

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Country Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1580 Broadway El Cajon, CA 92021	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** ountry Hills 558-E Accommodation of Needs</p> <p>Based on observation, interview, and record review, the facility failed to provide residents with an alert call system for 20 of 44 Residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17, 19, 20, 21, 22, and 23) in order for staff to respond to their needs, after their electronic call system stopped working on Station 3 North, when reviewed for Accommodation of Needs.</p> <p>In addition, three of the 21 residents (23, 24, and 25) with manual call bells had their call bells out of reach.</p> <p>This failure had the potential for 26 Residents to not have their needs met in a timely manner.</p> <p>Findings:</p> <p>On 6/10/25, an unannounced visit was conducted in response to a complaint of call lights not working on Station 3 North.</p> <p>An interview was conducted with the Director of Nursing (DON) on 6/10/25 at 11:58 A.M. The DON stated the call light system on Station 3 North stopped working on Wednesday 6/4/25. The DON was unaware if the call light outage was reported to the California Department of Public Health, (CDPH), saying I would need to check with the Administrator.</p> <p>An interview was conducted with the Administrator (ADM). The ADM stated he was unaware of any issues with the call light system. The ADM stated he just returned to the facility on 6/10/25, since he had been on vacation. The ADM stated he was unaware if the call light failure was reported to CDPH, in his absence. The ADM request time to contact the facility's Director of Maintenance (DM) who was currently home sick.</p> <p>An interview was conducted via telephone on with the DM on 6/10/25 at 12:30 P.M. The DM stated the electronic call light system stopped working last Wednesday on 6/4/25. The DM immediately call the repair company and while waiting, he sent a maintenance aide out to purchase more manual call bells. The DM stated the repair company was at the facility on 6/4/25, 6/5/25, 6/8/25, and 6/9/25, in attempts to fix the call light system. The DM stated the plan now was to replace the entire call light system, since the system was old and parts were limited. Then DM stated the facility was waiting for the quote invoice, so repairs could be made as soon as possible. The DM stated every resident on Station 3 North was provided their own manual bell to use, in the mean time.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The ADM provided an internal document of how many manual bells were at the facility on 6/4/25 and how many were purchased, with proof of receipt. According to the documents, 22 manual bells were purchased from Staples, (an office supply store) at 11:23 A.M., and 20 manual bells were obtained from social services department, while 25 manual bells were retrieved from the maintenance department, for a total of 67 bells.</p> <p>Starting on 6/10/25 at 12:13 P.M., room rounds were conducted by the State surveyor.</p> <p>a. Resident 1 was admitted to the facility on [DATE], with diagnoses which included cerebral vascular accident (Stroke), per the facility's admission Record.</p> <p>According to the Minimum Data Set, (MDS-a clinical assessment tool, dated 5/8/25, Resident 1 had a cognitive score of 14, indicating cognition was intact. According to the Functional Abilities assessment, Resident 1 used a wheelchair for mobility and required staff assistance for transfers from bed to chair.</p> <p>An observation was conducted on 6/10/25 at 12:13 P.M. The call light system was not functioning and no manual call bell was observed on or around Resident 1's bed.</p> <p>b. Resident 2 was admitted to the facility on [DATE], with diagnoses which included Parkinson's Disease (a progressive disorder that affects the nervous system), per the facility's admission Record.</p> <p>According to the MDS, dated [DATE], Resident 2 had a cognitive score of 6, indicating cognition was severely impaired. According to the Functional Abilities assessment, Resident 2 used a wheelchair for mobility and required staff assistance for transfers from bed to chair. Resident 2 was coded as having a fall in the facility within the last six months.</p> <p>An observation was conducted on 6/10/25 at 12:13 P.M. The call light system was not functioning, and no manual call bell was observed on or around Resident 2's bed. Resident 2 had fall mats on both sides of the bed.</p> <p>c. Resident 22 was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (stroke), per the facility's admission Record.</p> <p>According to the MDS, dated [DATE], Resident 22 had a cognitive score of 5, indicating cognition was severely impaired. According to the Functional Abilities assessment, Resident 22 was able to ambulate on his own with no assistive devices, and required minimal staff assistance. Resident 22 was coded as having a fall in the facility within the last six months.</p> <p>An observation was conducted on 6/10/5 at 12:13 P.M. The call light system was not functioning, and no manual call bell was observed on or around Resident 3's bed.</p> <p>d. Resident 3 was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (stroke), per the facility's admission Record.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview and record review was conducted with the DON on 6/10/25 at 2 P.M. The facility's transfer list was reviewed from 6/4/25 through 6/10/25, to see if any residents sustained any injuries or were sent to the hospital from Station 3 North. No residents from 3 North were injured or transferred out to the hospital. The DON stated all residents should have a means to contact staff if help was needed. The DON stated she has no idea where the missing call bells went to, but residents without a call bell were at risk of injury or of not getting their needs met.</p> <p>According to the facility's policy, titled Call System, Residents, dated 2001, .1. Each resident is provided with a means to call staff directly for assistance .3. The resident call system remains functional at all times .</p> <p>According to the facility's policy, titled Accommodation of Needs, dated March 2021, Our facility's environment .assisting the resident in maintaining and/or achieving self-independent functioning, dignity, and well-being.</p>		