

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 06/26/2024
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>41422</p> <p>Based on observation, interview, and record review, the facility failed to display direct care daily staffing information (DHPPD-Direct Care Service Hours Per Patient Day) in a prominent location, readily accessible to the residents and visitors.</p> <p>This failure had the potential to result in residents, visitors, and staff not being fully informed of staffing levels in the facility based on resident needs.</p> <p>Findings:</p> <p>On June 10, 2024, at 5:23 p.m., an unannounced visit to the facility was conducted to investigate quality care issues.</p> <p>On June 10, 2024, at 5:44 p.m., observed there was no posting of the daily staffing in any location within the facility.</p> <p>On June 10, 2024, at 6:05 p.m., an interview was conducted with the Licensed Vocational Nurse (LVN). The LVN stated that the facility daily staffing was not posted in a visible location, they were posted in a binder at the nurses ' station.</p> <p>On June 10, 2024, at 11:27 p.m., an interview was conducted with the facility ' s Director of Nursing, (DON). The DON stated that the staffing ratios were not posted in a public location. The DON stated she was not aware that the staffing ratios should be posted in a visible location.</p> <p>A review of the facility ' s policy and procedure titled Staffing, Sufficient and Competent Nursing revised August 2022, indicated .Competent Staff . 6. Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) are posted in the facility for every shift .</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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