

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REDLANDS HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1620 WEST FERN AVENUE REDLANDS, CA 92373</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 0565  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to organize and participate in resident/family groups in the facility.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide minutes for the Resident Council Minutes for one of three sampled residents (Resident 1). This failure resulted in the facility not giving their responses to grievances or concerns for Resident 1. Findings: During a phone interview with the Complainant on June 19, 2020 at 8:30 AM, she stated she filed a complaint with the social worker at the acute care hospital when Resident 1 was admitted on April 10, 2020, for unresponsiveness. The Complainant stated she had many concerns regarding Resident 1's cardiac medication and Resident 1 not being assisted with her meals and complained to the Charge Nurse on a nightly basis. During a phone interview with the Director of Nursing (DON) dated June 19, 2019, at 12:30 PM, she stated for the Month of March, 2019, there was no Grievance Log, and she could not find the Resident Council Minutes for March, 2019 to determine if there were any complaints or grievances. During a phone interview with the Activities Director (AD) on June 22, 2020, at 11:30 AM, he stated he started working at the facility in April, 2020, and there were no minutes for Resident Council Minutes. During review of sample Resident 1's Face Sheet (demographics) indicated Resident 1 was admitted to the facility on [DATE], with a [DIAGNOSES REDACTED]. During a review of the facility's policy and procedure titled, Resident Council, revised date, January, 2011, indicated, 3. Responsibilities of the Group Council may include: h. maintaining minutes of all meetings and submitting a copy to the Administrator (ADM) for his or her Review.		
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.