

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055565	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER WATERMAN CANYON POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1850 N. WATERMAN AVE. SAN BERNARDINO, CA 92404	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accurate and complete documentations, in accordance to the facility's policies and procedures, for two or three sampled residents (Residents 1 and 2), when: 1. For Resident 1, Resident 1's Hospital Transfer Form dated May 16, 2020, did not have accurate information regarding his decision-making capacity. 2. For Resident 2, Resident 2's discharge on April 7, 2020 was not documented on his clinical record. These failures has the potential for inconsistent care coordination and unmet care needs for Residents 1 and 2. Findings: 1. During a review of Resident 1's closed clinical records, the face sheet (contains demographic information) indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Further review indicated Resident 1 was transferred to the hospital on May 16, 2020. During a review of Resident 1's History and Physical, dated May 1, 2020, it indicated The resident (Resident 1) does not have the capacity to understand and make decision. During a review of Resident 1's Hospital Transfer Form, dated May 16, 2020, at 6:24 PM, it indicated Resident 1 had the capacity to make decisions. During a concurrent interview and review of Resident 1's clinical record, with the Director of Nursing (DON), on May 28, 2020, at 2:18 PM, the DON reviewed Resident 1's Hospital Transfer Form, dated May 16, 2020. The DON stated it had inaccurate information because Resident 1 did not have capacity to make decision, and was under conservatorship. During a concurrent interview and record review, with the DON, on May 28, 2020, at 2:52 PM, the DON reviewed the facility's policy and procedure titled Charting Documentation revised July 2017, and stated the policy was not followed for Resident. She further stated her expectation was for licensed nurses to provide accurate information. During a review of the facility's policy and procedure titled Charting Documentation revised July 2017, it indicated Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate. 2. During a review of Resident 2's closed clinical record, the face sheet (contains demographic information) indicated Resident 2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During a review of Resident 2's History and Physical, dated April 6, 2020, it indicated The resident (Resident 2) has the capacity to understand and make decision. During a review of Resident 2's Discharge Against Medical Advice (DAMA), it indicated Resident 2 left the facility against medical advice on April 7, 2020, at 9:00 AM. During a concurrent interview and review of Resident 2's clinical record, with the Director of Nursing (DON), on May 28, 2020, at 2:12 PM, the DON was unable to find documentation regarding Resident 2's discharge on April 7, 2020. The DON stated the licensed nurse should have documented it in Resident 2's clinical record. During a concurrent interview and record review, with the DON, on May 28, 2020, at 2:38 PM, the DON reviewed the facility's policy and procedure titled Transfer of Discharge Documentation revised December 2016, and stated the policy was not followed for Resident 2. During a review of the facility's policy and procedure titled Transfer of Discharge Documentation revised December 2016, which indicated When a resident is transferred or discharged, details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider.		
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.