

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER Oak Glen Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 9246 Avenida Miravilla Cherry Valley, CA 92223	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on interview and record review, the facility failed to ensure the residents' room temperatures were monitored and recorded for three days in July 2025. This failure had the potential to prevent the facility from identifying whether the air conditioning system was functioning properly, which could result in residents experiencing discomfort or unsafe heat-related conditions. Findings: A review of the facility documents titled, Room and Hallway Temperature Log, Month of July 2025, indicated missing temperature entries on the following dates: - July 4, 2025- July 5, 2025; and- July 6, 2025. On July 15, 2025, at 10:10 a.m., an interview was conducted with the Maintenance Director (MTD). The MTD stated the compressor for the facility's air conditioning (AC) system broke down on July 11, 2025. The MTD stated this was the only day the AC unit had malfunctioned. The MTD stated he immediately placed a call with their vendor who helped with their AC maintenance, and they came to check the units that same day and provided an estimate of cost for the replacement of the compressors. The MTD stated, meanwhile, he placed fans in each resident room and an industrial cooling unit in the hallway. On July 15, 2025, at 10:29 a.m., an interview was conducted with Resident 3. Resident 3 stated on July 5, 2025, she noticed the building temperature felt warmer than usual and suspected the AC unit had broken down. Resident 3 further stated she notified staff but wasn't sure if repairs were being made. On July 15, 2025, at 3:34 p.m., a concurrent interview and record review of the facility's resident room temperature logs was conducted with the Maintenance Director (MTD). The MTD stated the facility's protocol was to monitor resident room temperatures daily, including on weekends. The MTD stated he did not work from July 4, 2025, to July 6, 2025, and in his absence, the temperatures were not checked on those days. The MTD stated the room temperatures should have been checked to ensure they were not too high as elevated temperatures could cause discomfort and place residents at risk of unsafe heat related conditions. On July 15, 2025, at 4:45 p.m., a concurrent interview and record review of the facility's resident room temperature logs was conducted with the Administrator (ADM). The ADM stated to ensure resident safety, MTD staff were responsible for monitoring and recording resident room temperatures daily, including weekends. The ADM further stated, MTD staff should have checked and logged the temperatures on July 4 to 6, 2025, to ensure the AC was functioning properly and that the room temperatures were not elevated, to prevent residents from experiencing discomfort or conditions such as heat stroke or dehydration. A review of facility's policy and procedure titled, Homelike Environment, dated 2001, indicated, .residents are provided with a safe, clean, comfortable and homelike environment and the facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. these characteristics include comfortable and safe temperatures (71 -81 F (Fahrenheit [temperature scale])). A review of facility's policy and procedure titled, Maintenance Service, dated 2001, indicated, .maintenance service shall be provided to all areas of the building, grounds, and equipment . functions of the maintenance personnel include, but are not limited to .maintaining the heat/cooling system .</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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