STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555630	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Heights Healthcare Center	4033 Sixth Avenue Ext San Diego, CA 92103

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46235 Based on observation, interview and record review, the facility failed to notify residents and/or the resident representatives when their care plans and physician ' s orders were updated to reflect exposure to Legionella bacteria (bacteria causing a serious lung disease) for three of three sampled residents (Resident 1, Resident 2 and Resident 3). As a result, residents and/or the resident representatives were not aware of the risks involved in being exposed to Legionella bacteria. In addition, the residents and/or the resident representatives were not involved in their plan of care. Findings: On 2/6/24, an unannounced onsite visit at the facility was conducted related to a reported facility ' s water testing positive for Legionella bacteria. During an interview and joint observation on 2/6/24, at 9:06 A.M. with the Assistant Director of Nursing (ADON), a sink at the nurse ' s station had a sign posted which indicated the sink was out of order. According to the ADON, the water from the sink tested positive for Legionella. The ADON stated residents and/or families have not been notified. Resident 1 was readmitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe) according to the facility ' s Admission Record. Resident 2 was readmitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe) according to the facility ' s Admission Record. Resident 3 was admitted to the facility on [DATE] with diagnoses including chronic congestive heart failure (a condition in which the heart does not pump or fill blood as well as it should) according to the facility ' s Admission Record. A review of the facility ' s water test result titled, Legionella Test Results Summary Log, dated 2/2/24 was conducted. The test result indicated, .Legionella Non-pneumophilia was detected at 6cfu/ml (colony forming unit per milliliter-the amount of bacteria) at the nurse ' s station in the hot water . (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview and concurrent record review on 2/6/24, at 9:44 A.M. with LN 1, LN 1 stated physician ' s orders were obtained for all residents to be monitored for signs and symptoms of legionnaires ' disease. LN 1 stated care plans were also developed for all residents based on the physicians ' orders. LN 1 showed physician ' s orders and care plans for sampled Residents 1, 2 and 3 which indicated, .Legionella Disease S/S (signs and symptoms) MONITORING .every shift for 14 days . Resident 1, 2 and 3 ' s care plans indicated, At Risk for Altered Respiratory Status/Difficulty breathing R/T (related to) Potential Exposure to Legionella Bacteria . The Director of Nursing (DON) was interviewed on 2/6/24, at 10:50 A.M. The DON stated residents and families were not notified of the positive Legionella bacteria in the water. The DON stated it was her expectation for nurses to follow physician ' s orders and develop a care plan. The DON further stated residents did not need to be informed of physician ' s orders unless residents had a change in condition, but residents should be part of their care planning to know their plan of care. During review of the facility ' s policy and procedure (P&P) titled, Resident Rights Guidelines for All Nursing Procedures, revised October 2010, the P&P indicated .Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on resident rights, including .Resident notification of rights, services, and health/medical condition .Resident/Family participation in care planning .