

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555754	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Village Square Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1586 W. San Marcos Blvd San Marcos, CA 92078	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48263</p> <p>Based on observation, interview, and record review, the facility failed to ensure comfortable and home-like environment for four residents (1, 2, 3, 4) when:</p> <ol style="list-style-type: none"> 1) Televisions (TV) were not functioning properly. 2) Room temperature (temp) levels were warmer (higher) than required. <p>These failures had the potential to affect the resident ' s physical and psychosocial comfort and well-being.</p> <p>Findings:</p> <p>On 9/26/24, an unannounced visit was made to the facility.</p> <p>During an interview with the Director of Nursing (DON) on 9/26/24 at 10:04 A.M., the DON stated that the Director of Maintenance (DM) resigned earlier in the month.</p> <p>On 9/26/24 at 10:54 A.M., an observation was conducted with the Janitorial Supervisor (JS), in the second (2nd) floor nursing station. In the hallway, outside of the service elevator, were three large fans that faced into resident rooms. The JS stated that the fans were placed there to help circulate cool air into resident rooms.</p> <p>On 9/26/24 at 11:11 A.M., an observation was conducted with the JS, in the 2nd floor nursing station. Temperature readings were conducted:</p> <ul style="list-style-type: none"> - Clean room (the ice machine, cups and a refrigerator were located here) 2nd floor temperature: 84 Fahrenheit (F). - 2nd floor nursing station restroom temperature: 83 F <p>On 9/26/24 at 11:02 A.M., an interview was conducted with Certified Nursing Assistant (CNA) 1, in the nursing station. CNA 1 stated that the temperature fluctuated, but recently, It ' s hot. CNA 1 stated that the staff restrooms restrooms staff were super-hot and stated the temperature .felt like in the high 80 ' s. CNA 1 further stated, That ' s why there ' s fans in the hallway.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. A review of Resident 1's record was conducted. Per the Admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses which included a history of hypertension (high blood pressure; condition where the pressure in your blood vessels is consistently too high.)</p> <p>Resident 1's Minimum Data Set (MDS- a nursing assessment tool that is used to develop a plan of care) dated 8/16/24, indicated a Brief Interview for Mental Status (BIMS- developed by reviewing the resident's status during the prior seven day period) score of 15 points out of 15 possible points which indicated Resident 1 was cognitively (pertaining to memory, judgement and reasoning ability) intact.</p> <p>On 9/26/24 11:11 A.M., an observation and interview was conducted with Resident 1, in Resident 1 ' s room with the JS. Resident 1 stated he preferred the temperature in his room to be 75 F to feel comfortable, but stated that the heat did not bother him as much as it did for his roommate (Resident 2). Resident 1 further stated that he would like for the TV (in his room) to work so he could watch his wartime shows, but was unable to because the channels did not pick up a signal. The JS tested Resident 1 ' s TV and stated Resident 1 had the wrong remote, and that the Wiffi (wireless network technology that uses a router to pick up TV signals) signal for the TV was not picking up the channels. Resident 1 stated that his TV had been broken for a while at least 3 weeks and that he had been trying to request for it to be fixed.</p> <p>b. A review of Resident 2's record was conducted. Per the Admission Record, Resident 2 was readmitted to the facility on [DATE] with diagnoses which included a history of cerebral infarction (also known as stroke; blood vessel that supplies blood to the brain is blocked or ruptured, preventing oxygen and nutrients from reaching brain cells).</p> <p>Resident 2's MDS dated [DATE], included a BIMS score of 10 points out of 15 possible points which indicated Resident 2 had moderate cognitive deficits.</p> <p>On 9/26/24 at 11:13 A.M., an interview was conducted with Resident 2, in Resident 2 ' s room with the JS. Resident 2 stated I just can ' t stand being hot. Resident 2 stated his ideal temperature for his room would be 72 F and stated that at one point his room was hot, around the 80s to 83s. Resident 2 stated that his roommate's (Resident 1) TV had been broken for over 3 weeks. Resident 1 and Resident 2 ' s room temperature was checked by the JS. The room temperature was 77 F.