

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 06/06/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a safe and coordinated discharge for one of three sampled residents (Resident 1).</p> <p>This failure placed Resident 1 at risk for an unsafe discharge and rehospitalization.</p> <p>Findings:</p> <p>During a record review on 5/23/25, Resident 1's admission Record indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included infective endocarditis (an infection of the heart), abnormalities of gait and mobility, and need for assistance with personal care.</p> <p>During a record review on 5/23/25, Resident 1's Minimum Data Set (MDS-an assessment tool) dated 4/2/25 indicated a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven-day period) score of 13 points out of 15 possible points which indicated Resident 1 had intact cognition (pertaining to memory, judgement and reasoning ability).</p> <p>On 5/23/25 at 10:24 A.M., an interview was conducted with Resident 1 in his room. Resident 1 stated on 5/20/25, he was informed by facility staff that he needed to discharge from the facility. Resident 1 stated, They told me this place was for older people .that my insurance stopped paying or something .that I don't need to be here anymore because I'm high functioning . Resident 1 stated he was not high functioning because he still needed assistance with ADL's (Activities of Daily Living- dressing, transferring, bathing, and toileting). Resident 1 stated on 5/21/25, he was discharged to [Sober Living Facility]. Once he arrived at [Sober Living Facility], .staff [at Sober living facility] said they weren't equipped for me. Resident 1 stated he was incontinent of bladder and bowel, and there was no staff available who was able to provide incontinent care. Resident 1 stated on 5/21/25, staff at [Sober living facility] called 911 and had him transferred to the hospital, because he felt out of breath. Resident 1 stated he was transferred back from the hospital back to [Skilled Nursing Facility] later that day. Resident 1 stated one of the ladies [from the skilled nursing facility] promised me that [Sober Living Facility] had caregivers there, but they did not. It's a sober living mental health place, not a caregiving place .they couldn't help me to the bathroom, or change me, or anything .</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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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/25 at 10:54 A.M., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated she was familiar with Resident 1 and had provided care for him in the past. CNA 1 stated Resident 1 was always incontinent and He never uses the bathroom. I've never seen him walk . CNA 1 stated Resident 1 required assistance with showering and transferring from bed to wheelchair.</p> <p>On 5/23/25 at 11:10 A.M., an interview was conducted with CNA 2. CNA 2 stated she had provided care for Resident 1 in the past. CNA 2 stated Resident 1, never went to the toilet himself. He would urinate and have bowel movements in his brief, and I always had to change him . CNA 1 stated Resident 1 needed assistance with dressing, showering, and transfers. CNA 1 stated, He gets tired and gets out of breath easily, so he isn't able to help much .</p> <p>On 5/23/25 at 1:26 P.M., an interview was conducted with the Social Services Director (SSD). The SSD stated prior to discharging on 5/21/25, Resident 1 voiced concerns regarding [Sober living facility]. The SSD stated, His concern was there wasn't going to be someone to assist him to and from the wheelchair, or to the toilet. The SSD stated the Case Manager spoke with Resident 1 and assured Resident 1 that [Sober living facility] had caregivers who could help him with ADL's. The SSD stated, If someone is incontinent, they shouldn't go there .</p> <p>On 5/27/25 at 11:16 A.M., a telephone interview was conducted with [Sober living facility representative-REP 1]. REP 1 stated [Sober living facility] was provided housing for residents for 90 days. REP 1 stated, We do not offer any type of medical or physical assistance .ADL's (Activities of Daily Living) must be independently done by the resident . REP 1 stated, .our facility got information that [Resident 1] was independent and could manage all his ADL's. On the paperwork it was specified that he can walk without assistance. It was to my surprise that when he arrived [to Sober living facility] we saw the resident needed assistance . REP 1 stated she was not aware that Resident 1 was incontinent and needed assistance with ADL's. REP 1 stated, We would not have accepted the resident because we would not have been able to meet his needs physically or medically .</p> <p>A review of Resident 1's MDS dated [DATE] indicated Resident 1 was able to perform ADL's at the following levels:</p> <p>Oral hygiene: partial/moderate assistance</p> <p>Toileting hygiene: substantial/maximal assistance</p> <p>Upper body dressing: partial/moderate assistance</p> <p>Lower body dressing: substantial/maximal assistance</p> <p>Putting on/taking off footwear: substantial/maximal assistance</p> <p>Personal hygiene: substantial/maximal assistance</p> <p>The MDS dated [DATE] also indicated Resident 1 was frequently incontinent of urine and bowel.</p> <p>(continued on next page)</p>		

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/6/25, an interview was conducted with the Director of Nursing (DON). The DON stated the facility was responsible for ensuring Resident 1 was discharged to a facility that was able to meet his needs. The DON stated, "[Resident 1] should not have been discharged to [Sober Living Facility] because they could not take care of him. They would not have been able to provide his care needs . The DON stated it was her expectation that residents were discharged to the appropriate facilities to avoid rehospitalizations and readmissions.</p> <p>During a record review on 6/6/25, the facility policy titled Discharge Summary and Plan dated 12/2016 indicated, The post-discharge plan will be developed by the Care Planning/Interdisciplinary Team with the assistance of the resident .and will include: The degree of caregiver/support person availability, capacity and capability to perform required care .What factors may make the resident vulnerable to preventable readmission; and .how those factors will be addressed .</p>		