STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555659	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN DIEGO POST-ACUTE CENTER	1201 SOUTH ORANGE AVE. EL CAJON, CA 92020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey. Complaint number: 864216 Category: Resident Neglect, Quality of Care and Treatment Representing the California Department of Public Health: Health Facility Evaluator Nurse (HFEN) 46235. The inspection was limited to the specific complaint investigated on 10/19/23 and does not represent the findings of a full inspection of the facility. A deficiency was identified from this investigation. See F 656.	F 000		11/10/23
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/10/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555659	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN DIEGO POST-ACUTE CENTER	1201 SOUTH ORANGE AVE. EL CAJON, CA 92020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 1 required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to update nutritional care plans for two residents reviewed for care planning. (Resident 5 and Resident 6). Failure to update a care plan related to nutrition had the potential for residents to not receive	F 656		11/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555659	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN DIEGO POST-ACUTE CENTER	1201 SOUTH ORANGE AVE. EL CAJON, CA 92020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 2 appropriate care, treatment, and interventions to provide nutrition and prevent further weight loss. Findings: Resident 5 was admitted to the facility on 10/9/23 with diagnoses including dysphagia, orophangeal phase (mouth and/or throat swallowing problem) according to the facility's Admission Record. A review of Resident 5's weight record was conducted. Resident 5's recorded weights in the facility's electronic medical record were as follows: 8/27/23 106.6 pounds (lbs) 9/8/23 110.8 lbs. 9/15/23 106.2 lbs. 9/22/23 100 lbs. 9/29/23 95.8 lbs. The facility's "Weight Variance " Progress Notes (PN) dated 9/21/23 was reviewed. The PN indicated Resident 5's weight on 9/15/23 was 106.2 pounds (lbs.) which indicated, "A significant weight loss of 4.2% in one week. " The PN further indicated Resident 5 was refusing meals. The PN did not have any new interventions or recommendations to address weight loss and refusal of meals. The "IDT (Interdisciplinary Team- members with various areas of expertise who work together toward the goals of their residents) weight variance " PN dated 9/28/23 indicated Resident's	F 656		11/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555659	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN DIEGO POST-ACUTE CENTER	1201 SOUTH ORANGE AVE. EL CAJON, CA 92020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 3 weight as 100 lbs. which indicated "5.8% weight loss x 1 week ...(unplanned) ...GWR (goal weight range)120-150 lbs. trays are supplemented with additional foods to promote caloric intake. " During a concurrent review and interview on 10/30/23 at 10:28 A.M. with the MDS (Minimum Data Set: a clinical assessment tool) nurse, the MDS Nurse stated there should have been a new intervention in Resident 5's nutritional care plan to address Resident 5's weight loss. The MDS nurse further stated Resident 5's nutritional care plan did not include the intervention to have additional foods on trays to promote caloric intake. The MDS nurse stated the care plan should have been updated to ensure an updated nutritional interventions were made for Resident 5. Resident 6 was re-admitted to the facility on 2/19/18 with diagnoses including Dysphagia (difficulty swallowing), according to the facility's Admission Record. A review of Resident 6's weight record was conducted. Resident 6's recorded weights in the facility's electronic medical record were as follows: 6/10/23 157.2 lbs. 7/17/23 150.8 lbs. 8/13/23 148.8 lbs. 9/10/23 145.4 lbs. During a review of the facility's "Weight Variance " PN, dated 9/14/23, the PN indicated, "Resident	F 656		11/10/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555659	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN DIEGO POST-ACUTE CENTER	1201 SOUTH ORANGE AVE. EL CAJON, CA 92020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 4 [6] has had a gradual weight loss over 3 months ...will increase double portions of meals. " A concurrent record review and interview on 10/30/23, at 10:28 A.M. was conducted with the MDS nurse. The MDS nurse stated Resident 6's care plan was initiated on 4/29/22 and was not updated to include increasing double portion of meals. The MDS nurse stated Resident 6's care plan should have been updated since it was the dietician's recommendation, and it was the most relevant information pertaining to the resident's plan of care. A review of the facility' policy and procedure (P&P) titled, "Care Plans, Comprehensive Person-Centered, " dated March 2022 was conducted. The P&P indicated, " ...The comprehensive, person-centered care plan should: a. Include measurable objectives and time frames; b. Describe the services that are to be furnished in an attempt to assist the resident attain or maintain that level of physical, mental and psychosocial wellbeing ... "	F 656		11/10/23

F 656

HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THE AFFECTED RESIDENT
Resident 5 no longer resides in the facility.
Resident 6's nutrition care plan was reviewed by the IDT and updated on 11/1/23.

HOW OTHER POTENTIALLY AFFECTED RESIDENTS WILL BE IDENTIFIED
All residents have the potential to be affected. A review of all resident's nutrition risk care plans was initiated on 11/1/23 to ensure that a plan of care specific to the resident's individualized nutritional needs was present and up to date. No other residents were found to be affected.

