STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555326	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Mountain Rehabilitation & Healthcare Center	11895 Avenue of Industry San Diego, CA 92128

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46980 Based on observation, interview and record review, the facility fall evaluation tool did not accurately represent the fall risk status of three residents, (Residents 1, 2 and 3), sampled for admission fall risk evaluation. Per the Director of Nursing (DON), the fall evaluation tool did not allow nursing staff to include all medications and medical diagnoses that could increase fall risk, which resulted in artificially low fall risk scores. This failure had the potential to contribute to one or more actual falls for each sampled resident, and a right hip fracture (a break or crack in a bone) for resident 1. Findings: Resident 1 was admitted on [DATE] with diagnoses that included difficulty in walking and generalized muscle weakness, major depressive disorder (a mood disorder that can be treated with antidepressant medication that can increase fall risk), cardiac murmur (a sound caused by improper closing of valves in the heart, a condition that can cause lightheadedness), chronic kidney disease (a condition in which the kidneys cannot fully eliminate waste from the blood, which can cause confusion), anemia (a condition in which the body doesn ' t have enough healthy red blood cells to carry oxygen to cells, and can cause fatigue), epilepsy (a chronic brain disorder that can cause seizures, which can cause loss of consciousness and falls) and history of falling. Resident 2 was admitted on [DATE] with diagnoses that included difficulty in walking, generalized muscle weakness, cognitive function following cerebral infarction (a disruption of blood flow to the brain which can cause permanent disability), hemiplegia and hemiparesis (weakness or paralysis on one side of the body), and hypertension (a condition in which blood pressure is too high, and can be treated by a medication that may increase fall risk). Resident 3 was admitted on [DATE] with diagnoses that included repeated falls, difficulty in walking, generalized muscle weakness, left sided sciatica (pain due to an injured nerve, which can cause difficulty with balance and movement), peripheral vascular disease (a condition in which blood circulation is impaired, which can decrease feeling particularly in the feet and hands), hypertension, epilepsy, and anemia. On 9/23/24 the State Agency (SA) received a facility reported incident which indicated, Resident fell in her room, sent to hospital, admitted and a diagnosis of right femur (fracture) declared. (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
	555326	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Mountain Rehabilitation & Healthcare Center	11895 Avenue of Industry San Diego, CA 92128

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/26/24 the SA received the facility investigation which indicated Resident 1 had a moderate risk for falls upon admission. On 9/30/24 at 12:50 P.M. an unannounced survey was conducted at the facility. A joint observation with the DON of resident 3 was done. Resident 3 had a fall mat on the right side of his bed and his bed was at mid-height. On 9/30/24 at 1 P.M. a joint observation and interview with the DON and Resident 1 were conducted. Resident 1 stated, I had two falls at home when I was trying to get off the couch. On 9/30/24 at 1:20 P.M. an interview and concurrent record review were conducted with the DON who stated Resident 1 ' s admission fall risk evaluation dated 9/19/24 indicated she was taking 3-4 medications from a limited list included in the evaluation tool. The DON stated Resident 1 was actually taking five medications that could increase fall risk. The DON stated the evaluation indicated Resident 1 had 1-2 medical diagnoses, eight medical diagnoses that could increase fall risk and no falls prior to admission to the facility were included. The DON stated Resident 2 ' s admission fall risk evaluation dated 9/11/24 indicated he was taking 1-2 medications and had 1-2 medical diagnoses from a limited list included in the evaluation tool. The DON stated, The resident takes more than two medications and has more than two medical conditions that could increase risk for fall. The fall risk assessment was not scored accurately. The DON stated Resident 3 ' s admission fall risk evaluation dated 9/13/24 indicated he was taking 3-4 medications and had 1-2 medical diagnoses from a limited list included in the evaluation tool. The DON stated, The resident takes more than four medications and has more than two medical conditions that could increase risk for fall. The fall risk assessment was not scored accurately. The DON stated, The fall risk evaluation tool does not allow the nurse to include all the categories of medications and medical diagnoses that residents have, it doesn ' t allow the nurse to accurately represent the status of the patient. The nurse could have selected the maximum number of diagnoses but selected 1-2 instead. The inaccurate scores were caused by the limitation of the evaluation tool and errors by nurses. The DON stated Resident 1 had a fall on 9/20/24 and was evaluated at an emergency room because of nausea and vomiting then returned to the facility. The DON stated Resident 1 had a second fall on 9/21/24 that resulted in a small cut on her right eyebrow, a bruise on the right side of her nose and a right hip fracture. The DON further stated the same situation happened during the initial fall risk evaluations for Resident 2 who fell on [DATE] and Resident 3 who fell on [DATE], without serious injury. On 10/16/24 a review of the facility policy titled Fall Risk assessment dated [DATE] indicated, It is the policy of this facility to identify the resident who is at risk for potential falls . On 10/16/24 a review of the facility policy titled Assessment and Documentation Accuracy dated January 2024 indicated, It is the policy of this facility to provide evaluation/ assessment of resident ' s care and safety needs [sic] will be accurately completed and documented upon admission .Safety issues . will be prioritized for evaluation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555326	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carmel Mountain Rehabilitation & Healthcare Center	11895 Avenue of Industry San Diego, CA 92128

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46980 Based on interview and record review, the facility failed to create an admission fall risk care plan for one resident, (Residents 1), sampled for baseline care plan. This failure had the potential outcome of contribution to two falls for Resident 1 who sustained a fracture (a break or crack in a bone) of her right hip. Findings: On 9/23/24 the State Agency (SA) received a facility reported incident which indicated, Resident fell in her room, sent to hospital, admitted and a diagnosis of right femur (fracture) declared. Resident 1 was admitted on [DATE] with diagnoses that included difficulty in walking and generalized muscle weakness, major depressive disorder (a mood disorder that can be treated with antidepressant medication that can increase fall risk), cardiac murmur (a sound caused by improper closing of valves in the heart, a condition that can cause lightheadedness), chronic kidney disease (a condition in which the kidneys cannot fully eliminate waste from the blood, which can cause confusion), anemia (a condition in which the body doesn ' t have enough healthy red blood cells to carry oxygen to cells, and can cause fatigue), epilepsy (a chronic brain disorder that can cause seizures, which can cause loss of consciousness and falls) and history of falling. On 9/30/24 at 12:50 P.M. an unannounced survey was conducted at the facility. At 1:20 P.M. an interview and concurrent record review were conducted with the Director of Nursing (DON) who stated the care plan was opened but no interventions were added until after Resident 1 had her first fall. The DON stated, A baseline care plan should be created with 24 hours of admission. On 10/16/24 a review of the facility policy titled Fall Risk assessment dated [DATE] indicated, It is the policy of this facility to identify the resident who is at risk for potential falls, and to initiate a preventative plan of care to reduce fall occurrence.Any resident identified as high risk will have a prevention protocol initiated and documented on the care plan.