</p> <p>c. A review of Resident 3's record was conducted. Per the Admission Record, Resident 3 was admitted to the facility on [DATE] with diagnoses which included a history of a left humerus fracture (broken bone of the upper arm).</p> <p>Resident 3's MDS dated [DATE], indicated a BIMS score of 15 points out of 15 possible points which indicated Resident 3 was cognitively intact.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/26/24 at 11:17 A.M., a concurrent observation and interview was conducted with Resident 3 and the JS, in Resident 3 ' s room. Resident 3 stated that the temperature (in her room) fluctuated, and stated, It felt like it was in the high 80 ' s. Resident 3 stated that she knew they [the facility] were trying to fix the facility ' s air conditioning (AC) but then they lost their maintenance man. Resident 3 stated she preferred her room temperature to be between 73 to 74 F for comfort. Resident 3 further stated that her TV did not work. The JS tested the TV and stated that Resident 3 had a wrong remote and that the TV router needed to be reset. The JS tried to reset the TV router manually, but was unsuccessful with picking up the channels for the TV.</p> <p>d. A review of Resident 4's record was conducted. Per the Admission Record, Resident 4 was readmitted to the facility on [DATE] with diagnoses which included a history of a respiratory failure (develops when the lungs can't get enough oxygen into the blood making it difficult to breathe).</p> <p>Resident 4's MDS dated [DATE], indicated a BIMS score of 15 points out of 15 possible points which indicated Resident 4 was cognitively intact.</p> <p>On 9/26/24 at 11:21 A.M., an interview was conducted with Resident 4, in Resident 4 ' s room with the JS. Resident 4 stated that when it became too hot for her comfort level, she would have a hard time breathing and since her bed was close to the blinds (window), that the room would feel even hotter. Resident 4 stated that an ideal comfortable temperature for her room was 72 to 73 F. The JS took a room temperature reading at 75 F with Resident 4 responding, Room temp (temperature) is 75 . it ' s a little hotter than I would like. Resident 4 stated that the TV (in her room) only worked on and off when picking up the channels.</p> <p>On 9/26/24 at 11:51 A.M., an interview was conducted with CNA 2, at the 2nd floor nursing station. CNA 2 stated that the temperatures on the second and third (3rd) floor nursing stations can become really hot and uncomfortable for both staff and residents. CNA 2 stated that complications from the uncomfortable heat temperatures may cause staff and residents to become irritable and sweat a lot. CNA 2 further stated that non-working TVs were a problem complaint that some residents in the facility complained about. CNA 2 stated it was important to have working TVs in the resident rooms because residents may feel frustrated and can become bored if they just wanted to watch TV.</p> <p>On 9/26/24 at 11:58 A.M., an interview and observation was conducted with Licensed Nurse (LN) 1, at the 2nd floor nursing station. The nursing station had two small fans by two of the nursing station computers and a floor fan by the printer facing towards the computers. LN 1 stated that the facility can get really hot especially in the clean room and the nursing station restroom that was used by staff, residents and visitors. LN 1 stated that when it gets becomes too hot residents may develop heat complications, such as breathing problems, from being uncomfortable with the temperature. LN 1 further stated it was important to have functioning TVs because residents should be comfortable in their rooms to do what they want while they relax in comfort.</p> <p>On 9/27/24, a review of the temperature (temp) maintenance logs for the P.M. (12 PM to 5 PM) was conducted. The temp readings included:</p> <p>On 9/7/24, three rooms had temp readings of 82 F.</p> <p>On 9/8/24:</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Four rooms and one hallway had temp readings of 82 F.</p> <p>Three rooms had temp readings of 83 F.</p> <p>Three rooms had temp readings of 84 F.</p> <p>Four rooms had temp readings of 85 F.