WHAT MEASURES/ SYSTEMIC CHANGES WILL BE PUT IN PLACE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR
In-services with the Registered Dieticians (RD's) Interdisciplinary Team (IDT) members, Minimum Data Set (MDS) nurses, and Licensed Nurse (LNs) were initiated on10/20/23 regarding updating nutritional care plans.

The clinical team will review residents with weight changes during the clinical review meeting on the next business day following the change in condition to ensure the residents nutritional care plan was updated. Any findings will be immediately corrected. Any RD or LN identified as not updating a nutrition risk care plan following a change of condition or new intervention will be reeducated.

HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THE SOLUTIONS ARE SUSTAINED. THE FACILITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THIS PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM.
Medical records will audit 5 residents with weight changes weekly related to the updating nutrition risk care plans for 3 months.
The Assistant Director of Nurses (ADON) will monitor for compliance. Compliance goal will be 100%. Any findings or trends will be reported at the monthly Quality Assurance Meeting for the next 3 months or until 100% compliance is achieved.

COMPLETION DATE
Date of Compliance 11/23/23

1 To 1 Staff In-Service

Date: 10/19/23

Name: Ashton Armstrong

Department: Dietician

TOPIC:
Accelerating Nutritional Careplans With Significant Weight Changes and As Needed

Presentation Method: Film_____ Lecture: X Hands On : X

Content Summary:
Review, teach, and return demo on how to update & review Nutritional Careplans

Evaluation Method: Return Demo: X Written Test : _____ Oral Test : _____

Employee Signature AA
Ashton Armstrong RD
Date: 11/10/23

Educator Signature: JA
Jordan Humberg, LNN MDS
Date: 10/19/23

In-Service Sign in Sheet

In Service Course Title: Nutrition Careplan
Facility Provider Number: _____ Facility Name: San Diego Post Acute
Instructor Name: Donnikka Berry Signature: [signature]
Date: 10/20/23 From _____ To _____ Length _____
Method of Training/In-Service: Verbal

Print Name & Title	Signature	Credential
1. Zoey Mitchell RN	[signature] RN	RN
2. Denise Simonoff	[signature]	LVN
3. Maharanee Le, RN	[signature] RN	RN
4. Jordan Humburg, LVN	[signature]	LVN
5. Vanessa Garcia	[signature]	LVN
6. Stephanie Garcia	[signature]	LVN
7. Shierlyn Belmonte	[signature]	LVN
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

UPDATED:

SDPAC
San Diego Post-Acute Center

Weights Audit

Station	Room #	Resident Name	Date	CIC Eval	RD Order Recommendation Present (Y/N)	IDT note in place	Nutrition Care Plan Updated	COMMENTS

Total Residents

Medical Records: Audit once a week on completion, report daily in stand up any missing information

MARYAM

RM	Resident	Payor	Doctor	Vax
101	CRUZ, Tom	Hnet Cal	D. Nguyen	B
102	BAHROLOLOUM, Jamal	Medicare	Gessner	V
103a	TEBO, Maria	Medicare	Gessner	V
103b	DUHAMEL, Selva	Molina Cal	Rajper	B
104	ESPINOZA, Jose	Medi-Cal	Gessner	V
105a	HOUSER, Leonora	Medicare	Gessner	B
105b	Newell, Marguerite	Medicare	Gessner	B
106a	SILVA, Cecilia	CHG Cal	Gessner	
106b	Lankard, Mae	Medi-Cal	Gessner	B
107a	HUYNH, Hoang 10/20	Medicare	Gessner	V
107b	ALFARO, Jeffrey	CHG Cal	Guha Roy	B
108a	LUCAS, Maryanne	Medicare	Gessner	B
108b	DAVILA,Luz	Hnet Cal	Rajper	B
109a	SUTHERLAND, Glenn	Kaiser Cal	Howell	B
109b	DOWNS, James	Molina Cal	Pietila	B
110a	SABINO, Mary	Medicare	Gessner	B
110b	ROBERTS, Lauren	Medicare	Ramineni	B
110c	NUNEZ DE SANCHEZ, Nestora	CHG Cal	Guha Roy	
111a	MCGINNES, Audra	Molina Cal	Rajper	B
111b	AMATO, Kvetoslava	Medi-Cal	Michlin	B

HR

RM	Resident	Payor	Doctor	Vax
112a	BEANE, Katherine	CHG Cal	Gessner	B
112b	GUEST, Jeweldean	M-Cal Pendi	Gessner	B
112c	BANKS, Elaine	Hnet Cal	Pietila	B
113a	COYLE, Arline	Medi-Cal	Kassamali	B
113b	TAYLOR, Julie	Medicare	Benson	B
114a	TORRES, Pat	CHG Cal	Guha Roy	No
114b	KLEPPER, Marcie	CHG Cal	Rajper	B
114c	BRUCE, Marilyn	Medicare	Gessner	B
115a	REEVES, Mary	Hnet Cal	Michlin	B
115b	DESALVACION, Maria	Hnet Cal	Benson	B
115c	WILLIS, Clara	Molina Cal	Rajper	B
116a	FARQUHAR, William	Medicare	Gessner	B
116b	WEBSTER, Joseph	CHG Cal	Michlin	B
116c	RUENTES, Gerardo	Medicare	Michlin	B

