

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055565	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER WATERMAN CANYON POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1850 N. WATERMAN AVE. 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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure Resident 3's refusal of the medication, [MEDICATION NAME] (prevents the formation of blood clots) was reported to the physician for one of three sampled residents (Resident 3) in accordance with the facility's policy and procedure. This failure had the potential to affect the resident's health and safety by not preventing the formation of blood clots. Finding: An abbreviated survey was conducted on August 6, 2019, at 5:15 PM to investigate a complaint related to quality of care. During a review of Resident 3's clinical record, the face sheet indicated an admitted [DATE] with diagnoses, which included abnormalities of gait and mobility, high blood pressure, and [MEDICAL CONDITION] (uncontrollable growth of cells that invade and cause damage to surrounding tissue.) During a review of the clinical record for Resident 3, the Physicians Order dated July 15, 2019, indicated [MEDICATION NAME] Sodium Solution, 5000 units per milliliter, (unit of measure). Inject 5000 units subcutaneously (under the skin) every 8 hours for clotting prevention. Administer in abdomen only; rotate sites. During a review of clinical record, the Medication Administration Record [REDACTED]. July 16, 2019 - Refused two doses at midnight and at 8:00 AM, b. July 17, 2019 - Refused one dose at 8:00 AM, c. July 18, 2019 - Refused one dose at 8:00 AM, d. July 20, 2019 - Refused two doses at 8:00 AM and 4:00 PM, e. July 21, 2019 - Refused one dose at 8:00 AM. Resident 3 did not receive seven doses of the Physicians ordered [MEDICATION NAME]. During a review of Resident 3's Nurses notes, dated July 15, 2019 through July 22, 2019 indicated, the Nurses did not notify the Physician when Resident 3 refused the prescribed dose of [MEDICATION NAME]. During an interview and concurrent review of Resident 3's medical records on August 7, 2019, at 2:52 PM, with the Supervising Registered Nurse (RN 1), RN 1 stated, If a resident refuses medication then you call and inform the Physician that the medication was refused. RN 1 further stated, The Physician should have been called to report the refused [MEDICATION NAME]. RN 1 confirmed the Physician did not receive notification that Resident 3 refused the [MEDICATION NAME]. During an interview with Director of Nursing (DON), on August 7, 2019, at 5:24 PM, DON stated, After (Resident 3's) third refusal, they are to call the physician. They should have contacted the physician. DON confirmed the Physician did not receive notification of the refused medication, [MEDICATION NAME]. The policy and procedure titled, Requesting, Refusing and/or discontinuing Care or Treatment dated May 2017, indicated Residents have the right to request, refuse and/or discontinue treatment prescribed by his or her healthcare practitioner, as well as care routines outlined on the resident's assessment and plan of care. Policy Interpretation and Implementation .4. Treatment is defined as services provided for purposes of maintaining/restoring health, improving functional level, or relieving symptoms .10. Documentation pertaining to a resident's request, discontinuation or refusal of treatment shall include at least the following: b. The type of care or treatment; c. the resident's response and stated reason(s) for request, discontinuation or refusal; and g. The signature and the title of the data. 11. The healthcare practitioner must be notified of the refusal of treatment, in a time frame determined by the resident's condition and potential serious consequences of the request times 3</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.