</p> <p>One room had a temp reading of 86 F.</p> <p>One room had a temp reading of 87 F.</p> <p>One room had a temp reading of 89 F.</p> <p>On 9/27/24 at 12:52 P.M., a concurrent observation and interview was conducted with Resident 1, in Resident 1 ' s room with the JS. Resident 1 stated that his TV was still not working. The JS was unable to turn on Resident 1 ' s TV because Resident 1 ' s TV remote was missing. The JS tried to use Resident 2 ' s (roommate) remote to check if the TV would turn on, but was unsuccessful. Resident 1 stated I like watching TV better than laying here and doing nothing. Resident 1 stated he was not into (not interested in) other activities and liked the comfort of his room to relax while watching TV.</p> <p>On 9/27/24 at 12:57 P.M., an interview and observation was conducted with the Medical Records (MR) staff in Resident 3 ' s room. The MR was observed trying to fix Resident 3 ' s TV and stated he was unable to fix the TV due to the signal of the router. Resident 3 ' s roommate (Resident 4) stated Resident 3 left the room because she was frustrated with the TV not working.</p> <p>On 9/26/24 at 1:01 P.M., an observation was conducted with the JS in the second-floor nursing station. Temperature readings were conducted.</p> <p>- Clean room [ROOM NUMBER]nd floor temperature at 92.3 F.</p> <p>- 2nd floor restrooms at 85 F.</p> <p>On 9/27/24 at 1:11 P.M., an interview was conducted with CNA 3, at the 3rd floor nursing station. CNA 3 stated the 3rd floor can get become extremely hot and unbearable at times especially during the peak (afternoon) hours. CNA 3 stated it had been hot in the facility since the beginning of the month. CNA 3 stated that complications from high heat temperatures may affect residents to show symptoms of heat exhaustion (difficulty breathing, irritable and sweating).</p> <p>On 9/27/24 at 1:55 P.M., an interview was conducted with LN 2, at the 3rd floor nursing station. LN 2 stated sometimes the temperature of the facility fluctuated and can go up or down. LN 2 stated complications from uncomfortable heat temperatures included symptoms such as difficulty breathing, sweating and worse dehydration. LN 2 further stated that TVs should be in working conditions because residents may become annoyed when they want to be comfortable in bed and just watch TV to keep entertained.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/30/24 at 1:26 P.M., an observation was conducted with the JS, in the second-floor nursing station. Temperature readings were conducted.</p> <ul style="list-style-type: none"> - Clean room [ROOM NUMBER]nd floor temperature at 85 F. - 2nd floor restrooms at 85 F. <p>On 9/30/24 at 1:40 P.M., an interview was conducted with the Administrator (ADM), in the conference room. The ADM stated that the AC control ' s most current service was on 9/20/24, per the AC log with an outside contractor [company name]. The ADM stated that the AC control box was not locked and stated that someone (may have) accessed the AC control box which shut down the AC. The ADM stated that the TV situation was an ongoing concern with the cable boxes at the facility, according to their [company name]. The ADM further stated .were supposed to be replaced sometime in September but was pushed back for another project in La [NAME]. The ADM stated that the old TV boxes [router] .when it resets this messes with the WiFi and had been an on-going issue with quick fixes here and there to temporary fix the TV signal. The ADM acknowledged it was important for residents to be feel comfortable with the temperature to prevent heat complications for residents and staff. The ADM stated it was important to start replacing the old TVs to the new smart (modern form of television that uses the power of the internet to capture TV signals and channels) TVs to promote a more home-like living environments for the residents.</p> <p>A review of the facility's home-like environment policy and procedure titled MAINTAINING ROOMS undated, indicated . 4. Check that all televisions, radios, and lamps function properly . 8 . Check thru-wall HVAC unit, if applicable, for proper operation, cleanliness, missing knobs or controls and properly secured power cords . 15. Repair or replace faulty equipment and furnishings .</p> <p>Per the facility ' s Room Temperature Log, Temperature must be between 71- 81 degrees.</p>		