

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056372	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2020
NAME OF PROVIDER OF SUPPLIER BROOKSIDE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 105 TERRACINA BLVD. REDLANDS, CA 92373	
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 follow their policy and procedure when the facility did not notify the physician of the chest x-ray results for one of the three sampled residents (Resident A) in a timely manner. This failure had the potential to result in delayed treatment for [REDACTED]. Findings: An unannounced visit was conducted on (NAME)15, 2019 at 1:00 PM, to investigate a complaint regarding quality of care. A review of Resident A's History and Physical re-admission, dated July 29, 2019, indicated Resident A had an abdominal surgery on July 18, 2019 at (name of general acute care hospital) to address the findings of suspected colonic volvulus (bowel obstruction). A review of lab result that was collected on July 29, 2019 at 8:00 AM after Resident A was readmitted to the facility on [DATE], indicated a high white blood cell count and a critical high platelet of 830. A review of physician orders [REDACTED]. A review of the radiology report by (name of diagnostics facility) for Resident A, dated July 29, 2019, the result indicated findings consistent with small bowel obstruction. No free air. During a telephone interview with the Medical Records Director (MRD) on (NAME)11, 2020 at 3:06 PM, MRD stated there was no documentation that the doctor was notified of the results when it was received. MRD stated so if it isn't there, then it is what it is, explaining he has provided all the records pertaining X-ray result for Resident A. During a telephone interview with the Assistant Director of Nursing (ADON) on the same phone call, she stated if the facility received lab results, their procedure is to fax and page (notify the physician or on-call physician) and document that the result has been faxed. She stated if the results were received after office hours, they would fax it over to the nurse advise unit and document it being done. The ADON stated unfortunately, I don't see that written down, during the concurrent review of the chest x-ray result dated July 29, 2019. A review of Resident A's Order Summary Report from July 7, 2019 to July 30, 2019, there was no order to address the chest X-ray result of small bowel obstruction for Resident A. A review of the nurse's notes from July 29, 2019 to July 30, 2019, there was intervention documented performed to address the chest X-ray result of small bowel obstruction for Resident A. A review of the nurse's notes dated July 30, 2019 at 7:54 AM, the note indicated Resident (A) was found in bed unresponsive, with no pulse and no respirations. Paramedics called time of death at 0500. A review of the facility's Policy and Procedure entitled, Notification, Physician or Responsible Party, dated (NAME)2017, the policy indicated: It is the policy of this facility to promptly notify the resident, his/her attending physician, and/or family/responsible party of changes in the resident's condition and/or status. PROCEDURES: The Nurse Supervisor will notify the resident's attending physician when: . B. There is a significant change in the resident's physical, mental, or psychosocial status; C. There is a need to alter the resident's treatment significantly; .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.