

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055975</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLCREST MANOR SANITARIUM</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1889 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950</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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe environment for one resident (Resident 1). As a result, Resident 1 tripped her left foot on the uneven bricks in the courtyard and sustained a fracture on her left fifth toe. Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1's Minimum Data Set (MDS - assessment and screening tool) quarterly assessment dated [DATE] indicated, Resident 1 was independent on her locomotion on and off the unit. The same MDS indicated Resident 1's Brief Interview for Mental Status (BIMS- cognitive screening tool) total score was 12, meaning Resident 1's cognitive function was moderately impaired. On 3/12/20 at 3:00 P.M., a concurrent observation and interview was conducted with Resident 1. Resident 1 stated she was in the dining area when she decided to walk to the courtyard to get a can of soda from the vending machine. She stated the vending machine was located on the farthest end of the courtyard. Resident 1 stated after getting a can of soda, she walked back to the dining area. Resident 1 stated on her way to the dining area, her left foot stepped on the uneven bricks and twisted her left foot. Resident 1 stated she did not fall on the ground because she was able to hold on tight to the post on the gazebo (outdoor structure). Resident 1 stated the bricks were uneven and unsafe. Resident 1 stated, It hurts and I can't walk now because I have to use a wheelchair. Resident 1's left fifth toe was observed swollen and slightly reddened. There was no tape and a gauze to secure the 4th and 5th left toes. Resident 1 was observed wearing sandals with open toes. Resident 1 stated she would like to show the area in the courtyard where the incident had occurred. While Resident 1 was being wheeled by a licensed nurse (LN) 1 to the courtyard, Resident 1 was observed lifting her feet off the ground. Resident 1 stated she had to lift her feet to prevent her feet from being dragged. Resident 1 stated she felt pain on her left foot when she was sitting in the wheelchair. During this observation, the wheelchair did not have foot rests. LN 1 acknowledged Resident 1 needed a wheelchair with footrests to support and provide comfort for her feet. A concurrent observation of the courtyard where the incident had occurred and interview was conducted with LN 1 on 3/12/20 at 3:30 P.M. The bricks on the ground were observed uneven and unsafe for the residents. LN 1 stated, most ambulatory residents socialized with other residents in the courtyard. LN 1 also stated, These bricks had been placed on the ground a long time ago and they sank, that's why it was now uneven. These needed fixing, it is unsafe for the residents. A review of the radiology report dated 3/6/20 indicated, There is a [MEDICAL CONDITION] shaft of the 5th metatarsal (second smallest of the five metatarsal bones). There is mild displacement of the distal fragment. The physician's orders [REDACTED]. On 3/12/20 at 5:20 P.M., an interview was conducted with the maintenance supervisor (MS). The MS stated he was aware about the incident when Resident 1 tripped her left foot on the uneven bricks in the courtyard and sustained a fracture on her foot. The MS stated he was employed at the facility for five years now and those bricks had been installed in the courtyard when he was hired. The MS acknowledged the uneven bricks in the courtyard was unsafe for the residents and needed to be fixed.</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.