

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 12/15/2025
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safety and sanitation were observed in he kitchen when:1. Multiple ham and cheese sandwiches found undated in the kitchen and at Station 2 Clean utility room refrigerators;2. A plastic container of ketchup was found in the kitchen refrigerator with the corner of the lid open to air;3. Two packages of meat were found in the freezer undated;4. Multiple food items were found in the Clean Utility Room of Station 3 refrigerator not labeled and undated;5. A small amount of orange colored residue was found on a plastic piece of the ice machine in the Clean Utility Room of Station 2; 6. A large tomato sauce can was placed on a tray with parchment paper that was going to be used to cook the lunchtime garlic bread and;7. A Dietary Aide (DA) left the kitchen and returned to work with food products without washing hands.These failures had the potential to result in the spread of foodborne illness to the vulnerable residents who consumed meals in the facility kitchen.Findings:On December 8, 2025, at 10 a.m., the initial kitchen inspection was conducted with the Dietary Manager (DM). The following were found:- Refrigerator 1 had multiple undated ham and cheese sandwiches placed inside individual plastic bags. The DM stated the ham and cheese sandwiches should have a date when it was prepared;- Refrigerator 4 had a plastic container of ketchup with the lid open to air. The DM stated the ketchup lid should not be open to air.- The refrigerator inside the Clean Utility Room in Station 2 had multiple ham and cheese sandwiches that were undated. The DM stated the ham and cheese sandwiches should be dated when it was prepared;- The ice machine in the Clean Utility Room at Station 2 had orange colored residue on a white rubber piece in the ice machine.-The refrigerator in the Clean Utility Room at Station 3 had multiple food items that were undated and unlabeled; and- Two packages of meat were undated and stored inside the freezer.On December 11, 2025, at 12:44 p.m., an observation of kitchen staff preparing for tray line was made. A large can of tomato sauce was observed placed on a tray to be used for garlic bread on top of the kitchen counter. In a concurrent interview with the DM, he stated the can of tomato sauce should not be placed on top of the tray to be used for garlic bread.The dietary aide (DA) was at the counter area where food was being prepared for trayline. The DA was observed covering the dessert. The DA was observed to leave the kitchen and returned to the area he was working at and assisted with getting the desserts ready, without washing her hands. In a concurrent interview, the DM stated the DA should have washed his hands after leaving and prior to going back for food prep.A review of the policy and procedure titled, Food Storage, revised September 1, 2021, indicated, .Frozen Meat/Poultry and Food Guidelines .label and date all food items.any opened products should be placed in storage containers with tight fitting lids.A review of the policy and procedure titled, Use and Storage of Food Brought to Resident, revised March 2023, indicated, .foods brought into the facility by family members should be in re-sealable containers with tight-fitting lids when retained in resident's room, perishable foods must be stored in the refrigerator, in re-sealable containers with tightly fitting lids. Containers will be labeled with the resident's name, and the manufacturer use by date, as applicable.the Food and Nutritional Services department or designated facility staff is responsible for discarding perishable foods on or before the manufacturer's use by date.A review of the policy and procedure titled, Ice (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Machine - Operation and Cleaning, revised September 1, 2021, indicated, .Procedure: The dietary staff will operate the ice machine according to the manufacturer's guidelines. The ice machine will be cleaned routinely.On no less than a monthly basis, remove all ice to wash the inside of the machine. Wash the inside of the machine using manufacturer recommended solution and rinse well.Sanitize the inside of the machine using a sanitizing solution and a clean cloth.Allow the inside of the machine to air dry, then refill the machine with ice.A review of the policy and procedure titled, Infection Prevention and Control Program, revised October 24, 2022, indicated, .intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.A review of the policy and procedure titled, Hand Washing Procedure, revised 2018, indicated, .When hands need to be washed: Before starting work in kitchen.before and after handling foods with the hands.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure care and treatment was provided, for two of 32 sampled residents (Residents 163 and 8) when: 1. For Resident 163, hydralazine (medication used to treat high blood pressure) was not administered according to the physician's order; and 2. For Resident 8, blood sugar was not closely monitored related to use of long-acting insulin. These failures had the potential for a delay in care and treatment and could cause a decline in the residents' overall health condition. Findings: 1. On December 11, 2025, a review of Resident 163's admission Record, indicated Resident 163 was admitted to the facility on [DATE], with diagnoses which included heart failure and hypertensive (high blood pressure) chronic kidney disease. A review of Resident 163's medical records indicated the following physician's orders: - hydralazine HCl tablet 25 mg (milligram - unit of measurement). Give 1 (one) tablet by mouth every 12 (twelve) hours as needed for HTN (hypertension - pressure in blood vessels is too high), administer if SBP (systolic blood pressure - the top number in a blood pressure reading when the heart contracts [beats]) is greater than 150 mmHg (millimeters of mercury, a unit of pressure), date ordered March 7, 2025; and - Monitor Blood Pressure every 12 hours for hydralazine use every 12 hours for HTN, Give PRN (as needed) if SBP greater than 150 mmHg, date ordered May 30, 2025. A review of Resident 