STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555923	A. Building B. Wing	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Temecula Healthcare Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure use of the Hoyer lift (a portable total patient lifting tool to assist in transferring patients in and out of bed) was operated with two persons for one of four residents (Resident 1). This failure placed Resident 1 at risk for falls and physical injury due to lack of adequate staff support during mechanical lift transfer. Findings:On September 9, 2025, at 2:12 p.m., observed the Physical Therapist (PT) operating the Hoyer lift to transfer Resident 1 from bed to wheelchair without a second staff member assisting. The PT roll the Hoyer lift over towards the wheelchair, with Resident 1 in the Hoyer lift. On September 9, 2025, at 2:17 p.m., during an interview with the CNA, the CNA stated that the Hoyer lift was to be used with two people to ensure resident safety. On September 9, 2025, at 2:51 p.m., during an interview with the PT, the PT stated that Resident 1 required maximum assistance for bed transfers. The PT stated that the Hoyer lift should be operated with two people, and he was operating the Hoyer lift by himself with Resident 1.Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included hemiplegia (paralysis of one side of the body) and Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity and imprecise movement).A review of Resident 1's care plan dated October 3, 2023, indicated, .ADL (activities of daily living) Self-Care Performance Deficit .Interventions .Provide appropriate self-performance and support needed during ADL care .A review of Resident 1's Functional Abilities and Goals, dated August 8, 2025, indicated .Mobility .Chair/bed-to-chair transfer .substantial/maximal assistance [resident does 25-49% of the effort] .A review of the facility's policy and procedure titled Lifting Machine, Using a Mechanical revised July 2017, indicated The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. 1. At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift. 2. Mechanical lifts may be used for tasks that require b. Transferring a resident from bed to chair.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555923	A. Building B. Wing	09/23/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure accurate documentation of an incident for one of four sampled residents (Resident 3), when the facility did not document a verbal altercation and related behaviors in the medical record.This failure had the potential for events to go unreported, increasing the recurrence, inadequate monitoring, and poor resident outcomes.Findings:On September 9, 2025, at 11:13 a.m., an unannounced visit to the facility was conducted to investigate an allegation of abuse.A review of Resident 3's medical records indicated resident was admitted on [DATE], with diagnoses of monoplegia, (paralysis restricted to one limb or region of the body), of lower limb following cerebral infarction, (stroke), affecting left non-dominant side.A review of Resident 3's History and Physical dated June 28, 2025, indicated .doing well overall. In goodspirits (sic).A review of Resident 4's medical records indicated resident was admitted on [DATE], with diagnoses of displaced intertrochanteric fracture of right femur, (broken hip), subsequent encounter for closed fracture with routine healing, diabetes mellitus type 2, (a chronic condition that affects the way the body uses sugar. The body either resists the effects of insulin - a hormone that regulates the movement of sugar into the cells - or doesn't produce enough insulin to maintain normal sugar levels), and major depressive disorder, (a mood disorder that causes a persistent feeling of sadness and loss of interest).A review of Resident 4's History and Physical dated August 3, 2025, indicated resident had the capacity to make decisions.On September 9, 2025, at 11:47 a.m., during an interview with Resident 4, Resident 4 stated Resident 3 was bumping her wheelchair into everything and appeared agitated. Resident 4 stated that she overheard Resident 3 on the phone threatening to beat someone up. Resident 4 stated she put on her call light, and staff removed Resident 3 from the room. On September 9, 2025, at 1:24 p.m., during an interview with Resident 3, Resident 3 admitted that she wanted to beat up Resident 2, her previous roommate. Resident 3 denied intending to beat up Resident 4. On September 9, 2025, at 1:35 p.m., during an interview with the Licensed Vocational Nurse, (LVN), the LVN stated that when a resident is involved in a verbal altercation, they document a Change of Condition in the medical records. On September 9, 2025, at 1:38 p.m., during an interview with the Assistant Director of Nursing, (ADON), the ADON stated that Resident 3 had a verbal altercation with Resident 2 and was moved to a new room with Resident 4. The ADON stated that Resident 4 overheard Resident 3 on the phone talking about the altercation with Resident 2, earlier in the day. On September 9, 2025, at 3:23 p.m., during an interview with the Certified Nursing Assistant, (CNA 1), CNA 1 stated that on September 4, 2025, Resident 3 was moved from another room due to an altercation. CNA 1 stated that Resident 3 was upset, cursing and yelling from the previous altercation with Resident 2. CNA 1 stated she stepped away from the room and noticed Resident 4 had put on her call light, responded to the call light, and found Resident 4 crying, stating that she overheard Resident 3 was going to beat her ass CNA 1 notified the Registered Nurse and moved Resident 4 to a different room. On September 9, 2025, at 4:38 p.m., during an interview and record review with the Director of Nursing, (DON), the DON reviewed Resident 3's progress notes and confirmed there was no documentation of the incident with Resident 4. There was no evidence of documentation in Resident 3's medical records regarding the incident with Resident 4.A review of Resident 4's eINTERACT SBAR Summary for Providers dated September 4, 2025, indicated .Nursing observations, evaluation, and recommendations are: [Resident 4's room number] Call light was on and attended call light noted patient emotionally distress and crying r/t [related to] new room mate, (sic). According to [Resident 3], roommate went to her bed andtouch [sic] her bed. Roommate was on the phone saying I am gonna beat her up. Separated patient and have a CNA watch them to prevent further incident while CN [charge nurse] informed RN [Registered Nurse] that [Resident 4] and roommate [Resident 3] are not compatible. Case Manager talked to [Resident 3] and said that she was talking on the phone about her old roommate in [room number].A review of Resident 4's IDT Note dated September 4, 2025, at 8 p.m., indicated Late Entry: Clinical Event Type:: Alleged Verbal AltercationDate and Time of Event:: 9/4/25 at around 6pm. Root Cause Analysis (RCA). Include Potential Underlying Cause(s)/Contributing Factor(s):: At around 6pm, the assigned LN [licensed nurse] and CNA reported to the writer that patient and her roommate are not compatible. Patient was crying after hearing her roommate on the phone saying she's going to beat her up. Writer went to the room, saw CM [case manager] speaking with theroommate (sic) and also social services speaking with the patient to get her statement. DON, [Director of Nursing], ADON, [Assistant Director of Nursing], Administrator, and Social Services notified. LN also reported that patient stated that her