

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  Vista Knoll Specialized Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  2000 Westwood Road Vista, CA 92083	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40615</b></p> <p>Based on interview and record review, the facility failed to ensure showers were provided as scheduled for one of three sampled residents (Resident 1) reviewed for Activities of Daily Living (ADL).</p> <p>This failure had the potential to result in poor personal hygiene and decreased psycho-social well-being for Resident 1.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses which included chronic osteomyelitis (bone infection) of the right ankle and foot ulcer (open sore), per the facility's Face Sheet.</p> <p>Resident 1's history and physical, dated 11/7/23, indicated that Resident 1 was alert and oriented to person, place, and time and had the capacity to understand and make decisions.</p> <p>Resident 1's minimum data set (MDS- an assessment tool), dated 11/9/23, indicated Resident 1's brief interview for mental status (BIMS - resident's cognition status) was 12 (8- 12 identified as moderate impaired cognition). The MDS section G indicated Resident 1 needed minimal assistance to complete activities.</p> <p>A review of resident's shower schedule was conducted. Resident 1 was scheduled to shower on Tuesdays and Fridays.</p> <p>Resident 1's shower records dated 11/4/23 through 2/5/24 included the following:</p> <p>On 11/4 /23 through 11/11/23, Resident 1 was provided one sponge bath. There was no documentation that Resident 1 was offered and/or provided showers. There was no documentation that Resident 1 had refused to take showers.</p> <p>On 11/19/23 through 12/8/23, Resident 1 was provided five sponge baths, but there was no documentation that showers were provided. There was no documentation that showers were offered, or if Resident 1 refused to take showers.</p> <p>On 1/21/24 through 2/5/24, Resident 1 was offered to take a shower twice, but had refused. There was no documentation that sponge baths were offered.</p> <p>(continued on next page)</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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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/14/24 at 1:37 P.M., an interview with the Director of Staff Development (DSD) was conducted. The DSD stated that residents received two showers each week. The DSD stated that when a resident refused to take a shower, the Certified Nurse Assistant (CNA) should offer the resident a bath. The DSD stated that if a resident continued to refuse to take a shower, the CNA would notify the Licensed Nurse (LN), and the LN would talk to the resident. The DSD stated that if the resident continued to refuse, the LN would document the resident's refusal in the progress notes and would notify the resident's family.</p> <p>On 3/14/24 at 3:57 P.M., an interview with LN 1 was conducted. LN 1 stated that the CNA would notify the LN if a resident refused to shower. LN 1 stated that the LN would talk to the resident and also offer the resident a shower or bath. LN 1 stated that if the resident continued to refuse, the LN would document and notify the resident's family.</p> <p>On 3/14/24 at 5:17 P.M., an interview with CNA 2 was conducted. CNA 2 stated that if a resident refused to shower, the CNA would notify the LN. Both LN and CNA would talk to the resident and offer the resident a bath or to take a shower.</p> <p>On 3/14/24 at 5:20 P.M., a concurrent interview and record review of Resident 1's shower sheet dated January 2024 through February 2024 was conducted with the DSD and Infection Preventionist (IP). The DSD and IP stated that between 1/23/24 through 2/7/24, one shower was documented as provided on 2/6/24. The DSD and IP acknowledged that there was no documentation that Resident 1 had received any other showers. The DSD and IP stated that staff should have documented if Resident 1 refused any showers.</p> <p>On 4/11/24 at 11:05 A.M., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated the expectations for staff was to provide residents their scheduled shower twice a week. The ADON stated that Resident 1 should have showered twice a week, and that staff should have documented if Resident 1 refused to shower and notified the LN.</p> <p>The facility's policy related to providing ADL/ shower to resident's was requested, but not available.</p>		