

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on observation, interview, and record review, the facility failed to update the care plan for one of three residents (Resident 1) reviewed for falls.</p> <p>As a result, Resident 1 had the potential to have further incidences of falls and/or injuries.</p> <p>Findings:</p> <p>A record review conducted on 9/23/24 indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included repeated falls, dementia (a condition that causes forgetfulness, confusion and memory loss), and polyneuropathy (a disease which causes weakness, numbness and pain).</p> <p>A review of the Progress Note dated 8/23/24 at 10 A.M. indicated Resident 1 had an unwitnessed fall on 8/22/24.</p> <p>A review Resident 1 ' s Progress Note dated 8/29/24 at 10:10 A.M. indicated Resident 1 had an unwitnessed fall on 8/27/24.</p> <p>On 9/23/24 at 12:55 P.M., a concurrent interview and record review was conducted with the Assistant Director of Nursing (ADON).</p> <p>The ADON stated the Interdisciplinary Team (IDT) determined the root cause of the fall on 8/22/24 was . dementia .Our main cause [of the fall] was dementia. The resident does not remember what they were doing . The ADON stated staff was in-serviced on falls, but there was no other intervention implemented.</p> <p>On 9/23/24 at 1:33 P.M. An interview was conducted with The Director of Nursing (DON). The DON stated the IDT did not determine the root cause for Resident 1 ' s falls on 8/22/24 and 8/29/24. The DON also stated Resident 1 ' s care plans did not address any new interventions to prevent future falls. The DON stated, We should have at least done labs .and had a more patient centered care plan, and tried to find a more established root cause . The DON stated not updating Resident 1 ' s care plan placed Resident 1 at risk for continued falls.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled Falls- Clinical Protocol, revised 3/18, indicated, The staff and physician will continue to collect and evaluate information until either the cause of the falling is identified, or it is determined that the cause cannot be found or is not correctable .if the individual continues to fall, the staff and physician will re-evaluate the situation and reconsider possible reasons for the resident ' s falling .and also reconsider the current interventions .</p>		