163's Care Plan Report, dated March 24, 2025, indicated, Focus.The resident has Hypertension.Interventions.Give anti-hypertensive (medication used to lower blood pressure) medications as ordered. A review of Resident 163's Medication Administration Record (MAR), and blood pressure results dated March 7, 2025 through December 9, 2025, indicated nursing staff did not administer hydralazine when Resident 163's SBP was greater than 150 mmHg on the following dates and times (22 days): - March 10, 2025, at 01:28 (1:28 a.m.), SBP 152 mmHg; - March 12, 2025, at 16:08 (4:08 p.m.), SBP 159 mmHg; - March 17, 2025, at 09:31 (9:31 a.m.), SBP 158 mmHg; - March 25, 2025, at 11:48 a.m., SBP 153 mmHg; - March 30, 2025, at 18:49 (6:48 p.m.), SBP 155 mmHg; - April 7, 2025, at 10:01 a.m., SBP 152 mmHg, - April 14, 2025, at 00:21 (12:21 a.m.), SBP 151 mmHg; - May 6, 2025, at 00:29 (12:29 a.m.), SBP 159 mmHg; (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the policy and procedure titled Administering Medications, revised March 2023, indicated, .Medications must be administered in accordance with orders. 2. On December 12, 2025, at 10:33 a.m., a concurrent observation and interview was conducted with Resident 8. Resident 8 was observed laying in bed and watching television. In a concurrent interview, Resident 8 stated she had been diagnosed with diabetes mellitus (DM &ndash; abnormal blood sugar) and on dialysis (a life-sustaining medical treatment that filters waste products and excess fluid from your blood when your kidneys fail) for about four to five years. Resident 8 stated she had been receiving insulin medication once a day and the nursing staff checks her blood sugar. Resident 8 stated she was uncertain of her blood sugar levels. On December 12, 2025, at 11:20 a.m., a concurrent interview and review of Resident 8's record was conducted with Licensed Vocational Nurse (LVN) 2. LVN 2 stated Resident 8 leaves the facility for dialysis every Tuesdays, Thursdays, and Saturdays, at around 6 a.m. and returns to the facility by noon. LVN 2 stated they were checking Resident 8's blood sugar levels before meals and at bed time recently when a short acting insulin was started in September 2025. LVN 2 stated the licensed nurses did not check Resident 8's blood sugar levels at least daily as there was no order to check the blood sugar prior to routine blood sugar check which started in September 2025. LVN 2 stated Resident 8 had episodes of non-compliance with diabetic diet as would be snacking with food given by family and roommate. On December 12, 2025, Resident 8's record was reviewed. Resident 8 was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus (DM) and end stage renal disease (when your kidneys are failing and can no longer filter waste and fluids from your blood effectively enough to sustain life). A review of Resident 8's Minimum Data Set (MDS &ndash; a resident assessment tool), dated October 13, 2025, indicated Resident 8 had a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact). A review of Resident 8's care plan, date initiated on October 23, 2021, indicated, At risk for hypo/hyperglycemia (low/high blood sugar) r/t (related to) Dx (diagnosis) of DM, long-term insulin therapy.Interventions.Diabetes medication as ordered by the doctor. Monitor/document for side effects and effectiveness.Fasting Serum Blood Sugar as ordered by doctor.Identify areas of non-compliance or other difficulties in resident diabetic management.Monitor lab work as ordered.Collaborate with pharmacist and attending physician to adjust insulin and frequency of blood sugar checks as needed. A review of Resident 8's physician orders, dated July 17, 2023, which indicated, Lantus SoloStar Subcutaneous Solution .(Insulin Gargline &ndash; medication to treat DM) Inject 10 unit.in the morning .AND Inject 20 unit.in the morning. (discontinued on September 12, 2025). A review of Resident 8's Progress Notes, indicated the following: -January 24, 2025, at 10:16 p.m., indicated, .resident noted to have episode of hyperglycemia of 490mg/dl (milligram/deciliter &ndash; unit of measurement).routine lantus 20 units given at HS (bedtime), ineffective sugar went up to 502mg/DL.no s/s (signs and symptoms) of hyperglycemia.MD (Medical Doctor) aware and order to give 15units lispro (type of short acting insulin) one time only. (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-January 24, 2025, at 11:34 p.m., indicated, .CN (charge nurse) administer (sic) 15units of lispro one time only, resident's BS (blood sugar) is now 343mg/DL. MD aware and order to give another 10 units in 3 hours and recheck at 5am (5 a.m.).endorse to next shift. -January 25, 2025, at 7:55 a.m., indicated, .Resident on monitoring for non productive cough, malaise and hyperglycemia .blood sugar at 156 at 0530 (5:30 a.m.). -January 25, 2025, at 10:29 p.m., indicated, .on monitoring for non productive cough/malaise and hyperglycemia, resident still noted with high blood sugar of 441mg/DL at 2056 (8:56 p.m.) routine 20 units lantus given, check after 1 (one) hour resident's blood sugar is 449mg/DL. MD aware and still waiting for response. -January 25, 2025, at 11:01 p.m., indicated, .received order from MD to inject 10 units of lispro one time only. Further review of Resident 8's record indicated there was no monitoring of blood sugar on January 25, 2025, between 7:55 a.m. to 11:01 p.m. -January 26, 2025, at 7:34 a.m., indicated, .Resident on monitoring for HYPERGLYCEMIA.at 0030 (12:30 a.m.) blood sugar at 336.