ELVIS

RM	Resident	Payor	Doctor	Vax
117a	RICHARD, James	Medicare	Benson	B
117b	BARTON, Bruce	CHG Cal	Gessner	B
117c	SCHWARTZ, Richard	BSP Cal	Michlin	No
118a	WILLIAMS, Joyce	Medicare	Guha Roy	V
118b	OTERO-CONCEPCION, Carmen	BSP Cal	Gessner	B
119a	PECK, JR, Albert	Hnet Cal	Rajper	B
119b	GABUT, Bryan	CHG Cal	Guha Roy	B

BOA

RM	Resident	Payor	Doctor	Vax
120a	ARLT, Barbara	Molina Cal	Kim	B
120b	QUIMBY, Mary	Medicare	Gessner	B
121a	LEAVITT, Richard	Hnet Cal	Rajper	B
121b	GALLUCCI, Barry	Medicare	Gessner	B
122a	LINCOLN, Steve	Medicare	Gessner	B
122b	Provencio, Patrick	CHG Cal	Michlin	B
123a	SHEMANSKI, Cynthia	Medicare	Gessner	No
123b	LANCE Francis	Medi-Cal	Michlin	
124a	PAULSTICH, Michael	BSP Cal	Michlin	V
124b	GRABOVETSKIY, Boris d/c	Medi-Cal	Gertser	B

SSA- STEPH

RM	Resident	Payor	Doctor	Vax
125a	HOUSTON, Frances	CHG Cal	Gessner	B
125b	HAGUS, Miyoko	Hnet Cal	Pietila	B
126a	DEAN, Edward	Medi-Cal	Ramineni	V
126b	KELLY, Cleo	Medicare	Michlin	V
127a	MACABULOS, Carmelita	Medicare	Gessner	B
127b	AGUINALDO, Angela	Hospice	Ramineni	No
128a	RASMUSSEN, John	Molina Cal	Michlin	No
128b	VALENTINE, Daniel	Medicare	Michlin	B
129a	ASTRINGER, Thomas	Molina Cal	Michlin	V
129b	TORRES, Juan	Hnet Cal	Rajper	B
130	PETERSON, Robert	Hnet Cal	Rajper	B

Station 1 total:	62
Empty Beds:	0
Inhouse:	62
Bedhold:	0

ADMISSIONS

RM	Resident	Payor	Doctor	Vax
201a	SIMMONS, Constance	Medicare	Gessner	V
201b	ANSON, Estefita	Hnet Cal	Gessner	B
201c	LOWINGER, Gilda	CHG Cal	Guha Roy	B
202	RETES, Mercedes	Medicare	Gessner	B
203a	GRAF, Stevens	BSP Cal	Michlin	B
203b	SELOUS, Paul	Molina Cal	Michlin	V
204a	CLINE, Lewis	Kaiser Cal	Howell	B
204b	RUGBY, Abraham	Medicare	D. Nguyen	V
205a	SIMPSON, Elven	CHG Cal	Michlin	No
205b	HALLAK, Awni	Kaiser Cal	Howell	B
206a	PEREZ, Marco	Medicare	Michlin	B
206b	BAHENA RODRIGUEZ, Daniel	Medicare	Gessner	B

DOR

RM	Resident	Payor	Doctor	Vax
207a	ADAIR, Victoria	Medicare	Gessner	B
207b	HAMBURG, Gigi	CHG Cal	Ramineni	B
208a	MCCASTLE, William	Medicare	Gessner	B
208b	FLORES, Daniel	Medicare	Gessner	B
209a	DISNEY, Loren	Molina Cal	Ramineni	B
209b	NIETO JR, Basilio	Medicare	Gessner	B
210a	ADOLFO, Anthony	Medicare	Gessner	B
210b	MILLAN, Rudy	Hospice	Ramineni	B
211a	MAZURA, Bryan "Anne"	Medicare	Gessner	B
211b	KOPSHO, Charles "Chloe" d/c	Medicare	Gessner	B

VANESSA MAE

RM	Resident	Payor	Doctor	Vax
212a	MOORE, Rex	CHG Cal	Paband	B
212b	SHEINBERG, Marshall	Private	Michlin	B
213a	HANDLEY, Roy	Medicare	Gessner	B
213b	JACKSON, Joe Lee	Kaiser Cal	Lai	B
214a	PEREZ, Alejandro	Medicare	Gessner	No
214b	FERRERI, Joseph	Medicare	Gessner	B
215a	RHOADES, Patricia	Medicare	Gessner	V
215b	Jacobs, Sylvia	Medicare	Gessner	No
216a	COOK, James	Medicare	Michlin	B
216b	BITTICK, Shad	BSP Cal	Gertser	No
217a	MACIVER, Robert	Medicare	Gessner	B
217b	BUDA, Michael	CHG Cal	Pietila	B
217c	TREVINO, Juan	BSP Cal	Gessner	B

