

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Chino Valley Health Care Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 2351 S Towne Avenue Pomona, CA 91766	

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)
<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46687</b></p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&amp;P) titled, License, Certification, and Registration of Personnel, and job description (JD) titled, Director of Staffing Development (DSD- a licensed Registered Nurse [RN] or Licensed Vocational Nurse [LVN- a nurse who provides direct nursing care for people who are sick, injured, convalescent, or disabled] who is approved by the Department), for one of 15 sampled staff (previous DSD/office assistant [OA]) by failing to:</p> <p>Ensure that the OA did not work without a license to practice nursing from [DATE] to [DATE] while providing care to nine of nine sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9) and working under the title DSD.</p> <p>As a result of this failure, on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE] the OA continued to work without a license while in a nursing role as the DSD, and administered medications and provided monitoring to Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9. This failure had the potential to put residents at risk for their safety while under the care of the OA.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record (AR), the AR indicated Resident 3 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included dementia (progressive states of decline in mental abilities) and protein-calorie malnutrition (nutritional status in which reduced availability of nutrients leads to changes body composition and function).</p> <p>During a review of Resident 1 ' s AR, the AR indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included dementia and dysphagia (difficulty or discomfort in swallowing).</p> <p>During a review of OA ' s Director of Staff Development Certificate (DSDC) dated [DATE], the DSDC indicated the OA completed the course for DSD on [DATE].</p> <p>During a review of Resident 9 ' s AR, the AR indicated Resident 9 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included dementia and chronic obstructive pulmonary disease (COPD- lung disease causing restricted airflow and breathing problems).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 8 ' s AR, the AR indicated Resident 8 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included dementia and major depressive disorder (common and serious illness that negatively affects how one feels, thinks and acts).</p> <p>During a review of Resident 4 ' s AR, the AR indicated Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included dementia and unspecified psychosis (severe mental condition in which thoughts and emotions are so affected that contact is lost with external reality).</p> <p>During a review of Resident 6 ' s AR, the AR indicated Resident 6 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included hemiparesis (one-sided muscle weakness caused by a disruption of the brain, spinal cord, or nerves connected to the affected muscles) and hemiplegia (paralysis of one side of the body).</p> <p>During a review of Resident 7 ' s AR, the AR indicated Resident 7 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included Alzheimer ' s Disease (a disease characterized by a progressive decline in mental abilities) and unspecified heart failure (disorder characterized by the inability of the heart to pump blood at an adequate volume for organ function).</p> <p>During a review of Resident 2 ' s AR, the AR indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D) protein-calorie malnutrition.</p> <p>During a review of the decision by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) and the Department of Consumer Affairs (DCA) for the State of California, dated [DATE], the decision indicated the OA surrendered OA ' s LVN license effective [DATE]. The decision indicted the OA signed the decision on [DATE]. The decision indicated the OA ' s LVN license expired on [DATE].</p> <p>During a review of Resident 8 ' s electronic medication administration record (eMAR- record that documents the administration of medication into a resident ' s electronic health record) dated ,d+[DATE], the eMAR indicated the OA indicated on [DATE], [DATE], [DATE], and [DATE], the OA monitored Resident 8 for decreased interest with daily activities of daily living (ADL- the tasks of everyday life fundamental to caring for oneself) leading to self-isolation every shift with use of Lexapro (antidepressant medication) during the day shift and night shift for a total of eight entries.</p> <p>During a review of the same eMAR, the eMAR indicated on [DATE], [DATE], and [DATE], the OA monitored Resident 8 for sudden fluctuations of mood, sudden anger, and irritability every shift with use of Depakote (psychotropic- drugs/medications that affect a person ' s mental state) during the day shift and night shift, and on [DATE] during the night shift for a total of seven entries.</p> <p>During a review of the same eMAR, the eMAR indicated on [DATE], [DATE], [DATE], and [DATE] the OA monitored Resident 8 for persistent delusion for combat and ready to fight causing verbal aggression, every shift with use of Zyprexa (psychotropic medication) during the day shift and night shift for a total of eight entries.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s in-service titled, Human Resources Issues, dated [DATE], the in-service indicated the OA was no longer the DSD.</p> <p>During a review of the JD titled, Medical Records Supervisor/Coordinator, dated [DATE], the JD indicated on [DATE], the OA signed the JD, indicating the OA was the Medical Records Supervisor/Coordinator.</p> <p>During a review of the JD titled, Office Assistant, dated [DATE], the JD indicated on [DATE], the OA signed the JD, indicating the OA was the office assistant.</p> <p>During a review of Resident 5 ' s Minimum Data Set (MDS- a resident assessment tool) dated [DATE], the MDS indicated Resident 5 had severely impaired cognition (ability to think, remember, and reason).</p> <p>During a review of Resident 3 ' s MDS dated [DATE], the MDS indicated Resident 3 had moderately impaired cognition.</p> <p>During a review of Resident 8 ' s MDS dated [DATE], the MDS indicated Resident 8 moderately impaired cognition.</p> <p>During a review of Resident 9 ' s MDS dated [DATE], the MDS indicated Resident 9 had moderately impaired cognition.</p> <p>During a review of Resident 1 ' s MDS dated [DATE], the MDS indicated Resident 1 had severely impaired cognition.</p> <p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 moderately impaired cognition.</p> <p>During a review of Resident 4 ' s MDS dated [DATE], the MDS indicated Resident 4 had moderately impaired cognition.