STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555871	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Somerset Subacute and Care	151 Claydelle Ave El Cajon, CA 92020

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure personal and medical documents remained secured and confidential for 2 of 2 (1,3) sampled residents when the facility sent Resident 1 and Resident 3's personal and medical information to the family representatives of other residents (2,4). This failure had the potential to result in misuse of confidential resident information by unauthorized individuals.1. Resident 1 was admitted to the facility on [DATE] with a diagnosis of generalized anxiety disorder per the facility face sheet. Resident 2 was discharged from the facility on 1/17/26 per the facility face sheet. A review of Resident 1's order summary report, active 1/17/26, indicated the document included Resident 1's name, date of birth , admission date, physician, diagnosis, and current prescribed medications and treatment orders. A review of a facility letter, dated 3/17/26, addressed to Resident 1's responsible party (RP), indicated Resident 1's order summary report was sent home with another resident's family representative (Resident 2 FR) upon discharge from the facility on 1/17/26. The letter, signed by the Administrator (ADMIN) indicated the reports included Resident 1's name, date of birth , medications, diagnoses, admission date and physician's name. During an interview and record review on 4/1/26 at 11:45 A.M., the facility's marketer (MKTR) stated she was sent by the administrator on 1/20/26 to pick up Resident 1's order summary report from Resident 2's home. The MKTR stated she retrieved 6-7 pages of Resident 1's order summary report from Resident 2's FR and returned to the facility to dispose of the paperwork. During an interview on 4/2/26 at 9:38 A.M., licensed nurse (LN) 1 stated she prepared and provided Resident 2's discharge papers on 1/17/26. LN 1 stated she mistakenly included Resident 1's order summary report paperwork in Resident 2's discharge packet and handed it to Resident 2's family member. LN 1 stated it is important to double check all resident information on paperwork to protect resident privacy. 2. Resident 3 was admitted to the facility on [DATE] with a diagnosis of cognitive (thinking) communication deficit per the facility face sheet. Resident 4 was discharged from the facility on 9/26/25, per the facility face sheet. A review of an email and accompanying attachments sent by the Medical Records Assistant (MRA), dated 3/9/26, indicated a digital copy an ambulance transportation bill for Resident 3, signed 3/27/25, was sent to Resident 4's family representative (FR) and included Resident 3's name and date of birth . A review of a facility letter, dated 3/18/26, addressed to Resident 3, indicated an ambulance bill with Resident 3's personal information was emailed to another resident's family representative (Resident 4 FR) at the facility on 3/9/26. The letter signed by the Administrator (ADMIN) indicated the bill included Resident 3's name and date of birth . During an interview on 4/1/26 at 11:26 A.M., Medical Records Assistant (MRA) stated on 3/9/26 that she scanned a stack of medical records handed to her by ADMIN and emailed them to Resident 4's family representative (FR) upon request. MRA stated the documents sent via email to Resident 4's family representative on 3/9/26 included a digital copy of an ambulance bill for Resident 3 which listed the resident's name and date of birth . MRA stated it was facility policy to ensure right person was receiving any transfer of confidential medical documents. MRA stated it was important to protect resident privacy and avoid documentation transfer mistakes because it puts residents at risk for fraud. During an interview on 4/9/26 at 10:15 A.M., the Administrator (Admin) stated the facility's (continued on next page)

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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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	expectation was to provide all residents with adequate privacy protections, including maintaining the confidentiality of residents' personal and medical information. The Admin acknowledged the facility failed to maintain those protections when Resident 1's personal information and Resident 3's personal and medical information were disclosed to the family representatives of other residents. A review of the undated facility policy titled, HIPPA Compliance Policy and Procedure: Notice of Privacy Practice, indicated, . The purpose of this Policy and procedure is to describe and outline how covered entities will provide individuals adequate notice of the uses and disclosures of their protected health information. ensuring individual privacy rights, and outlining the covered entity's duty with respect to protect health information in accordance with Health Insurance Portability and Accountability Act of 1996. (HIPPA). Policy: Covered entity will:. 6) Adhere to Federal HIPPA rule. A review of the undated facility document titled, Attachment F, indicated, . FEDERAL RESIDENT RIGHTS. Privacy and Confidentiality. You have the right to personal privacy and confidentiality of your personal and medical records. You have the right to. secure and confidential personal and medical records.