

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555659	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2020
NAME OF PROVIDER OF SUPPLIER SAN DIEGO POST-ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1201 SOUTH ORANGE AVE. 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 - Few	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and comfortable environment for 3 of 25 residents (1,2, and 3) reviewed for room temperature. This failure resulted in the residents' room temperature to be above 80 degrees Fahrenheit (F) and caused the residents discomfort. Findings: On [DATE] at 8:40 A.M., an interview was conducted with the Ombudsman (official advocate for residents) for the facility. The Ombudsman stated Resident 1's room was uncomfortably hot. She stated Resident 1 was not able to speak for herself. The Ombudsman stated that two other residents (2 and 3) lived in the same room as Resident 1. According to the facility's face sheet, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. According to the facility's face sheet, Resident 2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].M., a telephone interview was conducted with Resident 1's Responsible Party (RP). The RP stated she had a personal thermometer in Resident 1's room at that time. The RP stated the room temperature in Resident's room was 88 degrees F. The RP stated Resident 1 was perspiring and seemed hot. On 3/10/20 at 1:24 P.M., an observation of Resident 1's room was conducted. The room felt very hot. Resident 1 was observed to be perspiring. On 3/10/20 at 1:25 P.M., an interview was conducted with CNA (certified nursing assistant) 1 in Resident 1's room. CNA 1 stated Resident 1's room felt hot. CNA 1 stated the heater was on and was observed holding his hand up to a ceiling vent. CNA 1 stated warm air was entering Resident 1's room via the heater vent. On 3/10/20 at 1:30 P.M., the Director of Maintenance (DOM) was observed entering the room. The DOM used his thermometer to take the temperature in Resident 1's room. The DOM stated the temperature in the room was 85 degrees F. He stated the room temperature should be below 81 degrees F. On 3/10/20 at 1:40 P.M., Resident 2 was observed to be fanning herself with her hand. When questioned if she was hot, Resident 2 nodded her head. On 3/10/20 at 1:46 P.M., Resident 3 was observed to be in room in her bed. Resident 3 was not able to be interviewed. On 3/10/20 at 1:52 P.M., an interview was conducted with LN 1. LN 1 stated Resident 1's room was hot. LN 1 stated the goal was for resident rooms to be between 70-80 degrees F. LN 1 stated if rooms were too hot, they could be uncomfortable for the patients. On 3/10/20 at 2:05 P.M., an interview with the director of nursing (DON) was conducted. The DON stated residents whose rooms were above normal temperature could become uncomfortable. The DON stated the room for Residents 1, 2, and 3 was above the facility's temperature policy. According to the facility's undated policy, titled Providing Comfortable and Safe Temperature Levels for Residents: It is the policy to provide a comfortable and safe temperature levels for the residents. The facilities will maintain a temperature range of 71-81 degrees F .</p>		
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.