| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555425 | A. Building<br>B. Wing | 06/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Vista Knoll Specialized Care Facility | 2000 Westwood Road<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record reviews, the facility failed to provide care timely to Resident 1 when Resident 1 was not changed due to incontinence for one of six residents reviewed. This failure had the potential to affect Resident 1's condition . On 6/8/26 at 10 A.M., an unannounced visit to the facility was conducted relative to a complaint related to quality of care On 6/8/26 a record review of Resident 1's record was conducted . Per the Facility's admission Record , Resident 1 was admitted on [DATE] with diagnoses which included Dysarthria (a motor speech disorder) following Cerebral Infarction (Ischemic stroke - blood flow to an area of the brain is blocked or significantly reduced) and Hemiplegia (a form of paralysis affecting one side of the body) and Hemiparesis (a partial weakness or the reduced ability to move one entire side of the body ) following Cerebral Infarction affecting dominant side. On 6/8/26 at 10:15 A.M., an observation and interview with Resident 1 was conducted. Resident 1 stated he had been calling for 30 minutes , and no one came. Resident 1 stated he needed to be changed then Resident 1 uncovered his blanket and showed a wet diaper or brief soiled with urine. A review of Resident 1's minimum data set (MDS - a federally mandated assessment tool ) indicated a brief interview for mental status (BIMS) cognition (thought process) of 99 which indicated the assessment could not be completed which was dated 4/6/26. A review of Resident 1's MDS section C 0700 indicated Resident 1's short and long term memory was ok dated 4/6/26. A review of Resident 1's MDS section H 300 indicated Resident 1 was always incontinent of bladder and section H 400 indicated Resident 1 was always incontinent of bowel dated 4/6/26. On 6/8/26 at 12:15 P.M., interview with Certified Nursing Assistant (CNA) 1 was conducted. CNA 1 stated we checked our residents every 2 hours to turn and reposition and check their needs to prevent untoward incidents like skin breakdowns, falls etc. CNA 1 stated Resident 1 was incontinent with bladder and bowel but sometimes Resident 1 would used his urinal. On 6/8/26 at 12:30 P.M.,interview with the ADON was conducted.The ADON stated residents are checked at least every 2 hours to make sure their needs are met to prevent possible complications like falls, skin breakdown and others. A review of the facility's policy titled , ADL, Services to carry out Policy.it is the policy of the facility that residents are given the appropriate treatment and services to maintain or improve his/ her abilities . Procedures #2. Residents who are unable to carry out activities of daily living (ADL) will receive dignity and necessary services to maintain . |

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 |
|---|---|---|---|
| | 555425 | A. Building<br>B. Wing | 06/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Vista Knoll Specialized Care Facility | 2000 Westwood Road<br>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) |
|---|---|
| F 0919<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record reviews, the facility failed to ensure a call light was working or functioning for one of six residents observed for Physical Environment. As a result, Resident 1's needs was not provided timely. On 6/8/26 at 10 A.M., an unannounced visit to the facility was conducted relative to a complaint related to quality of care. On 6/8/26 a record review of Resident 1's record was conducted . Per the Facility's admission Record , Resident 1 was admitted on [DATE] with diagnoses which included Dysarthria (a motor speech disorder ) following Cerebral Infarction (Ischemic stroke - blood flow to an area of the brain is blocked or significantly reduced) and Hemiplegia (a form of paralysis affecting one side of the body ) and Hemiparesis (a partial weakness or the reduced ability to move one entire side of the body) following Cerebral Infarction affecting dominant side. On 6/8/26 at 10:15 A.M., an observation and interview with Resident 1 was conducted. Resident 1 stated he had been calling for 30 minutes, and no one came. Resident 1 stated he needed to be changed then Resident 1 uncovered his blanket and showed a wet diaper soiled with urine. Resident 1 stated he had pressed his call light for 30 minutes and no one seemed to care. At this time, Resident 1 was observed to be pressing his call light button, but no one came to the room to attend to him. The call light lasted for another 15 minutes but no one from the facility staff came to Resident 1's room as observed. A review of Resident 1's minimum data set (MDS - a federally mandated assessment tool) indicated a brief interview for mental status (BIMS) cognition (thought process) of 99 which indicated the assessment could not be completed which was dated 4/6/26. A review of Resident 1's MDS section C 0700 indicated Resident 1's short and long term memory was ok dated 4/6/26. On 6/8/26 at 11:25 A.M., an observation and interview with the Maintenance Director (MTD) was conducted. The MTD stated they checked the residents' call lights daily, as in two rooms per day, and at the end of the month the whole system gets checked too. The MTD carried a defective call light with no red top or push button. The MTD stated he got the defective call light in Resident 1's room when the Assistant Director Of Nursing (ADON ) approached him and asked him to check the call light in Resident 1's room. The MTD stated he did not know what happened, but that he had already replaced Resident 1's call light with a new one, the call light he carried. On 6/8/26 at 11:40 A.M., interview with the ADON was conducted. The ADON stated a working or functioning call light was important to meet Resident 1's needs and ensure safety. A review of the nurse call system testing record indicated Resident 1's call light was checked on April 6, 7, and June 5, 2026, as okay and was signed by the initials fr. A review of the facility's policy titled call light bell revised 4/30/2026 indicated procedure . answer the call light / bell within a reasonable time. Policy. #1.to provide the resident a means of communication with nursing staff and #8. equipped with call system to allow resident to call for staff assistance through a communication system. |