

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 03/04/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40615</p> <p>Based on interview and record review, the facility failed to notify the family of a change in health status for one resident (1).</p> <p>As a result, it affects timely intervention and family ' s decision making to be involved in the care planning and address concern.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses which included metastatic prostate cancer to liver and lymph nodes (cancer cells spread to liver and lymph nodes) and deep vein thrombosis on right lower extremity (blood clot that travels and stuck in a vein), per the facility's Face Sheet.</p> <p>On 1/23/25, an unannounced visit to the facility was conducted in response to a complaint about an allegation that the family was not notified of the resident ' s change in condition and fall.</p> <p>A review of Resident 1 ' s face sheet indicated, the brother was the emergency contact and responsible party (RP).</p> <p>A review of Resident 1's nursing progress note, dated 1/8/25, indicated Resident 1 became unresponsive, called 911, and transferred out to an acute hospital.</p> <p>During an interview on 1/23/25 at 11:30 A.M. and 11:45 A.M., with the Administrator (ADM) and the Director of Nursing (DON), the ADM acknowledged the facility failed to inform the RP when Resident 1 was transferred to the hospital due to change in condition.</p> <p>The DON stated that Resident 1 ' s contact information included the brother and the sister.</p> <p>During an interview on 1/23/25 at 12:20 P.M. with the Licensed Nurse (LN) 1, LN1 stated that when a resident had a change in condition, resident ' s family would be notified.</p> <p>During an interview on 1/23/25 at 12:56 P.M. with the Social Service Director (SSD), the SSD stated Resident 1 ' s brother was involved with the resident ' s care and was not contacted when Resident 1 was transferred to the hospital.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555754
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/23/25 at 1:40 P.M., with LN 2, LN 2 stated Resident 1 ' s brother would come and visit the resident. When resident had a change in condition, the staff should have contacted and inform the family.</p> <p>During a phone interview on 1/30/25 at 2:50 P.M., with certified nursing assistant (CNA) 3, CNA 3 stated he was assigned to Resident 1. CNA 3 stated that he was in the room talking to Resident 1 when the resident suddenly fell back on his bed and became unresponsive. CNA 3 stated he asked for assistance and licensed nurse came in the room. Resident 1 was transferred to the hospital on 1/8/25.</p> <p>During an interview on 1/23/25 at 2:15 P.M. with the ADM and the DON, the ADM and DON stated, staff should have notified the family when Resident 1 was transferred to the hospital, but they did not.</p> <p>During a phone interview on 3/4/25 at 10:42 A.M., with LN 4, LN 4 acknowledged that she should have contacted the family when Resident 1 was transferred to the hospital, but she did not.</p> <p>A review of the facility's policy and procedure, titled, Changes in Resident Condition, undated, indicated . The resident, attending Physician and resident representative (if resident has no capacity to make health care decisions or if resident opts to notify a designated family member) are notified when changes in condition or certain events occur</p>		