STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555630	A. BUILDING _____ B. WING _____	**05/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILLCREST HEIGHTS HEALTHCARE CENTER	**4033 SIXTH AVENUE EXT SAN DIEGO, CA 92103**

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	**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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to: 1. Fix a residents' room thermostat and 2. Accurately assess room temperatures. These failures created the potential for residents to experience uncomfortable temperatures that were too hot or too cold. Findings: An unannounced visit was made to the facility on [DATE] in regards to a complaint of room temperatures being either too hot or too cold. 1. Resident 1 was originally admitted on [DATE] per the facility's Face Sheet. Per Resident 1's History and Physical, dated 7/13/19, the resident had the capacity to understand and make his own decisions. Resident 2 was originally admitted on [DATE] per the facility's Face Sheet. Per Resident 2's History and Physical, dated 3/25/20, the resident had the capacity to understand and make his own decisions. During an observation and interview on 5/6/20 at 9:40 A.M., the MS assessed Resident 1 and Resident 2's thermostat gauge that would not move. The MS stated the thermostat was stuck at 74 degrees Fahrenheit. The MS stated the thermostat had been broken since at least December 3, 2019. During an observation on 5/6/20 at 9:42 A.M., MA took an ambient temperature in Resident 1 and Resident 2's room that was 64.4 degrees Fahrenheit. During an observation and interview with Resident 1 on 5/6/20 at 9:43 A.M., the resident was observed with sweats and sweat top on with a blanket over his lower body in his wheelchair. Resident 1 stated he was always too cold or too hot and the thermostat had not worked since he had been in the facility. During an observation and interview with Resident 2 on 5/6/20 at 9:44, the resident was observed with multiple blankets placed over him while in bed. Resident 2 stated he was always cold Resident 2 said, For as long as I have been here, the thermostat has not worked. It would be nice if it would work. During an interview on 5/6/20 at 4 P.M., the DON stated the thermostat should have been fixed right away. The DON stated the residents should not have to wait to have comfortable room temperatures. Per the facility's policy, dated 05/2-17, title Quality of Life- Homelike Environment, . staff shall provide person centered care that emphasizes the resident's comfort . Comfortable and safe temperatures (71 degrees to 81 degrees) . 2. During a facility tour on 5/6/20 from 9:25 A.M. to 9:45 A.M., MA took randomly selected room temperatures with a digital thermometer. Four out of four rooms had temperatures below 71 degrees Fahrenheit. During an interview on 5/6/20 at 9:36 A.M., the MA stated he did not know the acceptable range for comfortable room temperatures. During an interview on 5/6/20 at 9:37 A.M., the MS stated he did not know the acceptable range for comfortable room temperatures. When asked for a policy on the taking of room temperatures, the MS stated there was no documented process for monitoring and taking room temperatures. During an interview on 5/6/20 at 10:42 A.M., the DON stated the room temperature for each residents room should be between 71 degrees and 81 degrees Fahrenheit. Per the facility's policy, dated 05/2-17, title Quality of Life- Homelike Environment, . staff shall provide person centered care that emphasizes the resident's comfort . Comfortable and safe temperatures (71 degrees to 81 degrees) .
F 0804 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to serve food at an appetizing temperature. This failure created the potential for residents to not enjoy or eat their meal. Findings: Resident 1 was readmitted on [DATE] per the facility's Face Sheet. Per Resident 1's History and Physical, dated 7/13/19, the resident had the capacity to understand and make his own decisions. During an interview on 5/6/20 at 9:32 A.M., Resident 1 stated he always had cold food because the hot food was never hot, it was cold. During an interview on 5/6/20 at 1:11 P.M., CNA 1 stated the food was usually cold by the time it got to Resident 1 and Resident 2's room. Resident 3 was admitted on [DATE] per the facility's Face Sheet. Per Resident 3's History and Physical, dated 3/3/20, the resident had the capacity to understand and make his own decisions. During an interview on 5/6/20 at 1:15 P.M., Resident 3 stated, The food was served at room temperature. It would have been better if it was hotter. Resident 4 was admitted on [DATE] per the facility's Face Sheet. Per Resident 4's History and Physical, dated 7/13/19, the resident had the capacity to understand and make his own decisions. During an interview on 5/6/20 at 1:20 P.M., Resident 4 stated, The food was terrible. None of my food was warm. It would have been better if my food was warm. The sweet potatoes were not done and the turkey was like some kind of mystery meat. I had to get a snack out of the vending machine. Resident 2 was readmitted on [DATE] per the facility's Face Sheet. Per Resident 2's History and Physical, dated 3/25/20, the resident had the capacity to understand and make his own decisions. During an interview on 5/6/20 at 3:15 P.M., Resident 2 stated, The food is not real warm by the time it gets to us, it rarely is. We are the last ones to get our meal. It would be nice if we had hot meals. During an interview on 5/6/20 at 3:07 P.M., the DC stated they did not monitor the temperatures of meals once the trays were put on a food cart to deliver to the residents' rooms. The DC stated the residents had told her the food was cold by the time they received their meal but dietary had not resolved the issue yet. During an interview on 5/6/20 at 3:17 P.M., the FSM stated dietary service should have conducted a test tray at the very end of service, since residents have been complaining about the being served with cold food. The FSM stated the facility should have listened to the resident's concerns about their meals being cold and resolved the issue. The FSM stated the dietary department should be using the new warming cart to keep the food hot as it is delivered on the nursing units. Per the ADM on 5/18/20 at 11:34 A.M., the facility does not have a documented policy for appetizing or palatable food in regards to edible food and the temperature of the resident's food when they receive their tray.

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.