(name of MD0 ordered one time dose of 10units Lispro and recheck again at 0400 (4 a.m.) at 0430 (4:30 a.m.) Blood sugar was at 140. -January 26, 2025, at 10:24 p.m., indicated, .resident still noted with high blood sugar of 468mg/dl. Routine lantus 20units given, in-effective, check after 1 hour blood sugar is 554mg/dl. MD aware and awaiting for response. -January 26, 2025, at 11:03 p.m., indicated, .received order from MD to give 0 units of lispro. Further review of Resident 8's record indicated there was no monitoring of blood sugar on January 26, 2025, between 7:34 a.m. to 11:03 p.m. -January 27, 2025, at 7:48 a.m., indicated, .Resident noted with BG (Blood Glucose) of 571 at 2355 (11:55 p.m.) on 1/26/25 (January 26, 2025).with order to give 20 units of Lispro and to recheck BG at 0700 (7 a.m.).BG recheck at 0700 with result of 181. -January 27, 2025, at 11:02 p.m., indicated, .resident's blood sugar is still 493mg/dl even with routine lantus 20units. MD aware and order 15 units of lispro one time only. A review of Resident 8's Lab Results Report, indicated Hemoglobin A1C (HgbA1C - a blood test showing your average blood sugar (glucose) levels over the past 2-3 months). A review of Resident 8's Progress Notes, dated September 3, 2025, at 11:28 p.m., indicated, .Blood sugar was 421 at 2139 and rechecked again at 2200 (10 p.m.), and blood sugar was 402.Resident stated I ate a bag of potato chips A review of Resident 8's Progress Notes, dated September 5, 2025, at 2:01 p.m., indicated, .Resident on monitor for.hyperglycemia. No orders to check blood sugar this shift. A review of Resident 8's Progress Notes, dated September 5, 2025, at 10:26 p.m., indicated, .Residents (sic) blood sugar checked and was noted at 478. MD ordered to start lispro sliding scale achs (AC &ndash; before meals and HS &ndash; at bedtime).BS retaken and was at 429, MD ordered to give 8 lispro units. BS went down to 368.BS rechecked at 10pm and was 257. (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of Resident 8's record indicated there was no order to check blood sugar in a regular frequency since July 17, 2023 (when lantus insulin was ordered) until September 5, 2025 (when short acting insulin was ordered with sliding scale coverage). Resident 8's Weights and Vitals Summary, indicated Resident 8's blood sugar level were checked at least three times a week prior to dialysis appointments. A review of Resident 8's Lab Results Report, dated September 8, 2025, indicated HgbA1C level of 8.7 (normal range 4.0 to 6.0). A review of Resident 8's dialysis laboratory results indicated the following HgbA1C results: -February 20, 2025; 7.1; -May 8, 2025; 7.2; -August 21, 2025; 8; Further review of Resident 8's records indicated there was no documented evidence Resident 8's HgbA1C result of 8 was addressed with evaluation of Resident 8's insulin therapy and monitoring of blood sugar levels. On December 12, 2025, at 11:47 a.m., a concurrent interview and record review was conducted with Assistant Director of Nursing (ADON) 1. ADON 1 stated the physician determines how often resident's blood sugar is to be checked. ADON 1 stated if a resident is currently on long acting insulin and no sliding scale coverage for short acting insulin, the physician would order specific blood sugar check, either daily or weekly). ADON 1 stated Resident 8's BS was being checked at least three times a week prior to dialysis appointment. ADON 1 stated there was no order for BS to be checked routinely from January 2025 to September 4, 2025, despite Resident 8 having BS more than 400 mg/dl (elevated) on several occasions in January 2025. ADON 1 stated Resident 8's long term insulin therapy should have been evaluated for the need for routine blood sugar monitoring to ensure effectiveness of insulin therapy. A review of the facility's policy and procedure titled, Diabetes Clinical Protocol, dated February 2024, indicated, .To provide staff with clinical practice guidelines to care for residents with Diabetes.Finger stick glucose tests may be ordered several times a day or repeated at least once during the following week.Monitoring.The physician will follow up on acute episodes associated with a significant change in blood sugar or deterioration of previous glucose control and document resident status during subsequent visits until the acute situation is resolved.The physician, as indicated, may order blood glucose parameters to monitor the resident's blood glucose status.The physician will order appropriate lab tests (for example, periodic finger sticks or hemoglobin A1c.and adjust treatments based on these results and other parameters.Resident receiving insulin who are well controlled: monitor blood glucose levels twice daily if on insulin or as ordered by the physician; monitor 3 to 4 times a day if on intensive insulin therapy or sliding-scale insulin.Adjust monitoring frequency depending on glucose control and resident preference.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement required infection control interventions, use appropriate personal protective equipment (PPE - specialized gear like gloves, gowns, masks, and goggles used by healthcare workers to create a physical barrier against infectious agents, protecting them from blood, body fluids, and germs, ensuring safety during patient care by preventing transmission pathways) and follow Centers for Disease Control and Prevention (CDC) guidance, for two of 78 sampled residents when: 1. The Treatment Nurse (TN) did not use PPEs while providing wound care to Resident 33, who was placed on Enhanced Barrier Precautions (EBP - infection control measures, primarily in nursing homes, requiring staff to wear gowns and gloves for all high-contact care activities for residents with wounds, indwelling devices, or known colonization/infection with multidrug-resistant organisms);2. A Certified Nurse Assistant (CNA) was observed transporting a large soiled linen bag from a resident's room to the soiled utility room without wearing gloves, and with the soiled linen bag touching her clothing.3. A Physical Therapy Assistant (PTA) and a Certified Occupational Therapy Assistant (COTA) were observed not using PPEs while transferring Resident 200 from wheelchair to bed. These failures had the potential to result in the transmission of infectious organisms (a single-celled bacterium), placing residents at increased risk for infection, illness and hospitalization. Findings: 1. On December 8, 2025, at 11:06 a.m., an EBP (enhanced barrier precautions) signage was observed outside of Resident 33's room, with no visible PPE gowns stocked. On December 8, 2025, at 3:20 p.m., a review of the EBP signage indicated, .Enhanced Barrier Precautions .Providers and Staff Must .Wear gloves and a gown for High-Contact Care Activities ., with images of a stop sign, gloves and a gown along the sides of the written