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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>056436</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                         | (X3) DATE SURVEY COMPLETED<br><b>06/08/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MEDICAL CENTER CONVALESCENT HOSPITAL</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>467 E GILBERT ST<br/>SAN BERNARDINO, CA 92404</b> |   |
| 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 0686<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on interview, and record review, the facility failed to implement the change of condition protocol in accordance to the facility's policy and procedure for one of three sampled residents (Resident 1), when: 1. The facility failed to ensure 72-hour monitoring was provided for Resident 1 on April 25, 2020 by the night shift nurse. Resident 1 was assessed with [REDACTED]. 2. The facility failed to ensure an individualized comprehensive care plan (specific interventions to provide effective and person-centered care to meet the resident's needs) was developed and initiated for Resident 1 when Resident 1 was assessed with [REDACTED]. These failures had the potential to cause a progression of pressure ulcers (injury to skin tissue and underlying tissue resulting in prolonged pressure on the skin) on Resident 1's buttocks. Findings: 1. During a review of Resident 1's closed record, the face sheet (contains demographic information) indicated Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 1 was transferred to an acute hospital on May 25, 2020. During a review of Resident 1's Nursing Notes, dated May 24, 2020 at 5:05 PM, documented by a Licensed Vocational Nurse (LVN 1), indicated Informed by CNA (Certified Nursing Aide) of new skin condition. Assessed and noted redness covering bilateral buttocks. (Name of Primary Physician) was informed with new orders given. Orders noted and carried out. During an interview with the Director of Nursing (DON), on May 28, 2020, at 11:37 AM, the DON stated if a resident was identified with redness on the buttocks, it was the facility's protocol to assess the resident, call the primary physician, obtain a treatment order, inform the resident and or the responsible party, document the incident, initiate a 72-hour monitoring, and care plan. During a concurrent interview and record review of Resident 1's clinical record, with the DON, on May 28, 2020, at 11:44 AM, the DON stated the May 25, 2020 night shift nurses did not document on Resident 1's change of condition. She further stated it was important to monitor and assess a resident when a change of condition has been identified because they should be providing continued care for a resident. The DON stated this could help prevent resident's skin condition from worsening. During a concurrent interview and record review with the DON, on May 28, 2020, at 11:51 AM, the DON reviewed the facility's policy and procedure titled Change of Condition revised July 2012, and stated the staff did not follow the policy. During a review of the facility's policy and procedure titled Change of Condition revised July 2012, indicated .The licensed nurse responsible for the resident will continue assessment and documentation every shift for seventy-two (72) hours or until condition has stable. 2. During a review of Resident 1's closed record, the face sheet (contains demographic information) indicated Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 1 was transferred to an acute hospital on May 25, 2020. During a review of Resident 1's Nursing Notes, dated May 24, 2020 at 5:05 PM, documented by a Licensed Vocational Nurse (LVN 1), indicated Informed by CNA (Certified Nursing Aide) of new skin condition. Assessed and noted redness covering bilateral buttocks. (Name of Primary Physician) was informed with new orders given. Orders noted and carried out. During an interview with the Director of Nursing (DON), on May 28, 2020, at 11:37 AM, the DON stated if a resident was identified with redness on the buttocks, it was the facility's protocol to assess the resident, call the primary physician, obtain a treatment order, inform the resident and or the responsible party, document the incident, initiate a 72-hour monitoring, and care plan. During a concurrent interview and record review with the DON, on May 28, 2020, at 11:47 AM, the DON reviewed Resident 1's clinical record and stated the care plan for Resident 1's bilateral redness was not initiated by LVN 1. During a concurrent interview and record review with the DON, on May 28, 2020, at 11:51 AM, the DON reviewed the facility's policy and procedure titled Change of Condition revised July 2012, and stated the staff did not follow the procedure. She further stated her expectation was for the staff to follow the facility protocol. During a review of the facility's policy and procedure titled Change of Condition revised July 2012, indicated .Document resident change of condition and response in nursing progress notes, on Twenty-Four Hour Report and update resident Care Plan.</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.