BETH

RM	Resident	Payor	Doctor	Vax
218a	STENZ, Chaluai 10/20	Medicare	Gessner	B
218b	SUPIPING, Felisa 10/19	Medicare	Smith	B
219a	MARTIN, John	CHG Cal	Gessner	B
219b				
219c	RIOS, Robert	Molina Cal	Gessner	B
220a	OUTUGUA, Ronnie	Hnet Cal	Pietila	B
220b	SCHENCK, Russell	CHG Cal	Guha Roy	B
221a	ENDELKING, Roger	Molina Cal	Gessner	B
221b	MEZA, Donaciano	CHG Cal	Gessner	B
221c	COLE, Keith	Medicare	Michlin	B
222a	BOVEE, Steven	CHG Cal	Michlin	B
222b	ALVAREZ, Victor	Molina Cal	Rajper	B

ADOR

RM	Resident	Payor	Doctor	Vax
	BROWNSTEAD, Donald	Medicare	Birdjandi	B
	ERUTIZ, Jose	Medicare	Benson	B
	LOPEZ, Juana	Medicare	Gessner	B

SSD

RM	Resident	Payor	Doctor	Vax
	GAMBLE, Linda	Medicare	Gessner	B
	CHAMBERS, Bonnie	Medicare	Gessner	B
	CALDWELL, Sandra	CHG Cal	Jenkin	B
	FLANAGAN, Janet	Medicare	Michlin	B
	ANTHONY, Dominique	Medicare	Gessner	B
	AGUIRRE, Noemi	Medicare	Benson	B
	HERMIZ, Mariam	Medicare	Gessner	B
	ROJAS, Teodoras	Medicare	Gessner	B
	SALAS, Maria	Medi-Cal	Smith	B
	GROW, Andrew	Medicare	Gessner	V

Station 2 total:	62
Empty Beds:	3
Inhouse:	59
Bedhold:	0

MRA- LEIANNA

RM	Resident	Payor	Doctor	Vax
301a	COOPRIDER, Kyle 10/19	Hospice	Guha Roy	V
301b	BRUNSON, Michael	Medi-Cal	Jenkin	B
302a	GROSSO, Michael	BSP Cal	Gertser	B
302b	VARGAS, Pedro	Hnet Cal	Michlin	B
303a	CORTES, Merlyn 10/20	Molina Cal	Michlin	B
303b	GORGES, Miriam	Medicare	Rajper	No
304a	LOOPER, Donald 10/20	Medicare	Howell	B
304b	HERRMANN, Andre	Molina Cal	Ramineni	V

MRD

RM	Resident	Payor	Doctor	Vax
305a	BAHAM, Marguerite	Hospice	Pietila	B
305b	BERTRAND, Rita 10/20	Hnet Cal	Rajpara	B
306a	GONZALES, Marcela	Hospice	Ramineni	No
306b	DRAKE, Mamie	Hnet Cal	Jenkin	B
307a	TOMA, Soheila	CHG Cal	Guha Roy	B
307b	PILINOVSKY, Polina	Molina Cal	Gertser	B
308a	REEVES, Rosemary	Molina Cal	Michlin	B
308b	COMPTOM, Barbara	CHG Cal	Gertser	B

SSA- DIANE

RM	Resident	Payor	Doctor	Vax
309a	THOMAS, Felicia	CHG Cal	Rajper	B
309b	SPENCE, Jay	CHG Cal	Michlin	V
310a	TOLEDO, Martin	Hnet Cal	Guha Roy	B
310b	RODRIGUEZ, Jose	Molina Cal	Rajper	V
311a	BOHLENKAMP, Linda (CB)	Kaiser Cal	Howell	V
311b	MAXWELL, Lena (CB) 10/20	Private	Rajper	B
312a	FIGUEROA,Fredelico	Molina Cal	Rajper	B
312b	KHALSA, Japhari	CHG Cal	Alamar	B

CHERRY

RM	Resident	Payor	Doctor	Vax
313a	PISCHINGER, Wanda	CHG Cal	Howell	B
313b	BORR, Kathleen	Medicare	Rajpara	B
314a	DELUNA, Vilma	CHG Cal	Jenkin	B
314b	COLE, Gail	Hnet Cal	Rajper	B
315a	HANSEN, Judy	Kaiser Cal	Howell	B
315b	BRYANT, Dessor	Hnet Cal	Pietila	B
316a	CHRISTENSEN, David	CHG Cal	Gessner	V
316b	NIVEN, Todd	CHG Cal	Guha Roy	V
316c	BORJA, John	CHG Cal	Guha Roy	B

