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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056436 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/17/2020 |
| NAME OF PROVIDER OF SUPPLIER MEDICAL CENTER CONVALESCENT HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP 467 E GILBERT ST 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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure safety of one of the three sampled residents (Resident A) when Resident A was found lying down on his stomach on the ground of the patio with his wheelchair behind him. This failure resulted a skin tear on top of Resident A's scalp and discoloration to his left eyelid. Findings: An unannounced visit was conducted on February 4, 2020 at 2:30 PM to investigate a complaint regarding accidents and fall on or about November 22, 2019. A record review of nurse's notes for Resident A, dated November 24, 2019 at 7:45 PM, the note indicated Resident noted lying in prone position (lying on his stomach) with his wheelchair behind him. Upon assessment, noted skin tear with moderate bleeding on top of scalp and discoloration to left eyelid. Res (resident) stated he slid out of his wheelchair and hit his head on the ground. 911 called. During a telephone interview with Certified Nursing Assistant (CNA 1) on February 4, 2020 at 5:21 PM, she stated, I was not there when Resident A fell. She stated she took everybody, including Resident A, back inside the facility when smoke break ended at around 7:30 PM. She stated she doesn't know how Resident A got back to the patio by himself. A record review of Resident A's face sheet (a record containing personal and health information), dated February 4, 2020, indicated Resident A's [DIAGNOSES REDACTED]. A record review of Resident A's Medical Data Sheet (MDS, a report representing a collection of health assessment), dated October 1, 2019, indicated Resident A has a cognition score of 8 or moderately impaired on the Brief Interview for Mental Status (BIM[CONDITION]), an assessment used to evaluate cognition aspects for elderlies). A record review of Resident A's Medical Administration Record (MAR) from November 1, 2019 thru November 30, 2019, the record indicated the facility administered [MEDICATION NAME] (a medication to help stabilize moods) Capsule 150 milligram for .striking out related to unspecified mood (affective) disorder on November 22, 2019 that was scheduled for 5:00 PM. The facility also administered [MEDICATION NAME] (a medication to help manage anxiety) to tablet one milligram for fidgeting related to anxiety disorder at the same scheduled time with [MEDICATION NAME]. During an interview with the Licensed Vocation Nurse (LVN 1) on February 4, 2020 at 3:07 PM, she stated the medications can be administered an hour before or after the scheduled time. A review of an online article, [MEDICATION NAME] Side Effects, dated August 19, 2019, indicated the common side effects of this medication includes drowsiness, dizziness, poor coordination, shakiness and unsteady walk among others (www.drugs.com). A review of an online article, [MEDICATION NAME], updated on April 2, 2020, indicated the common side effects of this medication includes dizziness, drowsiness; trouble walking among others (www.drugs.com). A review of Resident A's progress notes and Medication Administration Record [REDACTED]. A review of care plan for Resident A, initiated on October 16, 2019, indicated Resident A was at risk for falling related to unstable health condition, use of [MEDICAL CONDITION] medications, behaviors and unsteady gait at times. The interventions listed include assessment of resident, assess resident's mobility, encourage resident to assume a standing position slowly, establish a baseline, the resident's physical mental, psychosocial, and functional level, keep call light in reach, orient resident to environment, and notify MD (medical doctor) and representative for any COC (change of condition). No intervention was included on how the facility would address this problem after administration of the above mentioned drugs with side effects that may increase Resident A's risk for falls even more. A review of the facility's policy and procedure, Falls Management, dated December 2014, the policy indicated It is the policy of the facility to provide a consistent process for evaluating, managing and reducing falls to minimize risks and improve quality of life, for residents who are at risk for falls.</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.