

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555747	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2026
NAME OF PROVIDER OR SUPPLIER  Murrieta Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  24100 Monroe Avenue Murrieta, CA 92562	

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 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess the bruise on the right arm for one of six sampled residents (Resident 1), when it was initially observed by a Certified Nursing Assistant (CNA) on November 17, 2025. This failure resulted in delayed provision of interventions which placed the resident at risk for complications. Findings: On December 2, 2025, at 9:30 a.m., an unannounced visit to the facility was conducted to investigate allegations of abuse and quality care concerns. A review of Resident 1's admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses which included heart failure, hypertension, and type 2 diabetes mellitus. On December 2, 2025, at 3:30 p.m., during a phone interview. CNA 1 stated she worked evening shift (3 p.m.-11 p.m.) on November 17, 2025, and cared for Resident 1. She stated she observed the resident with a bruise on the right forearm and she notified the licensed nurse. CNA 1 stated she was not sure what happened after she reported the bruise of the resident. On December 2, 2025, at 3:40 p.m., during an interview, CNA 2 stated she reported the resident's (Resident 1) right arm olive tone bruise to Licensed Vocational Vocational Nurse (LVN) 1 on November 17, 2025, however; she did not see the LVN look at the resident's arm. On December 2, 2025, at 3:50 a.m., during an interview, LVN 1 stated a CNA did tell her the resident (Resident 1) had a bruise on November 17 at about 7 a.m., however; she did not assess or document the bruise. She stated she believed the bruise was old and from a previous fall. A review of Resident 1's progress notes did not indicate documentation of an assessment of the bruise when it was observed to be present on Resident 1's right arm on November 17, 2025, until November 18, 2025. A review of Resident 1's progress notes dated November 18, 2025, at 9:53 a.m., indicated, Writer noticed Resident right Arm purplish discoloration, notified treatment nurse. On December 2, 2025, at 4:15 p.m., during an interview with the Director of Nursing (DON), she stated the licensed nurse who was notified of Resident 1's bruise on the right arm did not follow the policy and procedure for evaluation and notification of any change of condition.

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555747
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