RD

RM	Resident	Payor	Doctor	Vax
317a	[illegible] Kraft-Dodd	CHG Cal	Rajper	V
317b	BELL, Curtis 10/20	CHG Cal	Guha Roy	B
317c	KRAUSE, Todd	Hnet Cal	Jenkin	B
318a	BASCO, Patricia	BSP Cal	Rajper	B
318b	KING, Joyce 10/20	Molina Cal	Alamar	B
318c	CASTANEDA, Ofelia	Hnet Cal	Michlin	B
319a	MAUER, Brenda	Molina Cal	Pietila	B
319b	EBOCH, Sandra	Kaiser Cal	Howell	B
319c	DONALD, Amy	CHG Cal	Alamar	B

ACTIVITES

RM	Resident	Payor	Doctor	Vax
320a	SMITH, Frank	Kaiser Cal	Howell	B
320b	HUSTAND, David 10/20	Kaiser Cal	Howell	B
320c	FISHER, Ruben	BSP Cal	Gertser	B
321a	EDWARDS, Victor	Hnet Cal	Benson	B
321b	ORTIZ, Rickey	Molina Cal	Pietila	B
321c	MACHADO, Anthony	Medi-Cal	Michlin	B
322a	GLOVER, Norma	Kaiser Cal	Howell	No

DSD

RM	Resident	Payor	Doctor	Vax
322b	HAYES, Ellen 10/19	Kaiser	Howell	B
322c	DORALA, Yseth	Kaiser Cal	Howell	B
323a	OHAGUALAF, Flora	Molina Cal	Pietila	B
323b	GRIMM, Suzanna	Hnet Cal	Rajper	B
323c	GRINGER, Michelle	Kaiser Cal	Howell	B
324a	FORWALDER, Anthony	Hnet Cal	Pietila	No
324b	Barber, Edward	Kaiser Cal	Lai	B
324c	BOWERS, Herman	CHG Cal	Guha Roy	B

Station 3 total	57
Empty Beds:	0
Inhouse:	57
Bedhold:	0

RT

RM	Resident	V/T	Payor	Doctor	Vax
401a	MINATRA, Roy	V	Molina Cal	Pietila	B
401b	HERNANDEZ, Jose	T	Medicare	Ramineni	B
401c	GALVEZ, Evaristo	T	Molina Cal	Zawitkowski	B
402a	FRANCIS, Debra (CB)	V	BSP Cal	Benson	B
402b	SMITH, Kell (CB)	V	Medi-Cal	Howell	B
403a	CLARK, Victor (CB)	-	M-Cal Pendi	Birdjandi	B
403b					
403c	CATES, Gregory	-	Bedhold	Pietila	V

ST. 4 MANGER

RM	Resident	V/T	Payor	Doctor	Vax
404a					
404b	LOPEZ, Liliana (CB)	V	CHG Cal	Guha Roy	B
405a	BROWN, Miriam (CB)	V	Medi-Cal	Michlin	B
405b	EASTON, Patsy (CB)	V	Hnet Cal	Alamar	V
405c	LITTLEJOHN, Nicole (CB)	V	Molina Cal	Zawitkowski	B
406a					
406b	TORRES, Sofia (CB/CR)	V	Molina Cal	Rajper	B
407a	WHITNEY,Tracy	-	Medicare	Gessner	B
407b	BOWLES, Kimberley	-	Medicare	Gessner	B
407c	SNYDER, Diane	-	Molina Cal	Pietila	B

BOM

RM	Resident	V/T	Payor	Doctor	Vax
408a	CLARK, Joanna (CB)	T	BSP Cal	Rajper	B
408b	VILLA, Patricia (CB)	V	CHG Cal	Guha Roy	B
409a	HEREDIA, Rodolfo	-	Medicare	Gessner	B
409b	IVENS, John 10/20	-	M-Cal Pendi	Gessner	B
409c	SHEPARD, Larry	-	CHG Cal	Benson	B
410a	VALMONT, Montaky (CB)	T	Molina Cal	Rajper	No
410b	HAN, Eric (CB)	T	Hnet Cal	Rajper	V

BOA

RM	Resident	V/T	Payor	Doctor	Vax
411a	LIANG, Susan	-	Private	Howell	B
411b	DAVIS, Lillie	-	Molina Cal	Rajper	B
411c	AICHER, Mildred	-	Molina Cal	Michlin	B
412a	SANCHEZ, Ana	-	Medicare	Guha Roy	B
412b	HOFFMAN, Sharon 10/20	-	Hospice	Ramineni	V
413a	LEWIS, Pierra (CB)	-	CHG Cal	Gertser	B
413b	PENTLAND, James (CB)	-	Hnet Cal	Pietila	B
413c	FINNEY, Gregory (CB)	-	Kaiser Cal	Howell	B

