

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555915	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER The Springs Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 25924 Jackson Ave Murrieta, CA 92563	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a copy of the notice of transfer/discharge was provided to the State Long-Term Care Ombudsman (assists with conflict resolution and protection of resident rights) prior to the planned discharge, for three of three sampled residents (Resident 1, 2, and 3).</p> <p>This failure had the potential to violate the resident's rights to appeal their discharge.</p> <p>Findings:</p> <p>On June 2, 2025, at 10:30 a.m., an unannounced visit was conducted at the facility to investigate a complaint on discharges.</p> <p>1. A review of the admission Record, indicated Resident 1 was admitted to the facility on [DATE], with the diagnoses which included hemiplegia and hemiparesis following Cerebral Infarction (muscle weakness or paralysis to one side of the body), metabolic encephalopathy (brain disorder), and dementia (loss of memory, language, problem solving and thinking abilities).</p> <p>A review of Resident 1's Progress Notes, dated May 13, 2025, at 11:21 a.m., indicated, .spoke with (Resident 1's family member) requesting for resident to discharge home this coming friday .</p> <p>A review of Resident 1's Progress Notes, dated May 16, 2025, at 12:33 p.m., indicated, .DC (discharge) 5/16/25 (May 16, 2025) .to home .with all remaining medications .</p> <p>A review of Resident 1's Notice of Transfer/Discharge, dated May 13, 2025, indicated Resident 1 was provided notification of discharge on [DATE], and discharged from the facility on May 16, 2025.</p> <p>Further review of Resident 1's record indicated there was no documented evidence the Ombudsman's office was provided with the notice of transfer prior to discharge of Resident 1 on May 16, 2025.</p> <p>2. A review of the admission Record, indicated Resident 2 was admitted to the facility on [DATE], with diagnosis of Acute osteomyelitis of left ankle and foot (an infection of the bone in that area caused by bacteria).</p> <p>A review of Resident 2's Progress Notes, dated May 14, 2025, at 7:09 p.m., indicated, .spoke with (name of family member) and resident discussed discharge ordered .informed writer that (family member) will pick up at 11 am (a.m.) on Friday (May 16, 2025) .</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Notice of Transfer/Discharge dated May14, 2025, indicated Resident 2 was provided notification of discharge on [DATE], and discharged from the facility on May 16, 2025.</p> <p>Further review of Resident 2's record indicated there was no documented evidence the Ombudsman's office was provided with the notice of transfer prior to discharge of Resident 2 on May 16, 2025.</p> <p>3. A review of the admission Record, dated June 2, 2025, indicated Resident 3 was admitted to the facility on [DATE], with the diagnosis of dissection of the descending thoracic aorta (the main artery in the chest tears allowing blood to flow between the layers of the aorta wall).</p> <p>A review of the Notice of Medicare Non-Coverage dated May 2, 2025, indicated Resident 3 services will end on May 16, 2025. Resident 3 was notified services would end on May 13, 2025.</p> <p>On June 3, 2025, at 10:30 a.m., during an interview with the Social Worker (SW), she stated residents were often being notified three (3) days prior to discharge. The SW stated the notice of transfer would be emailed to the Ombudsman prior to discharge.</p> <p>On June 3, 2025, at 10:46 a.m., during an interview with the Case Manager (CM), he stated the notice of discharge/transfer was to be provided to the residents three to four days prior to discharge. The CM stated it was explained to the residents they could appeal the discharge. The CM stated the notice of transfer/discharge forms was to be emailed to the Ombudsman.</p> <p>On June 3, 2025, at 3:15 p.m., during an interview with the Assistant Administrator (AA), she stated there was no excuse the notice of transfer/discharge was not sent to the Ombudsman, it is usually emailed to her the emails came back. The AA stated the assigned Ombudsman was out of the office and they were unsure who was covering for the Ombudsman while out of office. The AA stated the notice of proposed transfer should have been provided to the Ombudsman office.</p> <p>A review of the facility's policy and procedure titled Notice Requirements Before Transfer or Discharges, dated March 2023, indicated, .the notice of transfer or discharge and Ombudsman notification .for facility initiated transfer or discharge of a resident, the facility shall notify the resident and the residents representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand .the facility shall send a copy of the notice of transfer or discharge to the representative of the Office of the State Long Term Care (LTC) Ombudsman before or as close as possible to the actual time of a facility -initiated transfer or discharge .evidence that the notice was sent to the Ombudsman should be present in the medical record .the facility follows the process for ombudsman notification in accordance with their state .</p> <p>A review of the facility's policy and procedure titled Transfer and Discharge, dated January 2025, indicated, . the resident and or their representative shall receive an explanation of the right to appeal the transfer or discharge including the name, address mailing and email, and phone number of the representative of the Office of the State Long-Term Care ombudsman, and the name, mailing and email addresses and phone number of the state agency responsible for the protection and advocacy for residents .</p>		