instructions for enhanced barrier precautions. On December 8, 2025, at 3:24 p.m., a concurrent observation and interview was conducted with Resident 33. Upon entering Resident 33's room, there were no PPE gowns stocked in the room closet or outside the room. Resident 33 was observed sitting in his wheelchair at bedside. Resident 33 stated he had a stage 3 pressure ulcer (damaged skin and underlying tissue from constant pressure, often over bony areas) to the left buttocks that developed while in the hospital. Resident 33 stated he received daily wound care and weekly wound specialist evaluations. Resident 33 stated the staff wore gloves, but did not wear gowns while providing wound care and during indwelling catheter (a soft tube left inside the body (usually the bladder) for continuous urine drainage, held in place by an inflated balloon, used for urinary retention, surgery recovery, or incontinence, allowing urine to flow into a bag or through a valve to a toilet, maintaining bladder function without frequent insertion) care. On December 11, 2025, at 9:43 a.m., Resident 33's record was reviewed. Resident 33 was admitted to the facility on [DATE], with diagnoses which included pressure ulcer of the left buttocks. A review of Resident 33's Minimum Data Set (MDS - a resident assessment tool), dated December 4, 2025, indicated Resident 33 had a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact). On December 11, 2025, at 11:25 a.m., a concurrent observation and interview with the Treatment Nurse (TN) was conducted. The TN observed the EBP signage outside Resident 33's door. The TN observed that the PPE was not stocked in or outside Resident 33's room. The TN further stated gloves were stocked in resident's room, PPE gowns were available from the central supply closet down the hall, and masks were at the nurse's station. The TN stated the wound care process and preparation for Resident 33's wound care as follows: wash his hands and apply gloves, then perform wound care. The TN read the EBP signage outside Resident 33's room and stated he should wear a gown while performing wound care. Resident 33's medical records were concurrently reviewed with the Treatment Nurse which indicated the following physician orders:- September 12, 2025, Enhanced Barrier Precaution due to indwelling foley catheter, every shift; and- November 4, 2025, Enhanced Barrier Precaution due to Left gluteal (relating to the gluteus muscle in the buttocks) fold wound, every shift. A review of Resident 33's Care (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Plan, dated September 12, 2025, indicated, .Focus: Enhanced Barrier Precaution Related to: foley catheter (a thin, flexible tube inserted through the urethra into the bladder to drain urine) .Goals: Will minimize risk and complications of infection .Interventions: Health Teaching to resident, family members, and staff about importance of Enhanced Barrier Precaution including proper hand hygiene and wearing of personal protective equipment (PPE) during high-contact resident activities .A review of Resident 33's Care Plan dated November 4, 2025, indicated, .Focus: Enhanced Barrier Precaution due to Left gluteal fold wound .Goals: Will minimize risk and complications of infection .Interventions: Health Teaching to resident, family members, and staff about importance of Enhanced Barrier Precaution including proper hand hygiene and wearing of personal protective equipment (PPE) during high-contact resident activities .On December 11, 2025, at 12:20 p.m., a concurrent observation and interview with Restorative Nurse Assistant (RNA) 1 was conducted. RNA 1 stated Resident 33 has EBP for urinary catheter care. RNA 1 stated EBP requires staff to wear PPE while providing direct patient care. The RNA stated the staff are required to wear a yellow PPE gowns and gloves, even if not performing urinary catheter care. RNA 1 observed Resident 33's room and closet and stated that there were no PPE gowns and they needed to be restocked. RNA 1 stated she should get PPE gowns from the supply closet down the hall prior to providing care. On December 12, 2025, at 12:38 p.m., an interview with Certified Nursing Assistant (CNA) 1 was conducted. CNA 1 stated EBP is for residents that have intravenous line (IV - a needle or tube inserted into a vein), urinary catheter, or gastrostomy tube (GT - a direct opening from the outside of the abdomen into the stomach). CNA 1 stated staff were required to wear gloves and PPE gown before high interaction with the resident. On December 15, 2025, at 3:16 p.m., a concurrent interview and record review with the Director of Nursing (DON) was conducted. The DON stated the staff were required to wear a gown and gloves when there was significant contact with a resident such as wound care, transfers, activities of daily living (ADLS), urinary catheter care, IV care and GT care to those residents requiring EBP. The DON stated the staff were required to wear a gown and gloves even when there were no direct touching or care to the area of concern. The DON stated if a resident that was on EBP returns to the room from an activity such as: dining room, rehab, shower, and required two staff member assistance to transfer from wheelchair to bed, the staff members should wear a gown and gloves due to significant contact with the resident. A review of the facility's policy and procedure titled, Enhanced Barrier Precautions, dated April 1, 2024, indicated, .infection control intervention .designed to reduce transmission of multi-drug -resistant organisms .gown and glove use during high contact resident care activities .dressing .bathing/showering .transferring .device care or use: central line, urinary catheter, feeding tube .wound care .EBP should be followed when .anticipating close contact .while assisting .transfers and mobility .2. On December 10, 2025, at 10:59 a.m., CNA 2 was observed transporting soiled linen in the hallway. CNA 2 was carrying a large, clear, secured bag with soiled linens without wearing gloves. CNA 2 was observed with the soiled linen bag touching her clothing. CNA 2 was observed taking the soiled linen bag to soiled utilities closet. On December 15, 2025, at 2:39 