

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 06/26/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review , the facility failed to ensure a low air loss mattress (help prevent skin breakdown) was in placed or implemented for one of one resident (Resident 1) with a pressure ulcer (localized injury to the skin).</p> <p>This failure had the potential to worsen Resident 1's skin injury.</p> <p>Findings.</p> <p>Per the facility's admission Record , Resident 1 was admitted to the facility on [DATE] with diagnoses which included Pressure Ulcer of sacral (area of the lower back) region, unstageable and Functional Quadriplegia (paralysis affecting all limbs and torso).</p> <p>On 6/26/25 at 11:20 A.M., an interview with Resident 1 was conducted. Resident 1 stated she had complained to a certified nursing assistant (CNA) to checked if the settings were right on the air-loss mattress on her bed. The CNA stated there was a regular mattress on Resident 1's bed and no air-loss mattress.</p> <p>A record review of Resident 1's minimum data set (MDS- a federally mandated assessment tool) dated 5/31/25 indicated Resident 1's brief interview for mental status (BIMS) was 15 which meant Resident 1's cognition (thought process) was intact.</p> <p>On 6/26/25 at 10:45 A.M., an interview with the Treatment Nurse (TXN) was conducted . The TXN stated she did Resident 1's treatment to her wounds daily and that Resident 1 had a low air-loss mattress on her bed for offloading and to aid in healing. The TXN stated the nurses had to check and sign that the low air-loss mattress was on Resident 1's bed. The TXN stated she was not aware that the air-loss mattress was missing for weeks until Resident 1 reported it to the Director of Nursing (DON).</p> <p>On 6/26/25 at 11:00 A.M., an interview and record review with Licensed Nurse (LN) 1 was conducted . LN 1 stated, per the Physician's order report dated 5/5/25 indicated orders for a low air-loss mattress for skin management and prevention and to Monitor for functioning and settings every shift. LN 1 stated she was not aware that Resident 1's air-loss mattress had been missing for weeks. LN 1 stated the treatment nurses should have checked the air-loss mattress before signing it when they did Resident 1's treatment on her wounds. LN 1 stated license nurses were signing off the Treatment Administration Record (TAR) for the low air-loss placement and settings for the months of May and June 25 without checking.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 1's care plan dated 2/11/25, category- pressure ulcer , indicated one of the approaches was a LAL (low air-loss) mattress for skin management and prevention and to monitor for functioning and settings every shift.</p> <p>On 6/26/25 at 12 P.M., an interview with the DON was conducted. The DON stated the low air-loss mattress might have been switched to another bed instead of Resident 1's room which was 207 B. The DON stated 207 B does not need an air-loss mattress since 207B did not have any skin issues. The DON stated it was important to have the air-loss mattress on Resident 1's bed due to Resident 1's multiple skin issues that would aid in wound healing.</p> <p>A review of the facility's undated policy titled, Pressure Ulcer Injury & Skin Care Management indicated . Procedure .#8 The interdisciplinary team .c. considers and includes interventions for pressure ulcer/injury prevention and treatment .d. implements treatment procedures in accordance with professional standards of practice.</p>		