

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555923	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Temecula Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  44280 Campanula Way Temecula, CA 92592	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on interview, and record review, the facility failed to ensure two of three residents, (Residents 4 and 5), had a discharge notice sent to the Ombudsman, (advocate for residents of nursing homes), prior to their discharges.</p> <p>This failure had the potential for Residents 4 and 5 to not have an advocate prior to their discharges.</p> <p>Findings:</p> <p>On October 10, 2024, at 11:10 a.m., an unannounced visit to the facility on two complaints and one Facility Reported Incident was initiated.</p> <p>1. A review of Resident 4's medical record indicated he was admitted to the facility on [DATE], with diagnoses of hemiplegia, (paralysis of one side of the body), and hemiparesis, (weakness of one side of the body), following cerebral infarction, (stroke), affecting left non-dominant side. Resident 4 was discharged on [DATE].</p> <p>A review of Resident 4's History and Physical, dated September 23, 2024, indicated he was forgetful.</p> <p>A review of Resident 4's Order Summary Report, for the month of October 2024, indicated, .LCD (last cover day) 10/8/24 (October 8, 2024) discharge 10/9/24 (October 9, 2024) .</p> <p>A review of Resident 4's NOTICE OF TRANSFER / DISCHARGE, effective date of October 9, 2024, indicated .This notice is to inform you that transfer/discharge is necessary for the following reason .The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer require services provided by the facility .</p> <p>A review of Resident 4's Progress Notes, dated October 9, 2024, at 1:10 p.m., indicated DC [discharge] for doctors (sic) order, went home with son .all meds and belongings given. leave (sic) the facility .</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On October 10, 2024, at 3:30 p.m., an interview was conducted with the Social Service Designee (SSD) 1. SSD 1 stated that discharge and transfer notices are sent to the Ombudsman by email on the first of the month. SSD 1 stated there was no way to send them every day prior to the resident being discharged .</p> <p>On October 10, 2024, at 5:16 p.m., an interview was conducted with SSD 2. SSD 2 stated that Resident 4 was discharged on [DATE]. The SSD 2 stated that Resident 4's discharge notice had not been sent to the Ombudsman office yet.</p> <p>2. A review of Resident 5's medical records indicated he was admitted to the facility on [DATE], and discharged on [DATE], with diagnoses of aftercare cervical decompression, (a procedure that removes any structures compressing the nerves in the neck), type 2 diabetes mellitus, (high blood sugar level), dementia, (memory loss), and multiple fractures of ribs.</p> <p>A review of Resident 5's Order Summary Report, for the month of October 2024, indicated:</p> <ul style="list-style-type: none"> <li>- Dated June 11, 2024, .Resident is Incapable Of Understanding Rights, Responsibilities, And Informed Consent .</li> <li>- Dated September 9, 2024, .LCD 9/10/24 (September 10, 2024), DC (discharge) home 9/11/24 (September 11, 2024) .</li> </ul> <p>A review of Resident 5's NOTICE OF TRANSFER / DISCHARGE effective date of September 11, 2024, indicated .This notice is to inform you that transfer/discharge is necessary for the following reason .The transfer or discharge is appropriate because your health has improve sufficiently so that you no longer require services provided by the facility .</p> <p>A review of Resident 5's Progress Notes dated September 11, 2024, at 2:30 p.m., indicated .Discharge Note Resident is awake alert and oriented noted with no SOB [shortness of breath] no distress noted all needs have been attended and anticipated resident was discharged home today .resident left with personal belongings via private transportation.</p> <p>Email VirtualFax Sent fax result 1(951)658-1140 September Notice of Transfers/Discharges Date Tue October 1, 2024, at 2:20 p.m.</p> <p>On October 10, 2024, at 3:30 p.m., an interview was conducted with Social Service Designee (SSD) 1. SSD 1 stated that discharge and transfer notices are sent to the Ombudsman by email on the first of the month. The SSD 1 stated there was no way to send them every day prior to the resident being discharged .</p> <p>On October 10, 2024, at 5:16 p.m., an interview was conducted with SSD 2. SSD 2 stated Resident 5 was discharged on [DATE]. The SSD 2 stated that Resident 5's discharge notice was sent to the Ombudsman office by email on October 1, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure titled Transfer or Discharge, Facility-Initiated revised October 2022, indicated .Facility-Initiated Transfer or Discharge .Facility-initiated transfer or discharge means a transfer or discharge which the resident objects to, or did not originate through a resident's verbal or written request .Notice of Transfer or Discharge (Planned) . 3. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative .</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41422</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three residents, (Resident 1), had bilateral floor mats in place as ordered.</p> <p>This failure had the potential for Resident 1 to have an injury due to a fall.</p> <p>Findings:</p> <p>On October 10, 2024, at 11:10 a.m., an unannounced visit to the facility on two complaints and one Facility Reported Incident was initiated.</p> <p>A review of Resident 1 ' s medical records indicated she was admitted on [DATE], with diagnoses of hypothyroidism, (a condition resulting from decreased production of thyroid hormones), rheumatoid arthritis, (a chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility), dementia, (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning), hemiplegia, (paralysis of one side of the body), and hemiparesis, (weakness of one side of the body), following cerebral infarction, (stroke), affecting left non-dominant side.</p> <p>A review of Resident 1 ' s History and Physical dated May 28, 2024, indicated she could make needs known but was unable to make decisions due to dementia.</p> <p>A review of Resident 1 ' s Order Summary Report dated September 4, 2024, indicated .Safety: Floor/Landing Pad To Be Placed Next To Bed (Right/Left) When Resident Is In Bed. every shift .</p> <p>On October 10, 2024, at 3:01 p.m., observed Resident 1 in bed. She had a floor mat on the right side of her bed.</p> <p>On October 10, 2024, at 3:01 p.m., an interview was conducted with Resident 1. Resident 1 denied that she had a fall and was unsure why she had a floor mat on the floor next to her bed.</p> <p>On October 10, 2024, at 3:10 p.m., an interview was conducted with the Certified Nursing Assistant, (CNA). The CNA stated she was taking care of Resident 1. The CNA stated that Resident 1 was a fall risk. The CNA stated that there should be a floor mat on each side of the bed since Resident 1 would get up on her own.</p> <p>On October 10, 2024, at 3:20 p.m., an interview was conducted with the Assistant Director of Nursing, (ADON). The ADON stated that if there was an order for bilateral floor mats for Resident 1, then a floor mat should be on each side of her bed.</p> <p>A review of the facility ' s policy and procedure titled Falls - Clinical Protocol revised March 2018, indicated . Treatment/Management .the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address the risks of clinically significant consequences of falling .</p>		