

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 02/17/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure thorough investigation and appropriate corrective action of an abuse allegation when staff was not aware of the resident-to-resident altercation between Resident 1 and Resident 6, This failure had the potential for not protecting other residents from Resident 1. Findings: On 1/23/26 at 8:39 A.M., an unannounced onsite visit at the facility was conducted related to a reported resident to resident altercation. Resident 1 was admitted to the facility on [DATE] with diagnoses including unspecified dementia (an impairment of brain function, such as memory loss and judgment) according to the facility's admission Record. A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 11/21/25, section C0500 indicated Resident 1's Brief Interview for Mental Status (BIMS- evaluates cognition, the ability to remember and think clearly) score was 5, severe problems with thinking and memory. During a review of Resident 1's psychosocial care plan dated 1/5/26, the care plan indicated Resident 1 allegedly grabbed her [roommate's] wrists and hands, squeezed them hard after she [Resident 1] attempted to use roommate's wheelchair. Resident 6 was re-admitted to the facility on [DATE] with diagnoses including abnormality of gait (walking) and mobility according to the facility's admission Record. A review of Resident 6's MDS dated [DATE], section C0500 indicated Resident 6's BIMS score was 14, intact cognition. During an interview on 1/23/26 at 9:04 A.M. with the Assistant Director of Nursing (ADON), the ADON stated Resident 1 was transferred to the third floor from the fourth floor due to an altercation with her roommate, Resident 6. An interview on 1/23/26 at 9:19 A.M. with Resident 1's assigned Certified Nurse Assistant (CNA) 1 on the third floor was conducted. CNA 1 stated she did not know why Resident 1 was transferred to third floor. CNA 1 further stated Resident 1 had episodes of being angry and grabbing staff. An interview on 1/23/26 at 9:26 A.M. with Resident 1's assigned Licensed Nurse (LN) 1 was conducted. LN 1 stated Resident 1 was transferred to her floor (third floor) about a week ago. LN 1 stated she did not know why Resident 1 was transferred to the third floor. During an interview on 1/23/26 at 10:02 A.M. with CNA 2, CNA 2 stated the CNA assigned to the resident who had an altercation with another resident should know about the incident. CNA 2 stated the assigned CNA should know to monitor the resident with the behavior and prevent another altercation with other residents. An interview on 1/23/26 at 10:09 A.M. was conducted with the Social Service Assistant (SSA). The SSA stated Resident 6 came to her office and reported her roommate (Resident 1) grabbed her arm while reaching for a wheelchair which was in between their beds. The SSA stated staff should be aware of the incident to be aware of Resident 1's behavior and for safety reasons. During an interview on 2/5/26 AT 2:15 P.M. with the ADON, The ADON stated it was important for staff to be aware of the resident's behavior to monitor the resident and other residents. A review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated 2001 was conducted. The P&P indicated, Residents have the right to be free from abuse. The resident abuse, neglect and exploitation program</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555431
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>consists of a facility-wide commitment and resource allocation to support the following objectives. Protect residents from abuse from anyone including other residents.</p>