IP NURSE

RM	Resident	V/T	Payor	Doctor	Vax
414a	HILL, Elinor	-	Kaiser Cal	Howell	B
414b	BENNET, Diane	-	Kaiser Cal	Howell	B
415a	SANIGA, Michael	-	Hnet Cal	Rajpara	B
415b	JONES, Michael	-	Molina Cal	Michlin	V
415a	CORONA LOPEZ, Luz	-	Molina Cal	Gertser	B
416b	SAUCEDO, Gracie	-	CHG Cal	Gessner	B
417a	DOBOSI,Lila	-	Medicare	Gessner	V
417b	Metaity, Kheyrya	-	Hospice	Ramineni	B
418a	HUGER, Jonell	-	Kaiser Cal	Guha Roy	B
418b	FRUTIZ, Maria	-	Medicare	Benson	B

A-DON- NIKKA

RM	Resident	V/T	Payor	Doctor	Vax
419a	VALENZUELA, Luis	-	Molina Cal	Michlin	B
419b	PEARL, Michael	-	BSP Cal	Gertser	B
420a	STEPHENS, Debra	-	Molina Cal	D. Nguyen	B
420b	AMAYA DE TRUJILLO, Isabel	-	Medicare	Michlin	V
421a	NONA, Hayat	-	Molina Cal	Michlin	No
421b	Fechner, Kimberly	-	Molina Cal	Pietila	No
422a	Abraham, Peter	-	Medicare	Gessner	No
422b	ANDERSON, Phillip	-	Medi-Cal	Michlin	B

SSA- VIVIANA

RM	Resident	V/T	Payor	Doctor	Vax
423a	MADRGIAL, Alicia	-	BSP Cal	Ramineni	No
423b	DAIL, Lorri	-	Hospice	Benson	V
424a	FRIEDMAN, Edward	-	Kaiser Cal	Howell	B
424b	MULIFAI, Lunalau	-	Molina Cal	Pietila	V
425a	BROWN MOTHERSHED, Gld	-	Medi-Cal	Michlin	No
425b	Dailey, Alice	-	Medi-Cal	Gessner	B
426a	GRIFFITH, Beckie	-	Medicare	Gessner	B
426b	VELAZQUEZ, Yolanda	-	CHG Cal	Gessner	B

Station 4:	59
Empty Beds:	3
Inhouse:	55
Bedhold:	1

CENSUS BY PAYOR

Payor	SNF	SUB	Total	Payor	SNF	SUB	Total
Private	2	1	3	HMO	0	0	0
Medi-Cal	13	2	15	Hospice	8	0	8
Medi-Cal - Pend	1	0	1	Managed Mcal	121	15	136
Medicare	63	4	67	Bedholds	0	1	1
Kaiser	1	0	1	Other	0	0	0

CENSUS SNAPSHOT

Total Facility Beds	240
Total Patients In House	233
Census Percentage	97%
Skilled Percentage	29%
Bedholds	1
Empty Beds	6

COLOR KEY

	Vacant Room		COVID DINING
	COVID ISOLATION		CR/CB
	New Resident To SDPAC		Medicare Waiver

VENT & TRACH SNAPSHOT

Subacute total	14
True Sub Acute Percentage	42.4%

Residents Reviewed by RD

San Diego Post Acute In-Service Sign In Sheet

bject: Weight Variance

:ility Provider Name: San Dego Post Acute center

tructor Name: Hegon Panares Signature:

te: Begin: End : Length: 1 hr

:thod of Training/In-Service: Lecture / q & a

Print Name and Title	CNA Certificate Number	Signature
Itzel Reyes	cna	
Norma Villanueva	cna	
Rafael Estrada	cna	
Lorena Santillan	RNA/cna	
Maria E. Bobledo	cna	
Brenda Salazar	cna	
Pablo Sibrian	RNA/cna	
GABRIELA N. AGUILAR	cna	
Ruth	RNA/cna	
	cna	Ruwaidah Othman
Denise Symons	LVN UM	
Maribel Pacun	cna	
Cintia Reneeo	LVN IP	
Selina Garza	cna	
Smienyn Belmonte	LVN UM	
RN Joey Mitchell	RN	RN
Rassendra Gallegos LVN	LVN	
Tyana Warsaw	RNA/CNA	
Isabel Avila	cna	
Mendoza, Fidelina	cna	
Appelqvist Tisha	cna	
emely rendon reyes	cna	
	cna	
Stacey Offedahl	cna	
	cna	
	cna	
Janine Cabrera, LVN	LVN	

San Diego Post Acute In-Service Sign In Sheet

bject: _____

:ility Provider Name: _____

tructor Name: _____ Signature: _____

te: _____ Begin: _____ End: _____ Length: _____

:thod of Training/In-Service: _____

Print Name and Title	CNA Certificate Number	Signature
Edgar Ramirez	cna	
Remy Beltran	cna	
marie claire	cna	
Joyce Averion	cna	
KIM Irene	cna	
CHRIS Exlolw	cna	
Socorro Herras	LVN	

Inservice Sign-in Sheet

Subject: Weight Variace

Facility Provider Number: **0311**

Instructor Name: Keyan Parores

Signature:

Date: From 1000 To 1100 Length 1HR

Method of Training / Inservice: Lecture/ Q & A.