p.m., an interview with the Infection Preventionist (IP) was conducted. The IP stated the soiled linen bag should not touch a staff members body while transporting from the resident's room to the soiled utilities closet, because the soiled linen bag has touched the floor and was considered dirty.On December 15, 2025, at 3:16 p.m., an interview with the DON was conducted. The DON stated when transporting a soiled linen bag from a resident's room to the soiled utilities closet, the bag should be away from the clothing and body. A review of the facility's policy and procedure titled, Soiled Laundry & Bedding, revised date July 1, 2015, indicated, .Anyone who handles soiled laundry .wears protective gloves .and other protective appropriate protective equipment .3. On December 10, 2025, at 10:34 a.m., EBP signage was observed outside of Resident 200's room, with no visible PPE gowns stocked. The EBP signage indicated, .Enhanced Barrier Precautions .Providers and Staff Must .Wear gloves and a gown for High-Contact Care Activities ., with images of a stop sign, gloves and a gown along the sides of the written instructions for enhanced barrier precautions. On December 11, 2025, at 12:38 p.m., Resident 200's (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	record was reviewed. Resident 200 was admitted to the facility on [DATE], with diagnoses which included bacteremia (the presence of bacteria in the bloodstream).A review of Resident 200's MDS, dated November 26, 2025, indicated, Resident 200 had a BIMS score of 15 (cognitively intact). A review of Resident 200's physician orders indicated the following:- Enhanced Barrier Precaution due to enteral feeding (delivering liquid nutrition (formula) directly into the stomach), every shift, date ordered December 9, 2025; and- Enhanced Barrier Precaution due to RUA (right upper arm) PICC line (a type of long catheter that is inserted through a peripheral vein), every shift, date ordered December 9, 2025.A review of Resident 200's care plan, dated December 9, 2025, indicated the following:- .Focus: Enhanced Barrier Precaution Related to: Enteral feeding .Goals: Will minimize risk and complications of infection .Interventions: Promote proper EBP signage .Health Teaching to resident, family members, and staff about importance of Enhanced Barrier Precaution including proper hand hygiene and wearing of personal protective equipment (PPE) during high-contact resident activities .- .Focus: Enhanced Barrier Precaution Related to: RUA PICC line .Goals: Will identify Signs and Symptoms of active infection .Interventions: Promote proper EBP signage .Health Teaching to resident, family members, and staff about importance of Enhanced Barrier Precaution including proper hand hygiene and wearing of personal protective equipment (PPE) during high-contact resident activities .Environmental Cleaning on resident's room, equipment and devices .On December 11, 2025, at 12:40 p.m., Resident 200 was observed returning to his room from rehab gym by wheelchair, with two therapy staff members. The PTA and COTA were observed transferring Resident 200 with a gait belt from the wheelchair to bed while wearing gloves. The PTA and COTA were in close contact with Resident 200 during the transfer and was observed not wearing a yellow gown.On December 11, 2025, at 12:48 p.m., an interview with the COTA and PTA was conducted. The COTA stated Resident 200 was on EBP precautions for IV and GT. The PTA stated staff were required to wear gowns and gloves when providing care to the residents with IV line or GT. The EBP signage was reviewed with the COTA and PTA. The COTA and PTA stated transferring a resident from wheelchair to bed was considered a high contact activity and they should have been wearing gowns and gloves when transferring Resident 200 from wheelchair to bed.On December 15, 2025, at 3:16 p.m., a concurrent interview and record review with the DON was conducted. The DON stated the staff were required to wear gowns and gloves when there was significant contact with a resident such as wound care, transfers, activities of daily living (ADLS), urinary catheter care, IV care and GT care. The DON stated the staff were required to wear gowns and gloves even when there was no direct contact or care to the area of concern. The DON stated if a resident that was on EBP returns to the room from an activity such as: dining room, rehab, shower, and required two staff member assistance to transfer from wheelchair to bed, the staff members should wear gowns and gloves due to significant contact with the resident. A review of the facility's policy and procedure titled, Enhanced Barrier Precautions, dated April 1, 2024, indicated, .infection control intervention .designed to reduce transmission of multi-drug-resistant organisms .gown and glove use during high contact resident care activities .dressing .bathing/showering .transferring .device care or use: central line, urinary catheter, feeding tube .wound care .EBP should be followed when .anticipating close contact .while assisting .transfers and mobility .		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, for one of five sampled residents (Resident 16) was free from unnecessary psychotropic (drugs that affects brain activities associated with mental processes and behavior) medications when Resident 16 was administered lorazepam (used to treat anxiety) without adequate behavioral monitoring during the use of lorazepam. This failure had the potential to result in unnecessary use of medications for Resident 16 which increased the potential for medication interactions, adverse reactions, and unidentified risks associated with the use of lorazepam that included but not limited to sedation, dizziness, unsteadiness, and difficulty concentrating. Findings: On December 10, 2025, at 10:39 a.m., a group interview was conducted with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) 1 regarding the facility's psychotropic medication management process. The DON and ADON 1 stated all psychotropic medication orders were expected to include an order to monitor the target behavior. ADON 1 stated all medication and monitoring orders were documented by the nursing staff