

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Granite Hills Healthcare & Wellness Centre, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 E Madison Ave El Cajon, CA 92021	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36471</b></p> <p>Based on interview and record review, the facility failed to ensure the clinical record was complete and accurate for 1 of 2 sampled residents to meet the standard of practice, when Resident 1 had a blood draw performed (a procedure in which a needle is used to take blood from a vein, usually for laboratory testing).</p> <p>As a result, Resident 1's medical record could not accurately reflect the care provided. This lack of documentation poses a potential risk to Resident 1's health, as it hinders the ability to track and monitor the effectiveness of the care provided.</p> <p>Findings:</p> <p>Resident 2 was admitted to the facility on [DATE] with diagnoses that included End Stage Renal Failure (kidneys can no longer support the body's needs) and renal dialysis (a type of treatment that helps the body remove extra fluid and waste products from the blood when the kidneys are not able to), per the Admission Record.</p> <p>On 3/28/24 at 3 P.M., Resident 1 stated he woke up and saw the phlebotomist (a trained professional who draws blood) draw blood from his fistula, (a connection made through a surgical intervention between an artery and vein for dialysis access). Resident 1 further said he told the phlebotomist to stop, and a nurse came in.</p> <p>A review of Resident 1's medical record was conducted. Per the Care Plan, dated 3/26/24, under interventions, indicated, Do not draw blood or take B/P (blood pressure) in arm with graft.</p> <p>Per the Progress Notes dated 3/25/24 through 3/27/24, Resident 1 did not have a blood draw documented in the medical record. However, on 3/27/24 at 10:41 P.M., the licensed nurse documented a lab result which indicated that a blood drawn had happened.</p> <p>Per the Test Request Form, dated 3/27/24 at 3:52 A.M., the phlebotomist did not indicate the blood draw location.</p> <p>Licensed Nurse 2 was not available for an interview.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/24 at 1 P.M., a joint interview and record review was conducted with the Assistant Director of Nursing (ADON). The ADON stated the licensed nurse should have documented that a blood draw was performed, which site, and how the resident tolerated the procedure. In addition, the phlebotomist should indicate the site where the blood was taken. The ADON further stated it was a standard of practice.</p> <p>The Facility's policy and procedure, dated 1/1/12, titled Laboratory Services did not address documentation after the procedure was completed.</p>