Print Name & Title	Signature
1. JUVANNE C. PARAYPAYAH DIETARY DISPATCHER	
2. Karla Torres CNA/staffing	
3. DeJah Williams cna	
4. Fabiola Carranza receptionist activities assistant	
5. Evelyn Villavicencio Dietary Aide	
6. Maria Rosas cna	
7. Aurora Ga Quintero cna	
8. Marites De Guzman cna	
9. alona salonear cna	
10. Chris Bracy cna	
11. Brandon Wilmarth cna	
12. TROBADA KOYAIE LVN	
13. Silvia Barrios cna	
14. Mary Ann Pelute cna	
15. MARIVIN AQUINO cna	
16. Remy Betron cna	
17. Mariana Pantoja Valadez LVN	
18. Amy Ismail LVN	
19. LEAN PAOLO EBALO, LVN	
20. MARIA FIGUEROA RN	
21. AIDA MARCH cna	
22. Marisa Campos-Santiago cna	
23. Angelica Gordon cna	

EDUCATION PROGRAM
LESSON PLAN

DATE: 11/02/2023

Course Subject:

Time began: 1800 **Time End:** 1100

Facility Provider Number: F030 **Instructor Name/Title:** Heyan Ramos **Signature:**

Course Objectives / Performance Standard	Course Content	Teaching Methods	Methods of Evaluation
By the end of this in service Direct Care Staff will: 1. Acknowledge that we are all responsible for our Residents weights and care plans. 2. Understand the weight variance policy 3. C.N.A, RD, and Licensed Nurses will be able to state the procedures of the weight variance program 4. Nurses, RD, and IDT team will verbalize understanding of updating the Nutritional care plan with any new approaches or goals	1. Obtain weights upon admission, monthly, quarterly and as needed 2. Identify Weight discrepancies and address in IDT meeting 3. Update care plan with new goals 4. Request the nurse to visualize the weight discrepancy when being weighed.	Lecture	Question and Answer.

State of California-Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

GAVIN NEWSOM
Governor

October 31, 2023

Letter 4

IMPORTANT NOTICE - PLEASE READ CAREFULLY
ENFORCEMENT CYCLE START DATE: October 30, 2023

Jason Collier, Administrator
San Diego Post-Acute Center
1201 South Orange Ave.
El Cajon, CA 92020-7521

Dear Administrator:

On October 30, 2023, a standard survey/abbreviated survey for complaint/entity reported incident no. CA00864216 was conducted at your facility by the California Department of Public Health, Center for Health Care Quality (State Agency), to determine if your facility was in compliance with federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiency(ies) to be:

[X] Isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the enclosed "Statement of Deficiencies and Plan of Correction" form, whereby corrections are required (D).

[ ] A pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the enclosed "Statement of Deficiencies and Plan of Correction" form, whereby corrections are required (E).

The enclosed Centers for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS–2567), documents the deficiencies of participation requirements identified during this visit. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (CFR).

Plan of Correction (POC)

A POC for the deficiencies must be submitted within **ten (10) days from receipt of the CMS- 2567.** Failure to submit an acceptable POC by the due date will result in remedies being recommended for imposition by the CMS and/or the State Medicaid Agency effective as soon as notice requirements are met.

Please submit the POC in the same method in which you received the CMS-2567 (i.e., ePOC, RSS, or mail).

For abbreviated standard surveys conducted in the RSS complaint/FRI survey application, please follow the instructions below for submitting the signed CMS 2567 and POCs to CDPH electronically through RSS.

1. In RSS, select the "Details" tab to review the cover letter and download a copy of the CMS 2567, which you will need to sign and upload in the next step. This will send the signed CMS 2567 back to CDPH electronically, without the need to mail or email it.

2. The "People" tab, "Responsible People" section provides the list of persons at the facility who have access to the investigation and can submit Plans of Correction for deficiencies.

3. The "Incidents" tab lists deficiencies identified that require the submission of a Plan of Correction.

4. To enter a Plan of Correction:
    a. Select the deficiency
    b. Select the blue "Resolve" button
    c. Select the paper clip icon to attach the signed copy of the CMS 2567 with Plan of Correction.
    d. In addition, open a "Comments" field, copy and paste the Plan of Correction into the field. Please enter the Plan of Correction in the "Comments" field only if it is ready to be sent, not a draft in progress, as clicking "Save" will send the Plan of Correction to CDPH.
    e. Select Save

5. If there are multiple deficiencies, repeat the steps above for each deficiency.

Your POC must be submitted on the enclosed CMS-2567 form and must contain the following:

- How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

- How the facility will identify other residents having the potential to be affected by

the same deficient practice and what corrective action will be taken;

- What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;

- How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system; and

- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.

