

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 03/16/2020
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a physician order [REDACTED]. This failure had the potential for Resident 1 to receive care and treatment. Finding: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's medical record titled, Wound Assessment and Plan, dated 4/9/18, was conducted. This record indicated, .Strongly recommend .possible vascular surgery/intervention .wounds unlikely to heal without vascular intervention. A review of Resident 1's physician order, dated 4/9/18, was conducted. Resident 1 had an order for [REDACTED].M., was conducted. WN stated if a physician order [REDACTED]. MR was not able to find documentation that staff made an appointment for vascular MD. MR stated, I can't find if the referral was made. An interview with the Administrator (Admin) on 3/12/18 at 10:45 A.M., was conducted. The Admin stated physician's orders [REDACTED].		

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.