

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555737	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER SERENTO CASA		STREET ADDRESS, CITY, STATE, ZIP 1740 S SAN DIMAS AVE SAN DIMAS, CA 91773	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement policies and procedures on weight and height and change of condition (COC) for one of two sampled residents (Resident 1). This deficient practice resulted in the physician not notified of three days weight variance, missed and inconsistent weight recordings for Resident 1. Findings:</p> <p>On [DATE] at 12 p.m., an unannounced visit to the facility was conducted to investigate a complaint. A review of Resident 1's Face Sheet indicated an admission to the facility on [DATE] with a [DIAGNOSES REDACTED]. During a review of Resident 1's Initial History and Physical (H&P), dated 1/18/20, indicated a capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care-screening and assessment tool), dated 1/22/20, indicated Resident 1 had moderate cognitive (ability to make decisions of daily living) impairment, and required extensive assistance with one-person physical assist bed mobility and dressing and required extensive assistance with two-person physical assist for transfers and toilet use. Resident 1 required supervision and one-person physical assist with eating. During an interview on [DATE], at 1:52 p.m. the director of nurses (DON) stated the restorative nurse assistant (RNA) is responsible to obtain residents' weights on admission, and as ordered daily and weekly. The DON stated if an RNA reweighs residents for too much wt loss or gain. The DON stated the interdisciplinary team (IDT, is a team of healthcare professionals from different professional disciplines who work together to manage the physical, psychological and spiritual needs of the patient) holds a meeting to address more than four pounds (lbs) wt gain in one week. The DON stated the responsible party and the physician are notified also. The DON stated fluid overload could increase Resident 1's wt. During an interview, on [DATE], at 2:12 p.m. the director of staff development (DSD) stated the facility monitored Resident 1 wt daily, and that the resident must be weighed at the same time daily for accuracy. During an interview on 3/26/20 at 12:20 p.m. certified nurse assistant 1 (CNA 1) stated RNA obtained residents' wts before breakfast. CNA 1 stated wts that fluctuate are reported to licensed nurses (LN's) and that LN's must be present when RNA reweighs residents for accuracy. During an interview on 3/26/20 at 1:05 p.m. RNA stated the wts of residents diagnosed with [REDACTED]. RNA stated fluid retention can result in wt changes. RNA stated LN must verify wt gain of 3-5 lbs in one week and Resident 1's wt fluctuated. During an interview on 3/26/20 at 1:16 p.m. licensed vocational nurse 1 (LVN 1) stated the physician is notified of a resident's wt discrepancy and the wt is documented as a change of condition (COC). LVN 1 stated daily wts meant to weigh every day and that residents are in the morning before breakfast or right before lunch. LVN 1 stated a resident must further assessment for wt gain. During an interview on 3/26/20 at 1:44 p.m. the DON stated residents on diuretics (medications used to rid the body of excess fluids or salts) are monitored for wt gain or loss. The DON stated wts are obtained in the morning for accuracy. The DON stated residents' wts are obtained in the afternoon if missed in the morning. The DON stated wts obtained in the afternoon could result in wt discrepancy. The DON stated the responsible party (RP), registered dietician (RD) and physician are notified of a resident's wt loss or gain. A review of Resident 1's care plan titled: On diuretic (medication to remove fluid) related to (r/t) [MEDICAL CONDITION] (inability of the heart to keep up with the demands on it) created on 1/28/20 and canceled 2/5/20, indicated daily wts and report to nurse for significant wt increase. Resident has potential for dehydration or fluid deficit, on diuretic use initiated 1/28/20 and canceled 2/5/20, indicated to notify physician of significant abnormalities. [DIAGNOSES REDACTED]. A record review of Resident 1's Order Recap Report dated [DATE], indicated to perform daily weights every day shift for history of fluid retention to start on 1/23/20. During a concurrent interview and record review with the DON on 3/26/20 at 2:02 p.m., Resident 1's Weights and Vitals ((blood pressure, pulse, respiration and temperature) Summary for Weights indicated on: 1/24/20 and 1/25/20 no weights recorded. 1/30/20 at 7:22 a.m. resident weighed 152.2 lbs. 1/31/20 at 1:56 p.m. resident weighed 155 lbs. 2/1/20 at 8:40 a.m. resident weighed 150.2 lbs. The DON stated Resident 1 required a COC assessment for wt gain on 1/31/20. A review of the facility's policy and procedure (P&P), titled Weight/ Height Policy, revised on 11/18, indicated Residents should be weighed at approximately the same time of day each month. A review of the facility's P&P titled Change of Condition for Skilled Nursing Communities revised on 9/19, indicated, when a resident is evaluated or assessed as having a change in condition, the charge nurse will follow documenting notification to family/legal representative, the health care provider and other licensed nurses to facilitates the appropriate plan of care. A review of the facility's P&P on Cardiac Resident, revised 11/18, indicated signs to call the physician/healthcare provider (HCP), weight gain of 2 lbs in 24 hours or 5 lbs in 7 days.</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.