Remedies will be recommended for imposition by the CMS Regional Office and/or the State Medicaid Agency if your facility has failed to achieve substantial compliance by **November 30, 2023.**

Recommended Remedies

The remedies, which will be recommended if substantial compliance has not been achieved by **November 30, 2023,** include the following:

[X] A civil money penalty will be recommended to CMS Regional Office if substantial compliance has not been achieved (§488.430).

We are also recommending to the CMS Regional Office and/or the State Medicaid Agency that your provider agreement be terminated on **April 30, 2024,** if substantial compliance is not achieved by that time.

Denial of Payment for New Admissions (DPNA)

Based on deficiencies cited during this survey and as authorized by CMS San Francisco Regional Office, we are giving formal notice of imposition of statutory DPNA effective **January 30, 2024**. This remedy will be effectuated on the stated date unless you demonstrate substantial compliance with an acceptable POC and subsequent revisit. This notice in no way limits the prerogative of CMS to impose discretionary DPNA at any appropriate time.

CMS Regional Office will notify your intermediary and the Medicaid Agency. If effectuated, denial of payment will continue until your facility achieves substantial Compliance or your provider agreement is terminated. Facilities are prohibited from billing those Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid.

FILING AN APPEAL

If you disagree with the determination of noncompliance (and/or substandard quality of care resulting in the loss of your Nurse Aide Training and Competency Evaluation Program (NATCEP), if applicable), you or your legal representative may request a hearing before an administrative law judge of the U.S. Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, et. seq. You may appeal the finding of noncompliance that led to an enforcement action, but not the enforcement action or remedy itself. A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may have counsel represent you at a hearing (at your own expense). Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted unless you do not have access to a computer or internet service. **You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at *https://dab.efile.hhs.gov* no later than 60 days from the date of receipt of this letter.**

When using DAB E-File for the first time, you will need to create an account by a) clicking Register on the DAB E-File home page; b) entering the requested information on the Register New Account form; and c) clicking Register Account at the bottom of the form. Each representative authorized to represent you must register separately to use the DAB E-File on your behalf.

The e-mail address and password given during registration must be entered on the login screen at: *https://dab.efile.hhs.gov/user_sessions/new* to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he/she is a party or an authorized representative. You can file a new appeal by a) clicking the *File New Appeal* link on the Manage Existing Appeals screen; then b) clicking *Civil Remedies Division* on the File New Appeal screen; and c) entering and uploading the requested information and documents on the File New Appeal-Civil Remedies Division form.

The Civil Remedies Division (CRD) requires all hearing requests to be signed and accompanied by the notice letter from CMS that addresses the action taken and your appeal rights. All submitted documents must be in Portable Document Format (PDF). Documents uploaded to DAB E-File on any day on or before 11:59p.m. ET will be considered to have been received on that day. You will be expected to accept electronic service of any appeal-related documents filed by CMS or that the CRD issues on behalf of the Administrative Law Judge (ALJ) via DAB E-File. Further instructions are located at: *https://dab.efile.hhs.gov/appeals/to_crd_instructions*. Please contact the Civil Remedies Division at (202) 565-9462 if you have questions regarding the DAB E-Filing System. If you experience technical issues with the DAB E-Filing System, please contact E-File System Support at OSDABImmediateOffice@hhs.gov or call (202) 565-0146 before 4:00p.m. ET.

If you do not have access to a computer or internet service, you may call the Civil Remedies Division at (202) 565-9462 to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201

In addition, please email a copy of your request to Western Division of Survey and Certification-San Francisco at ROSFEnforcements@cms.hhs.gov.

Allegation of Compliance

If you believe these deficiencies have been corrected, you may submit your POC as your allegation of compliance to Donna Loza, RN, California Department of Public Health, Licensing and Certification Program, San Diego District Office 7575 Metropolitan Dr. Suite 211 San Diego, CA 92108. We may accept your POC as your allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy(ies) at that time.

If, upon a subsequent revisit or by other means it is determined your facility has not achieved substantial compliance, we will recommend the remedies previously mentioned in this letter be imposed by the CMS Regional Office beginning on **October 30, 2023,** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office may impose a revised remedy(ies), based upon changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

Informal Dispute Resolution

In accordance with §488.331, you have one (1) opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and relevant information (evidence) as to why you are disputing those deficiencies to Donna Loza, RN, California Department of Public Health, Licensing and Certification Program, San Diego District Office 7575 Metropolitan Dr. Suite 211 San Diego, CA 92108.

This request must be sent during the same ten (10) days you have for submitting a POC for the cited deficiencies. An informal dispute resolution for the cited deficiencies will not delay the imposition of the recommended enforcement actions.

A change in the seriousness of the noncompliance may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

Should CMS determine that termination or any other remedy is warranted, they will provide you with a separate formal notification of that determination.

If you have questions concerning the instructions contained in this letter, please contact Kyle Escobar-Humphries, RN, Health Facilities Evaluator Supervisor, at (619) 278-3700.

Sincerely,

Donna Loza

Donna Loza, RN
District Manager

Enclosure: CMS-2567