in the resident's Medication Administration Record (MAR). On December 10, 2025, a review of Resident 16's admission Records, indicated, the admission Records indicated Resident 16 was originally admitted to the facility on [DATE], and readmitted to the facility on [DATE] with diagnoses which includes dementia (loss of brain function impacting memory, thinking, and daily tasks), psychosis (when a person has trouble telling the difference between what's real and what's not), and depression. A review of Resident 16's medical records included a physician's order, dated December 8, 2025, which indicated, Lorazepam Oral Concentrate (a strong liquid medicine) 2 (two) mg (milligram - unit of measurement) per 2 (two) ml (milliliters - unit of measurement), give 0.5 ml by mouth every 4 (four) hours as needed for Anxiety M/B (manifested by) SOB (shortness of breath). A review of Resident 16's medical record indicated there was no physician's order to monitor the target behavior Anxiety M/B SOB during use of lorazepam. A review of Resident 16's MAR, and Progress Notes, dated December 8, 2025, to December 11, 2025, indicated Resident 16 was administered lorazepam eight (8) times and there was no documented evidence that the target behavior Anxiety M/B SOB was monitored and documented by nursing staff during the use of lorazepam on the following dates & times: - December 8, 2025, at 16:45 (4:45 p.m.); - December 9, 2025, at 18:46 (6:46 p.m.); - December 10, 2025, at 03:13 (3:13 a.m.); - December 10, 2025, at 08:57 (8:57 a.m.); - December 10, 2025, at 16:47 (4:47 p.m.); - December 10, 2025, at 20:52 (8:52 p.m.); - December 11, 2025, at 01:16 (1:16 a.m.); and - December 11, 2025, at 10:14 a.m. On December 11, 2025, at 12:26 p.m., a group interview and concurrent record review was conducted with the DON, ADON 1, and ADON 2. The group reviewed Resident 16's medical record, including Resident 16's physician's orders and the MAR for December 2025. The DON and ADON 2 confirmed there was no physician's order to monitor the target behavior Anxiety M/B SOB when lorazepam was administered to Resident 16. The DON stated there should have been an order for monitoring target behavior when an as needed psychotropic medication was administered. On December 12, 2025, at 12:45 p.m., a follow-up interview and concurrent record review was conducted with the DON. The DON stated the expectation was for the nursing staff to document the target behavior Anxiety M/B SOB during the use of lorazepam for Resident 16. A review of the policy and procedure titled Dignity and Respect Psychoactive Medications, dated January 2025, indicated, .The resident's medication management plan is documented in their medical record .including the resident's response to any treatment (such as .behavior flow sheets .) is essential to evaluate the ongoing effectiveness, benefits as well as risks .		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review, the facility failed to ensure, for one of two IV (intravenous, into the vein) Medication Emergency Kits (E-kit; a kit/box containing medications and supplies for immediate use during a medical emergency) was replaced timely after being opened in accordance with the facility's policy and procedure. This failure resulted in the potential for emergency medications to be unavailable when needed, and the potential for not meeting the residents' therapeutic needs or worsening of their medical conditions. Findings: On December 8, 2025, at 11 a.m., an observation and concurrent interview was conducted with Assistant Director of Nursing (ADON) 1 in the medication storage room at nursing station 1. One IV Medication E-kit was identified sealed with a yellow lock. ADON 1 stated the yellow lock indicated the IV Medication E-kit had been opened by nursing staff and needed to be replaced by the pharmacy. ADON 1 stated the following regarding the e-kit process and the expectation from the nursing staff after the e-kit was opened: -Should fill out the medication slip; -Leave one copy of the slip in the logbook and one copy of the slip inside the e-kit; -Reseal the e-kit with a yellow lock; -The nursing staff should immediately call the pharmacy to reorder the e-kit; and -The pharmacy should replace the e-kit within 72 hours. In a concurrent interview with ADON 1, she was unable to locate the medication slips and unable to identify when the IV medication E-kit was opened. The pharmacy label observed on outside of the IV Medication E-kit indicated it was filled by the pharmacy on November 27, 2025. ADON 1 stated the e-kit would have been opened by nursing staff sometime after November 27, 2025. ADON 1 compared the remaining contents inside the IV Medication E-kit to the inventory list to identify which medication(s) were removed. ADON 1 identified there were two medications removed: one Vancomycin (antibiotic to treat infections) 1 g (gram, unit of measurement) vial; and one Ertapenem (antibiotic to treat infections) 1 g vial. ADON 1 stated she needed to review medical records to identify when the medications were removed and stated she will follow-up. On December 10, 2025, at 10:12 a.m., a follow-up interview and concurrent record review was conducted with ADON 1. ADON 1 stated a nursing progress note dated November 30, 2025, indicated one Ertapenem 1 g vial was removed from the IV Medication E-kit. ADON 1 stated another nursing progress note, dated December 3, 2025, indicated one Vancomycin 1 g vial was removed from the IV Medication E-kit. ADON 1 acknowledged the IV Medication E-kits were not replaced within 72 hours according to the facility's policy and stated it should have been. On December 12, 2025 at 12:28 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated the expectation was for nursing staff to have called the pharmacy immediately after an e-kit was opened and the pharmacy was expected to replace the opened e-kit within 72 hours to ensure the emergency medications were available for other residents when needed. A review of the facility's policy and procedure titled, Emergency Pharmacy Service and Emergency Kits, revised June 2016, indicated, .Opened kits are replaced with sealed kits within 72 hours of opening .		