

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055581	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2020
NAME OF PROVIDER OF SUPPLIER JURUPA HILLS POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 6401 33RD STREET. RIVERSIDE, CA 92509	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain a clean home like environment, for two of two residents, (Resident 1and Resident 2). This failure placed the residents at risk for low self-esteem and living in an unkempt environment. Findings: On January 7, 2020 an unannounced visit was initiated for a complaint regarding environment of care. On January 7, 2020, at 4:30 p.m., an observation of Resident 1's restroom had visible black debris on the floor. The top ledge of the call light on the wall next to the toilet in restroom had visible black debris. In Resident 1's room, the top edge of the wall mounted light fixture had visible black debris. A record review of Resident 1's medical records indicated that Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1's History and Physical dated December 31, 2019 indicated Resident 1 had the capacity to understand and make decisions. On January 7, 2020, at 4:45 p.m., visible food particles were observed on the floor next to Resident 2's bed. On January 7, 2020, at 4:48 PM an interview with Resident 2's family member was conducted. Resident 2's family member stated Resident 2 has been at the facility for five months. The floors are not cleaned every day. A review of Resident 2's medical record indicated Resident 2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 2's History and Physical dated June 27, 2019 indicated Resident 2 .has fluctuating capacity to understand and make decisions Reason: [MEDICAL CONDITION], (an acutely disturbed state of mind that occurs in fever, intoxication, and other disorders and is characterized by restlessness, illusions, and incoherence of thought and speech) resolving [MEDICAL CONDITION], (a disease in which the functioning of the brain is affected by some agent or condition (such as [MEDICAL CONDITION] infection or toxins in the blood) . A review of the Centers for Disease Control and Prevention Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) updated May 2019 indicated .surfaces should be cleaned routinely and when dirty or soiled to provide an aesthetically pleasing environment and to prevent potentially contaminated objects from serving as a source for health-care associated infections .		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure infection control and prevention measures were implemented when the resident room was not disinfected in between resident use for one of two residents, (Resident)1. This failure had the potential for cross-contamination (spread of disease by direct or indirect contact of contaminated person or surfaces) of infectious agents, (disorders caused by organisms - such as bacteria, viruses, fungi) to Resident 1. Findings: On January 7, 2020 an unannounced visit was initiated for a complaint regarding environment of care. On January 7, 2020, at 12:30 p.m. an interview was conducted with the complainant. The complainant stated Resident 1 was admitted to the facility on [DATE] at 9:30 p.m. The complainant stated the room Resident 1 was admitted to was occupied. As Resident 1 waited on the gurney in the hallway, staff moved the resident and the bed out of the room, and then moved Resident 1 into the room that was not cleaned or disinfected. On January 7, 2020, at 1:39 p.m. an interview with the Housekeeper 1 (HSPK)1 was conducted. HSKP 1 stated she cleaned the side rails every day, and the bed mattresses once a month. HSKP 1 did not state that the bed frame, head board or foot board were cleaned. On January 7, 2020, at 4:15 p.m. an interview was conducted with the Maintenance Supervisor, (MS). The MS stated rooms should be cleaned and disinfected after discharging or The floors should be cleaned daily and as needed. The MS stated between the hours of 8:30 p.m. and 4:30 a.m. there are no housekeepers scheduled to do room cleaning. The MS stated if a resident is admitted between the hours of 8:30 p.m. and 4:30 a.m., the CNA's will move the dirty bed out of the room, and find a clean bed to move into the room for the newly admitted resident. On January 7, 2020, at 4:40 p.m. an interview was conducted with the Certified Nurses Aid (CNA). The CNA stated when a resident is admitted after 8:30 p.m. they do not have a housekeeper to clean the room. A review of Resident 1's medical records indicated that Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1's History and Physical dated December 20, 2019 indicated Resident 1 had the capacity to understand and make decisions. A review of the Centers for Disease Control and Prevention Guideline for Disinfection and Sterilization in Healthcare Facilities (2008) updated May 2019 indicated .Ensure that, at a minimum, noncritical patient-care devices, (medical devices that are used on intact skin) are disinfected when visibly soiled and on a regular basis (such as after use on each patient) .		

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.