

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555878	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER GRANITE HILLS HEALTHCARE & WELLNESS CENTRE, LLC		STREET ADDRESS, CITY, STATE, ZIP 1340 E MADISON AVE EL CAJON, CA 92021	
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 maintain temperatures at a comfortable level when the dining room utilized by residents and six of six resident rooms checked for temperature were above 81 degrees Fahrenheit (F). This failure put residents in an uncomfortable environment with risk for adverse health effects. Findings: During a concurrent observation and interview on 8/2/18 at 1:30 P.M., with the Administrator (ADM), the temperature in the dining room was observed to be 83.0 degrees F. This dining room in the locked unit was utilized to serve meals to residents. Three resident rooms within the locked unit were observed with the ADM: room [ROOM NUMBER] was 81.3 degrees F, room [ROOM NUMBER] was 81.7 degrees F, and room [ROOM NUMBER] was 82.6 degrees F. The ADM stated, Over 81 degrees is too hot. During an interview on 8/2/18 at 1:55 P.M., with Licensed Nurse (LN) 1, LN 1 stated she worked at the nursing station located within the locked unit dining room. LN 1 stated they tried to fix the fan system, but the fan they had here does not cool very much. LN 1 stated, It's still hot. During an observation on 8/2/18 at 2:05 P.M., room [ROOM NUMBER] (in the locked unit) was observed to be 83.5 degrees F, and confirmed by the ADM. During an interview on 8/2/18 at 2:10 P.M., with LN 2, LN 2 stated, Residents do complain when they go into the locked unit dining room. During an observation on 8/2/18 at 2:35 P.M., room [ROOM NUMBER] was observed to be 82.8 degrees F, and confirmed by the Maintenance Director (MDir). During an observation on 8/2/18 at 2:45 P.M., room [ROOM NUMBER] was observed to be 82.8 degrees F, and confirmed by the MDir. The resident in room [ROOM NUMBER] stated, It's too hot in here, it bothers me. During a concurrent observation and interview on 8/2/18 at 3 P.M., with the MDir, the MDir stated the temperature in the locked unit dining room was 85.3 degrees F. The MDir acknowledged that was too hot. The MDir stated he would put the window air conditioning unit back in because the ceiling air conditioning unit was not cooling the room enough. Per the facility's policy titled Extreme Weather, undated, .Check cooling systems to ensure operational .</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.