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the Consultant Pharmacist (CP) recommendation were acted upon, for two of seven residents reviewed for unnecessary medications (Residents 7 and 8) when:1.For Resident 7, the duration of heparin (an anticoagulant [blood thinner] solution used to prevent and treat blood clots in various medical conditions and procedures) therapy was not indicated. This failure had the potential for Resident 7 to be exposed to unnecessary medication and placed the resident at risk for adverse effects; and2.For Resident 8, episodes of blood sugar levels above 300 mg/dl (milligram/deciliter - unit of measurement)was not evaluated by the physician. This failure had the potential for the medications not being optimized for best possible health outcome for Resident 8. Findings:1.On December 11, 2025, at 11:36 a.m., a concurrent observation and interview with Resident 7 was conducted. Resident 7 was observed sitting on a wheelchair in the dining room in front of the dining table waiting for lunch to be served. In a concurrent interview with Resident 7, he stated he is able to propel his wheelchair inside the facility.On December 11, 2025, at 11:40 a.m., Restorative Nursing Assistant (RNA) 2 was interviewed. RNA 2 stated she had been RNA for more than four years and have provided RNA exercises to Resident 7. RNA 2 stated Resident 7 was on ambulation program with the use of front wheel walker (FWW) five (5) times a week and the resident is able to ambulate about 150 feet with steady gait.On December 11, 2025, Resident 7's record was reviewed. Resident 7 was admitted to the facility on [DATE], with diagnoses which included wedge compression fracture of the lumbar vertebrae (a common spinal injury, usually from weak bones (osteoporosis), where the front of a lower back vertebra collapses, forming a wedge shape).A review of Resident 7's Order Summary Report, included physician's order, dated May 7, 2025, which indicated, .Heparin Sodium Injection Inject 1 (one) ml (milliliter - unit of measurement) subcutaneously (under the skin) every 12 hours for DVT (deep vein thrombosis - is a serious medical condition where a blood clot forms in a deep vein) ppx (prophylaxis - taking preventive measures (like drugs or vaccines) to stop a disease, infection, or complication before it starts, or preventing recurrence).A review of the facility document titled, Consultant Pharmacist's Medication Regimen Review, dated May 17, 2025, indicated, .please provide a duration of therapy for Heparin.On December 12, 2025, at 3:41 p.m., a concurrent interview and record review was conducted with Assistant Director of Nursing (ADON) 1. ADON 1 stated there was no documentation the pharmacist recommendation to evaluate the duration of heparin therapy was referred to the physician for appropriate action. ADON 1 stated the pharmacist recommendation for Resident 7 should have been acted upon.2. On December 12, 2025, at 10:33 a.m., a concurrent observation and interview was conducted with Resident 8. Resident 8 was observed laying in bed and watching television. In a concurrent interview, Resident 8 stated she had been diagnosed with diabetes mellitus (DM - abnormal blood sugar) and on dialysis (a life-sustaining medical treatment that filters waste products and excess fluid from your blood when your kidneys fail) for about four to five years. Resident 8 stated she had been receiving insulin medication once a day and the nursing staff checks her blood sugar. Resident 8 stated she was uncertain of her blood sugar levels.On December 12, 2025, Resident 8's record was reviewed. Resident 8 was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus and end stage renal disease (when your kidneys are failing and can no longer filter waste and fluids from your blood effectively enough to sustain life).A review of Resident 8's Minimum Data Set (MDS - a resident assessment tool), dated October 13, 2025, indicated Resident 8 had a BIMS (Brief Interview of Mental Status) score of 15 (cognitively intact).A review of Resident 8's care plan, date initiated on October 23, 2021, indicated, At risk for hypo/hyperglycemia (low/high blood sugar) r/t (related to) Dx (diagnosis) of DM, long-term insulin therapy.Interventions.Diabetes medication as ordered by the doctor. Monitor/document for side (continued on next page)		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	effects and effectiveness.Fasting Serum Blood Sugar as ordered by doctor.Identify areas of non-compliance or other difficulties in resident diabetic management.Monitor lab work as ordered.Collaborate with pharmacist and attending physician to adjust insulin and frequency of blood sugar checks as needed.A review of Resident 8's physician orders, dated September 12, 2025, indicated, Lantus SoloStar Subcutaneous Solution .(Insulin Gargline - medication to treat DM) Inject 10 unit.in the morning .AND Inject 25 unit.in the morning.A review of Resident 8's Weights and Vital Summary, indicated the following:- 22 episodes of blood sugar levels above 300 mg/dl from September 12, 2025 to September 30, 2025; and-27 episodes of blood sugar levels above 300 mg/dl from October 1 to 31, 2025.A review of the facility document titled, Consultant Pharmacist's Medication Regimen Review, dated October 22, 2025, indicated, .Resident's blood sugar has been > (more than) 300 on several occasions. Please ensure MD (Medical Doctor) is aware to evaluate.A review of Resident 8's Physician's Progress Notes, dated November 4, 2025, at 11:13 a.m., did not indicate evaluation of episodes of blood sugar levels > 300mg/dl.Further review of Resident 8's record indicated there was no documented evidence the pharmacy consultant recommendation to evaluate Resident 8's blood sugar of more than 300 mg/dl was referred to the physician for appropriate action.On December 12, 2025, at 1:42 p.m., a concurrent interview and record review was conducted with Assistant Director of Nursing (ADON) 1. ADON 1 stated there was no documentation the pharmacy consultant recommendation to evaluate Resident 8's blood sugar levels of > 300mg/dl was referred to the physician for appropriate action. ADON 1 stated the pharmacy consultant's