

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  03/19/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to respond to a resident not having a bowel movement for four days, for one of two sampled residents (1). As a result, Resident 1 was admitted to the hospital with diagnoses to include fecal impaction (hard stool that gets stuck in the body and is difficult to pass). Findings: Per the facility's admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses to include muscle weakness. Per the facility's Weekly Summary, dated 2/22/26, Resident 1's last bowel movement was on 2/22/26. Per the facility's Documentation Survey Report v2 for February 2026, under Bowel Continence, Resident did not have any bowel movements on the 23rd, 24th, 25th, or 26th (Four days without a bowel movement). Per the facility's Medication Administration Record for February 2026, Resident 1 had an order dated 11/10/25 for magnesium hydroxide (a medication to treat constipation), to be given if Resident 1 did not have a bowel movement for three days. The medication was not signed as being given on the 23rd, 24th, 25th, or 26th (Four days without a bowel movement). Per the facility's Progress Notes for Resident 1, dated 3/20/26. There were no notes documented between 2/22/26 and 2/26/26 regarding Resident 1's bowel movements or offering magnesium hydroxide. Per the Nurse's note dated 2/27/26 at 7:02 A.M., a phone call confirmed that Resident 1 had been admitted to a general acute care hospital with the diagnoses of altered mental status (not thinking normally), urinary tract infection, and fecal impaction. On 3/27/26 at 1 P.M., a telephone interview was conducted with the Director of Nursing (DON). The DON stated, Resident 1 had a bowel movement on 2/22/26, so the nursing staff should have given her magnesium hydroxide for constipation starting on 2/25/26. The facility did not have a policy on managing constipation.</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