

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2026
NAME OF PROVIDER OR SUPPLIER Casa DE Las Campanas		STREET ADDRESS, CITY, STATE, ZIP CODE 18655 W. Bernardo Drive San Diego, CA 92127	
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** Based on interview and record review, the facility failed to adequately assess and monitor one of three sampled residents (Resident 1) who had a change in condition. This failure had the potential for Resident 1 to experience discomfort and further deterioration in health condition. Findings: According to the admission Record, Resident 1 was admitted to the facility on [DATE] and discharged on 6/3/26 with diagnoses which included vascular dementia (a decline in thinking and memory skills caused by reduced blood flow to the brain) and functional quadriplegia (an inability to move due to severe disability). Per the MDS (Minimum Data Set- a federally mandated assessment tool) dated 6/3/26, Resident 1 could not be interviewed because he was rarely or never understood. During a record review, the Physician's Order dated 5/29/26 indicated Resident 1 was under hospice services (comfort-focused care for individuals who are expected to live six months or less), and was admitted to the facility for a 5-day respite stay (a short term stay designed to give the primary caregiver a temporary break). During an interview with Licensed Nurse (LN) 1 on 6/24/26 on 9:58 A.M., LN 1 stated Resident 1 was scheduled to discharge home on 6/3/26 around 4 P.M. LN 1 stated around 4 P.M. Resident 1 was placed on a gurney (a bed used to transport a person), and had an episode of emesis (vomiting). LN 1 stated she called hospice and obtained an order for a one-time administration of ondansetron (a medication used to treat nausea). LN 1 stated Resident 1 was monitored for, At least 15 minutes before being discharged home. LN 1 stated she did not do any further assessments such as vital signs, and did not listen to Resident 1's bowel or lung sounds after the episode of emesis. On 6/24/26 at 11:18 A.M., an interview was conducted with the Director of Staff Development (DSD). The DSD stated an episode of emesis was considered a change in condition, and a thorough assessment should have been conducted. The DSD stated if a resident had an episode of emesis, she would first see the resident, make sure he was not laying flat to avoid aspiration (inhalation of food particles into the lungs). The DSD further stated she would get the resident's vital signs, and check to see if the resident had a bowel movement. The DSD stated it was important to do a thorough assessment to ensure Resident 1 did not aspirate, or had any other new conditions that could have contributed to the vomiting. During a follow-up interview with Licensed Nurse (LN) 1 on 6/24/26 on 11:35 A.M., LN 1 stated an episode of emesis would be considered a change in condition. LN 1 stated, I probably would have checked for bowel and lung sounds. LN 1 further stated 15 minutes, Probably was not long enough to wait [to see if the medication was effective]. During an interview with the Director of Nursing (DON) on 7/1/26 at 1:43 P.M., the DON stated it was her expectation for the licensed nurse to assess if Resident 1 had any more episodes of nausea or vomiting. The DON stated, also check the GT [gastrostomy tube] to make sure everything was connected, take vital signs, check for residual [leftover food in the stomach] make sure he didn't have anything else going on. in retrospect [Resident 1] could have been observed a little bit longer. During a review of the policy titled Change in a Resident's Condition or Status, revised December 2025, the policy indicated, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example) information prompted by the INTERACT SBAR Communication Form. During a review of the undated document titled Hospice Service Agreement, the document indicated, Nursing (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555362
		If continuation sheet Page 1 of 2

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility Responsibilities. Provide services that are consistent with the plan of care developed in coordination with hospice (the hospice patient residing in a facility should not experience any lack of services or personal care because of his/her status as a hospice patient) AND help the resident/patient attain the highest practicable physical, mental and psychosocial well-being.		