ambulance), but his insurance would only authorize the transportation through (name of ambulance), and it was rescheduled.</p> <p>4. On May 2, 2024, at 4:15 p.m., an interview with Resident D and a family member (FM) was conducted. Resident D's FM stated Resident D was picked up late several times by the transportation company, and did not receive his dialysis as scheduled.</p> <p>Resident D's medical record was reviewed. Resident D was admitted to the facility on [DATE], with diagnoses which included chronic kidney disease (long standing disease of the kidneys leading to failure).</p> <p>Resident D's physician order, dated April 15, 2024, indicated .Hemodialysis M-W-F (Monday, Wednesday, Friday) .chair time 8:45 a.m.-12:15 p.m</p> <p>Resident D's Progress Notes, dated May 3, 2024, at 8:30 a.m., indicated .patient left for routine hemodialysis via wheelchair with transport provided by family .</p> <p>On May 7, 2024, at 11:15 a.m., an interview was conducted with the TC. The TC stated Resident D was receiving his dialysis in the early morning, and the transportation company was picking him up late, Resident D's family wanted his dialysis scheduled time to change, and there was a change in the transportation provider.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled Transportation, dated December 2008, indicated, .facility will help arrange transportation for residents as needed .Transportation to Hemodialysis Centers will be arranged by the referring hospital for new admission and social services or designee will confirm the previously arranged transport and will assist resident or family as indicated and will assist the resident or family for any changes in transportation needs .</p> <p>A review of the facility's policy titled End-Stage Renal Disease, Care of a Resident with, dated September 2010, indicated, .Agreements between this facility and the contracted ESRD (End Stage Renal Dialysis) facility include all aspects of how the resident's care will be managed .The Resident's comprehensive care plan will reflect the resident's needs related to ESRD/Dialysis care .</p>		