

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055806	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER VILLA LAS PALMAS HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 622 SOUTH ANZA STREET EL CAJON, CA 92020	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to maintain a safe and comfortable temperature level within the acceptable range of 71F (Fahrenheit; a measurement of temperature) to 81F, for six of eight residents' rooms as required. This failure had the potential to put residents in an uncomfortable environment, and at risk for dehydration and hyperthermia. Findings: On 6/11/19 at 10:38 A.M., an observation and interview with Resident 1 was conducted. Resident 1 was in bed. Resident 1 stated his room was warm and reported it to the nurses, but the nurses did not respond. Resident 1 stated that staff could not do anything about the temperature. Resident 1 further stated he just suffers like others. On 6/11/19 at 12:09 P.M., an observation and interview with Resident 6 was conducted. Resident 6 was lying in bed and stated, yesterday the door to the outside was opened, and a nice breeze came in. Resident 6 stated, at times she could not feel the air conditioner (AC), it had been unusually hot lately, and felt warm in the room. On 6/11/19 at 1:40 P.M., a tour of the facility and an interview was conducted with the Maintenance Supervisor (MS). The MS stated, the roofing replacement began on Friday (6/7/19), above the sub-acute unit, and air was not getting through the vents. The MS further stated, two industrialized air movers were used to disperse cold air through the hallways. The MS used a thermometer sensor to check the temperatures in the residents' rooms. The following readings indicated: Room (Rm) 122 - 80.5F, Rm 123 - 83F, Rm 124 - 82F, Rm 125 - 82F, Rm 126 - 83F, and Rm 128 - 82F. On 6/11/19 at 4:34 P.M., an observation and interview with Resident Representative (RR) 1 and RR 2 was conducted. RR 1 and RR 2 were visiting a resident in Rm 128 and both were sitting at the foot of the bed. RR 1 stated, It's warm, and was fanning herself with a foldable hand-held fan. RR 2 stated it had been warm during the past couple of days. On 6/11/19 at 4:35 P.M., an observation and interview with RR 3, was conducted. RR 3 was visiting a resident in Rm 124. RR 3 stated it had been warm all day. A subsequent interview with the MS was conducted. The MS stated, the residents' rooms needed to be maintained at a room temperature between 72 F to 74F. On 9/21/20 at 10:15 A.M., a phone interview with the administrator (ADMIN). The ADMIN stated resident room temperatures were maintained at a comfortable level, but could not recall the exact temperatures. A review of the facility's policy titled, Physical Environment and Accommodations, undated, indicated, . The facility shall cool rooms to a comfortable range, between 78 degrees F.and 85 degrees F .		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.