

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 06/28/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46982</p> <p>Based on observation, interview, and record review, the facility failed to ensure that cooks followed recipes when preparing meals.</p> <p>This deficient practice had the potential to impact the residents' nutritional status and not meet the residents' desires to be served food they felt was palatable and attractive.</p> <p>Findings:</p> <p>Between 6/24/24 and 6/25/24, nine alert, oriented residents were interviewed. Five complained of bad food ; bland food ; horrible, especially lunch ; not great, too small ; and losing weight due to bad food all day .</p> <p>On 6/24/24 at 1 P.M. an observation and interview were held with Diet Assistant (DA) 1. Raw chicken in bags were observed on top of ice-filled cooking sheets. DA 1 stated she was going to prepare the chicken for dinner. The chicken will go in the oven around 2:30 P.M., cook for 30-45 minutes and then go to the steam table.</p> <p>On 6/24/24 at 1:15 P.M. an interview was held with the Food Services Director (FSD).</p> <p>The FSD stated that putting the chicken in the oven as DA 1 planned, at 2:30, was too soon, and would affect the palatability, making the chicken tough and dry by holding too long. The FSD instructed DA 1 to begin the meal prep and cooking at 3:30, and put the chicken into the refrigerator.</p> <p>On 6/24/24 at 2:30 P.M. the spreadsheet for deli meat sandwich was reviewed with the FSD due to resident complaints of how small this meal was in the prior week, with one piece of meat and one slice of cheese, no accompaniments. The spreadsheet reflected that one ounce of meat, and one ounce of cheese were to be used, with mustard/mayonnaise, and with accompanying lettuce and tomato and onion slices.</p> <p>The FSD recalled assisting at this meal service, and one slice of meat, one slice of cheese was given, and the FSD does not recall if lettuce, tomato and onions were plated for the residents.</p> <p>A sample of the deli meat (thin sliced beef) was weighed - two slices weighed 0.95 ounces. The FSD stated the staff would be instructed to assure proper portion sizes, including weighing of food as appropriate to determine the correct number of pieces.</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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