recommendation should have been acted upon.A review of the facility's policy and procedure titled, Medication Regimen Review, dated January 2025, indicated, .The facility licensed pharmacy shall review, at least monthly, each resident's drug regimen to maintain the highest practicable level of physical, mental, and psychosocial well-being to prevent or minimize adverse consequences related to medication therapy to the extent possible.The pharmacist performing the monthly medication regimen review will review the resident's medication regimen and ensure the medications each resident receives are clinically indicated.Review of the medical record as part of the MRR may decrease the potential for errors due to drug-drug interactions, omissions, duplication of therapy, or miscommunication during transition from one team of care providers to another.The pharmacist reviews the medical record to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities to the extent possible.The consultant pharmacist will evaluate.Whether the medication dose, frequency, route of administration, and duration are consistent with the resident's condition.Whether the physician and staff have documented progress towards, decline from, or maintenance of the resident's goal(s) for the medication therapy.The facility staff will encourage Physician/Prescriber or other Responsible Parties receiving the MRR and the Director of Nursing to act upon the recommendations including acceptance or rejection.The attending physician shall document in the residents' health record, either on the MRR or in the progress notes, that the identified irregularity has been reviewed and what action (s) have been take to address it.The attending physician should address the consultant pharmacist's recommendation no later than their next scheduled visit to the facility.		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the residents were free from unnecessary medications, for one of seven residents (Resident 7), when the use of heparin (an anticoagulant [blood thinner] solution used to prevent and treat blood clots in various medical conditions and procedures) was not evaluated for the continued use. This failure has the potential to cause Resident 7 to develop adverse reactions from unnecessary medications. Findings: On December 11, 2025, at 11:36 a.m., a concurrent observation and interview with Resident 7 was conducted. Resident 7 was observed sitting on a wheelchair in the dining room in front of the dining table waiting for lunch to be served. In a concurrent interview with Resident 7, he stated he is able to propel his wheelchair inside the facility. On December 11, 2025, at 11:40 a.m., Restorative Nursing Assistant (RNA) 2 was interviewed. RNA 2 stated she had been RNA for more than four years and have provided RNA exercises to Resident 7. RNA 2 stated Resident 7 was on ambulation program with the use of front wheel walker (FWW) five (5) times a week and the resident is able to ambulate about 150 feet with steady gait. On December 11, 2025, Resident 7's record was reviewed. Resident 7 was admitted to the facility on [DATE], with diagnoses which included wedge compression fracture of the lumbar vertebrae (a common spinal injury, usually from weak bones (osteoporosis), where the front of a lower back vertebra collapses, forming a wedge shape). A review of Resident 7's Order Summary Report, included physician's order, dated May 7, 2025, which indicated, .Heparin Sodium Injection Inject 1 (one) ml (milliliter - unit of measurement) subcutaneously (under the skin) every 12 hours for DVT (deep vein thrombosis - is a serious medical condition where a blood clot forms in a deep vein) ppx (prophylaxis - taking preventive measures (like drugs or vaccines) to stop a disease, infection, or complication before it starts, or preventing recurrence). A review of Resident 7's Minimum Data Set (MDS - a resident assessment tool), dated November 4, 2025, indicated Resident 7 required supervision in walking 50 feet with two turns. A review of Resident 7's Physical Therapy Treatment Encounter Notes, indicated the ambulation progress status on the following dates: -June 3, 2025; 20 feet gait distance using two-wheeled walker; -July 4, 2025; 90 feet gait distance using two-wheeled walker; -September 30, 2025; 150 feet gait distance using two-wheeled walker; and -October 31, 2025; 175 feet gait distance using two-wheeled walker. A review of Resident 7's physician order, dated November 20, 2025, indicated, .RNA to do ambulation using FWW QD (once a day) 5x/week as tolerated, every day shift. Further review of Resident 7's record indicated there was no documented evidence the use of heparin was evaluated for its continued use related to DVT prophylaxis. On December 12, 2025, at 1:35 p.m., during an interview with Assistant Director of Nursing (ADON) 1, she stated that heparin was prescribed to Resident 7 on May 7, 2025, due to immobility from a wedge compression fracture. ADON 1 stated that Resident 7 is now mobile and could ambulate with the RNA and propel himself within the facility. ADON 1 stated there was no documentation indicating that the physician evaluated the continued use of heparin for DVT prophylaxis despite the resident's improved mobility. ADON 1 acknowledged that Resident 7's heparin use should have been reviewed given his current mobility status. A review of the facility's policy and procedure titled, Anticoagulation Clinical Protocol, dated November 2024, indicated, .The facility provides care and services consistent with current standards of practice for residents who use anticoagulants. To provide staff with guidelines to reduce the potential risks associated with the use of anticoagulants. In general, long-term subcutaneous administration of heparin in chronically bed-bound individuals is not indicated or of proven benefit for long-term DVT prophylaxis. The physician will help review the progress of individuals who are being anticoagulated. The physician will periodically identify individuals whose anticoagulants can be discontinued or reduced and will document a rationale for continuing anticoagulation over time, including the medication and current dosage.		