

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Hemet Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 371 North Weston Pl Hemet, CA 92543	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safety and sanitation were observed in the kitchen when: 1. Nine one-gallon containers of barbeque (BBQ) sauce were undated;2. One box of rice pilaf was found to be undated;3. Multiple prepared food items in refrigerator 3 were found to be uncovered and opened to air.These failures had the potential to result in the spread of foodborne illness to the residents who consumed meals from the facility kitchen. Findings:On November 17, 2025, at 10:30 a.m., the initial kitchen inspection was conducted with the Director of Food and Nutrition (DFN). The following were found stored on the shelf in the dry storage area:- Nine one-gallon container of BBQ sauce had no expiration date; and- One box of rice pilaf had no expiration date. Multiple prepared food items were not covered and were open to air located inside refrigerator 3.On November 17, 2025, at 11:10 a.m., a concurrent interview was conducted with the DFN. The DFN stated there were no expiration dates located on the BBQ containers or the rice pilaf box. The DFN further stated the food items dispensed out on the trays the same day should be covered and not left open to air. On November 20, 2025, at 12:30 p.m. an interview was conducted with the Director of Nursing (DON). The DON stated all food items should be labeled and covered to prevent cross contamination.A review of the policy and procedure titled, Food Storage, revised May 2024, indicated, .Manufacturer's expiration, use by or sell by dates must be adhered to.all foods prepared in operation must be covered and labeled as to contents and date of preparation prior to storage in refrigerators and freezers.all foods set up for service must be protected by sneezeguards or otherwise covered to prevent contamination.		

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: 555623	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Hemet Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 371 North Weston Pl Hemet, CA 92543	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure expired medical food and dressing change supplies were not stored in the medication storage areas, and readily available for use. This failure had the potential for residents to receive ineffective medical food supplements and medical supplies. Findings: On November 20, 2025, at 1:12 p.m., a medication storage inspection was conducted with the Registered Nurse Supervisor (RNS). The following expired items were found stored and readily available for use: a. Two sterile central line (a long, thin tube [catheter] inserted into a large vein in the neck, chest, or groin, with its tip ending in or near the heart) dressing change trays containing one each of the following outdated components: - Medium Aloe Vinyl Examination gloves with expiration date of 5/28/2025 (May 28, 2025) (4/30/2025 [April 30, 2025] - date on the insert); - Stabilization PICC (peripherally inserted central catheter- a type of central line) Statlock (brand of suture free medical stabilization device) with an expiration date of 08/28/2025 (August 28, 2025); and- Aegis CHG disk (a foam disc impregnated with CHG [chlorhexidine gluconate - an antiseptic, antibacterial solution] that is used to cover and protect the insertion sites of medical devices like central lines to prevent infection), with an expiration date of 10/18/2025 (October 18, 2025). The sticker label attached to the kits indicated, .UPON OPENING THE PACK, REMOVE AND DESTROY THE EXPIRED COMPONENT-THE REMAINDER OF THE ITEMS ARE SAFE FOR USE. In a concurrent interview with the RNS, the RNS stated the above items were expired and should have been removed from storage, so as not to be used on the residents. A review of the facility's policy and procedure titled, STERILE EQUIPMENT STORAGE AND EXPIRATION DATE, revised March 2021, indicated, .Purpose. To establish standardized procedures for sterile equipment storage and shelf life. Items purchased as sterile will follow manufacturers expiration. b. 18 outdated Prostat concentrated liquid protein (brand of protein nutritional supplement), 15 grams (unit of measurement) in one fluid ounce (unit of measurement) packets with expiration dates as follows: - seven packets with expiration dates of 10/10/2025 (October 10, 2025); - six packets with expiration dates of 8/13/2025 (August 13, 2025); and- five packets with expirations dates of date 6/17/2025 (June 17, 2025). In a concurrent interview with the RNS, the RNS stated the Prostat were expired and should have been removed from storage, so as not to be given to the residents. A review of the facility's policy and procedure titled, EXPIRED/RECALLED PRODUCTS, dated May 2024, indicated .Purpose. To develop a mechanism designed to ensure the retrieval and safe disposal of expired and recalled nutrition products to reduce the potential of adverse reactions to inferior products. Outdated and recalled nutrition products will not be provided to patients. Discard outdated or recalled products immediately or return them to the manufacturer for credit.		