STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555323	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aviara Healthcare Center	944 Regal Road Encinitas, CA 92024

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 - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39449 Based on observation, interview and record review, that facility failed to maintain required temperature range between 71 to 81 Fahrenheit (F) with resident rooms in 44 of 68 random rooms inspected. Based on observation, interview, and record review, the facility failed to ensure resident room temperatures were kept at a comfortable and homelike level for 44 of 68 rooms inspected. This deficient practice had the potential for residents to feel uncomfortable. Findings: On 11/25/24 received a complaint related to the facility's physical environment, complaint of no heat in the facility and it was very cold. On 11/26/24 at 9:05 A.M., a concurrent observation and interview was conducted with Resident 2. Resident 2 was observed with three blankets in her bed. Resident 2 stated It was cold here in the middle of the night. Resident 2 stated she have thick blankets, padding under her bed and two blankets tow keep her warm On 11/26/2024 at an observation and interview was conducted with the Maintenance Assistant (MA). The MA stated the room temperature should be within 71 to 81 degrees F (F). The MA holding a digital temperature gauge gun (reads digital number with a laser beam and aims on surface), proceeded to resident rooms and get the following room temperatures: Rooms and temperature readings: room [ROOM NUMBER] 68 F room [ROOM NUMBER] 67 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 69 F room [ROOM NUMBER] 69 F (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Some	room [ROOM NUMBER] 67 F room [ROOM NUMBER] 70 F room [ROOM NUMBER] 69 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 66 F room [ROOM NUMBER] 66 F room [ROOM NUMBER] 67 F room [ROOM NUMBER] 63 65 64 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 66. 6 F room [ROOM NUMBER] 66 67 F room [ROOM NUMBER] 67 F room [ROOM NUMBER] 65 F room [ROOM NUMBER] 65 F room [ROOM NUMBER] 67 F room [ROOM NUMBER] 65 F room [ROOM NUMBER] 64 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 68. 2 F room [ROOM NUMBER] 69 F room [ROOM NUMBER] 69 F room [ROOM NUMBER] 66 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 68 F (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Some	room [ROOM NUMBER] 69 F room [ROOM NUMBER] 70.9 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 68. 5 F room [ROOM NUMBER] 67.4 F room [ROOM NUMBER] 67 F room [ROOM NUMBER] 68 F room [ROOM NUMBER] 69 F room [ROOM NUMBER] 67 F room [ROOM NUMBER] 70.5 F room [ROOM NUMBER] 72 room [ROOM NUMBER] 69.6 F room [ROOM NUMBER] 70 F room [ROOM NUMBER] 70 F The MS stated resident room temperatures had to be maintained within a range of 71 F to 81 F. The MS stated it was important to keep the temperature within the normal range because the residents living here are old and they could not survive or tolerate the cold temperature. On 11/26/24 at 12:05 P.M., an observation and interview was conducted with Resident 3. Resident 3's bed had thick blanket and wearing hoodie jacket. Resident 3 stated it was cold last night. On 11/26/2024 at 1:12 P.M., concurrent observation and interview was conducted with the administrator (ADM). The ADM took temperatures of seven (7) rooms randomly. The room temperatures readings as follows 69.6 F, 68.8 F, 70.9 F, 73 F, 73 F, 70.7, F 71.4 F. Th ADM agreed the room temperatures were below the normal range. On 11/26/2024 at 1:15 P.M., an interview and record review was conducted with the ADM and the DON. The DON stated it was important to keep room temperatures within the acceptable normal temperature range for comfort. The ADM stated for comfort. Per the undated facility policy entitled Comfortable and Safe Room Temperature Levels, .The goal is to maintain an optimal temperature range of between 71 and 81 degrees .