

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Villa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8965 Magnolia Avenue Riverside, CA 92503	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure timely response to call lights for one out of five residents (Resident 2), who waited approximately 15 minutes for assistance. This failure had the potential to place the resident at risk for unmet care needs and increased the risk for unsafe self-mobility and potential falls. Findings: On March 5, 2026, at 10:13 a.m., an unannounced visit to the facility on a complaint investigation for quality-of-care issues was initiated. A review of Resident 2's admission Records indicated resident was admitted on [DATE], with diagnoses of fracture of right ulna, (a partial or complete break in the ulna, the long bone on the pinky side of the forearm extending from the elbow to the wrist), subsequent encounter for closed fracture with routine healing, fracture of the lower end of right radius, (a break in the right forearm bone near the wrist joint), subsequent encounter for closed fracture with routine healing, multiple fractures of ribs, (a break or crack in one or more of the 12 pairs of bones forming the rib cage), right side. A review of Resident 2's history and Physical dated February 17, 2026, indicated resident had the capacity to make decisions. On March 5, 2026, at 12:08 p.m., an observation and interview were conducted with Resident 2. Resident 2 was standing at the bedside, wearing a clean gown and shorts, with a long arm splint and sling of the right arm. Resident 2 stated that she was right-handed and the splint and sling made it difficult to do normal daily tasks. Resident 2 stated she required assistance with dating her food and was waiting for staff to come and help. Resident 2 further stated that call lights were answered between five and 30 minutes. On March 5, 2026, at 12:17 p.m., during the interview, Resident 2 in her room activated the call light. At 12:32 p.m., the Treatment Nurse (TN) responded approximately 15 minutes after Resident 2 activated the call light. On March 5, 2026, at 12:34 p.m., an interview was conducted with TN. The TN stated that all staff are responsible for answering call lights. The TN stated that the call light should be answered as soon as possible and residents should not wait 15 minutes. On March 5, 2026, at 1:02 p.m., an interview was conducted with the Certified Nursing Assistant (CNA). The CNA stated that call lights should be answered within five to 10 minutes. On March 5, 2026, at 1:35 p.m., an interview was conducted with the Licensed Vocational Nurse (LVN). The LVN stated that call lights should be answered immediately. The LVN further stated delays of up to 15 minutes could result in the resident's needs not being met and increase the risk of falls. A review of Resident 2's Care Plan dated February 18, 2026, indicated .Focus The resident is at low risk for falls.Interventions/Tasks Be sure The resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. A review of the facility's policy and procedure titled Answering the Call Light undated, indicated The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Steps in the Procedure1. When answering from the call light station, turn off the signal light.2. Identify yourself and politely respond to the resident by his/her name. a. If the resident needs assistance, indicate the approximate time it will take for you to respond. b. If the resident's request requires another staff member, notify the individual. c. If the resident's request is something you can fulfill, complete the task within five minutes if possible. d. If you are uncertain as to whether or not a request can be fulfilled or if you cannot fulfill the resident's request, ask the nurse supervisor for assistance.3. If assistance is needed when you enter the room, summon help by using the call signal.</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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