STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555297	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hemet Hills Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536 Based on observation, interview, and record review, the facility failed to ensure that hospice services for two of three residents, (Resident 1 and Resident 3) ' s were properly coordinated, as two hospice companies did not provide a monthly schedule indicating when hospice staff would be visiting. This failure had the potential to disrupt the continuity of coordinated, quality care. Findings: On October 29, 2024, at 10:47 a.m., an unannounced visit to the facility on a complaint investigation was initiated. 1. A review of Resident 1 ' s medical records indicated she was admitted on [DATE], with diagnoses of encounter for palliative care, (an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex, and terminal illnesses) and end stage renal disease (ESRD - the final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own). A review of Resident 1 ' s History and Physical dated September 25, 2024, indicated resident had capacity. A review of Resident 1 ' s Order Summary Report dated September 23, 2024, indicated Patient admitted to [name of hospice company] with terminal diagnosis of ESRD A review of Resident 1 ' s Care Plan initiated October 10, 2024, indicated Focus .End of Life: Resident requires hospice care .Interventions .Coordinate residents' needs with Hospice staff A review of Resident 1 ' s Hospice Binder indicated a blank calendar with no dates or months filled in. On October 29, 2024, at 12:26 p.m., observed Resident 1 lying in bed. She was unable to answer questions. (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 29, 2024, at 1:15 p.m., an interview and concurrent record review was conducted with the Licensed Vocational Nurse (LVN 1). LVN 1 stated that Resident 1 was on hospice. LVN 1 stated the Social Service (SS) would coordinate with the family and the hospice staff. LVN 1 stated that the hospice staff provides a binder with a schedule of when they will be coming in. LVN 1 stated that she was unsure of when the hospice staff would be providing care to Resident 1. LVN 1 stated Resident 1's calendar was blank. On October 29, 2024, at 2:22 p.m., a telephone interview was conducted with Resident 1 ' s hospice 1 Director of Nursing, (H1DON). The H1DON stated that they provide a binder to the facility which includes a calendar with the hopsice staff schedule and a sign in sheet. The H1DON stated that the calendar should have been filled out with the month, year, and dates when the staff would be coming in for the month. The H1DON stated that the LVN should be coming in Mondays and Tuesdays. The H1DON stated, the hospice aide services were cancelled by the family. On October 29, 2024, at 2:29 p.m., an interview was conducted with Social Services (SS). The SS stated that she was familiar with Resident 1, and that Resident 1 was on hospice services. The SS stated that she communicated with hospice staff on an as needed basis. The SS stated, hospice staff spoke directly with the facility staff. The SS stated that she was unaware that the family had canceled the hospice aide services. The SS stated, a calendar would be helpful in knowing when hospice staff would be coming in to provide care to Resident 1. On October 29, 2024, at 2:59 p.m., an interview was conducted with LVN 2. LVN 2 stated that she was caring for Resident 1. LVN 2 stated that she did not know when the hospice staff would be coming in. On October 29, 2024, at 3:03 p.m., an interview was conducted with the Certified Nursing Assistant (CNA). The CNA stated that Resident 1 was on hospice services. The CNA stated that she was unsure of the services provided by hospice or when hospice staff would be coming in. 2. A review of Resident 3 ' s medical record indicated she was admitted on [DATE], with diagnoses of heart failure, (occurs when the heart muscle doesn't pump blood as well as it should). A review of Resident 3 ' s History and Physical dated September 12, 2024, indicated she was alert, awake . oriented to self . A review of Resident 3 ' s Order Summary Report dated September 12, 2024, indicated Admit to [name of hospice company] under GIP [general in-patient] level of care . On October 29, 2024, at 3:12 p.m., during a concurrent observation and interview with Resident 3, she was observed lying in her bed, with her hair combed and wearing clean clothes. Resident 3 stated, she had been on hospice care since her admission. Resident 3 stated, hospice staff visits twice a week, on Tuesdays and Thursdays to provide showers, make her bed, and help organize her belongings. A review of Resident 3 ' s Hospice Binder indicated there was a form titled Monthly Calendar, but it was missing a schedule for the hospice staff who were to provide care for the resident. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 29, 2024, at 3:30 p.m., an interview with a concurrent record review was conducted with LVN 3. LVN 3 stated she was taking care of Resident 3. LVN 3 stated Resident 3 was on hospice and the nurses only come when requested. LVN 3 stated the hospice aid comes once a week, although she was unsure. LVN 3 stated the schedule was blank and should have been filled out. On October 29, 2024, at 3:50 p.m., an interview was conducted with CNA 2. CNA 2 stated that she was assigned to care for Resident 3. CNA 2 stated that Resident 3 was on hospice. CNA 2 stated that she had no idea of the services provided by the hospice staff for Resident 3, and did not know when hospice staff would be coming in. On October 29, 2024, at 4:03 p.m., a telephone interview was conducted with Resident 3 ' s hospice Intake Coordinator, (H2IC). The H2IC stated that Resident 3 was receiving hospice services and that they provided a schedule in the binder so that facility staff would know when the hospice staff would be coming in to see Resident 3. A record review of the facility ' s policy and procedure titled Hospice Program revised July 2017, indicated . 10. In general, it is the responsibility of the facility to meet the resident's personal care and nursing-needs in coordination with the hospice representative . Our facility . has designated [first and last name] (DON) - Director of Nursing to coordinate care provided to the resident by our facility staff and the hospice staff .