</p> <p>During a review of Resident 6 ' s MDS dated [DATE], the MDS indicated Resident 6 had severely impaired cognition.</p> <p>During a review of Resident 7 ' s MDS dated [DATE], the MDS indicated Resident 7 had moderately impaired cognition.</p> <p>During a concurrent interview and record review on [DATE] at 3:30 pm, with the Payroll and Admissions Coordinator (PAC), the OA ' s Punch Detail Report (PDR) was reviewed. The PAC stated the OA worked in tangent with the (new) DSD but did not know what the OA ' s title was.</p> <p>During an interview on [DATE] at 4:05 pm, with the OA, the OA stated the OA used to be a LVN, but no longer worked in a LVN capacity because the OA, lost his license.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 4:38 pm, with the ADM, the ADM stated the OA was working in the facility as the DSD but the OA ' s license was revoked and had been working as an office assistant since , d+[DATE]. The ADM stated the OA was being investigated by the BVNPT for working as a DSD when the OA did not have a license to do so.</p> <p>During an interview on [DATE] at 11 am, with the ADM, the ADM stated that the OA was working as the facility ' s DSD from at least ,d+[DATE] until [DATE]. The ADM stated the ADM found out the OA ' s license expired on [DATE] when the ADM received a call from BVNPT on [DATE], and the ADM pulled the OA from the DSD role. The ADM stated when the ADM asked the OA why the OA was working with an expired license, the OA, Provided excuses, before sharing the OA surrendered his license on [DATE]. The ADM stated the ADM looked up the OA ' s license and learned it was surrendered on [DATE]. The ADM stated part of the DSD ' s JD was to be in charge of ensuring everyone ' s licenses (for licensed nurses) and certifications (for certified nurse assistants [CNA]) were current and the OA did not disclose to the ADM his license had been surrendered. The ADM stated as the DSD between [DATE] to [DATE], the OA could have been providing direct patient care to residents because as the DSD, the OA would cover for licensed nurses when needed and provided direct patient care training or training to new licensed nurses.</p> <p>During a concurrent interview and record review on [DATE] at 12:28 pm, with the ADM, an audit of the eMAR and eTAR between ,d+[DATE] and ,d+[DATE] were reviewed. The ADM stated the OA had signatures in the eMAR and eTAR on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE], indicating the OA was either administering medications and monitoring residents or training staff on how to administer medications and monitor residents. The ADM stated the signatures in the eMAR and eTAR indicated the OA was providing direct patient care without a license to do so.</p> <p>During an interview on [DATE] at 12:56 pm, with the DON, the DON stated the DSD, DON, and ADM get an alert in the facility ' s application for scheduling shifts when a licensed nurse or CNAs license or certification is due to expire. The DON stated the DON did not get a notification in ,d+[DATE] that the OA ' s license was due to expire on [DATE]. The DON stated the OA informed the DON and ADM in ,d+[DATE] (can ' t recall exact date) that the OA ' s license was surrendered and that ' s why the OA could not renew his license after [DATE].</p> <p>During a concurrent interview and record review on [DATE] at 1:16 pm, with the OA, the OA ' s BVNPT and the DCA for the state of California, dated [DATE] was reviewed. The OA stated the OA did not understand that by signing the decision on [DATE], the OA was effectively surrendering his license on [DATE]. The OA stated the OA ' s lawyer explained the decision and provided a copy of it to the OA, but that the lawyer Explained everything really fast. The OA stated the first page of the decision indicated OA ' s license was effectively surrendered on [DATE]. The OA stated the OA did not tell the ADM or DON the OA ' s license was surrendered and then expired. The OA stated in order to train new staff, the trainer must have their nursing license. The OA stated the OA must have a nursing license to administer medication and monitor residents. The OA stated it was possible if the OA signed his initials in the eMAR or eTAR between ,d+[DATE] and , d+[DATE], the OA was providing direct patient care in the form of administering medications and monitoring residents with the staff the OA was training. The OA stated the risk of providing patient care without a license was that the OA could put the residents ' lives at risk.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on [DATE] at 4:30 pm, with the DON, Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9 's eMAR and eTAR ' s were reviewed. The DON stated if the OA ' s initials were signed in Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9 ' s eMAR and eTAR ' s, it indicated the OA administered medications and/or provided monitoring to the residents. The DON stated on [DATE], [DATE], [DATE], and [DATE], the OA monitored Resident 8 for behavior of decreased interest with ADL ' s. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE], [DATE], [DATE], and [DATE] the OA monitored Resident 8 for the behavior of sudden fluctuation of mood. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE], [DATE], [DATE], and [DATE] the OA monitored Resident 8 ' s persistent delusion for combat ready to fight causing verbal aggression. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE], [DATE], and [DATE] the OA monitored Resident 8 for the behavior of sudden fluctuation of mood. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE], [DATE], [DATE], and [DATE] the OA monitored Resident 8 ' s persistent delusion for combat ready to fight causing verbal aggression. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE] at 12:15 pm the OA monitored Resident 9 that the daily diet was provided as ordered. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE] at 2 pm, the OA provided four oz of high protein nourishment to Resident 3. The DON stated by signing the eMAR, it indicated the OA provided the nourishment. The DON stated on [DATE] at 2 pm, the OA provided four oz of high protein nourishment to Resident 3. The DON stated by signing the eMAR, it indicated the OA provided the nourishment. The DON stated on [DATE], for the day shift, the OA monitored Resident 4 for behavior of delusions that someone was trying to imprison Resident 4. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE] and [DATE] day shift, the OA monitored Resident 5 for persistent delusions that people were secretly planning to do something against Resident 5 causing Resident 5 to falsely accuse everyone. The DON stated by signing the eMAR, it indicated the OA did the monitoring. The DON stated on [DATE] day shift, the OA monitored Resident 6 for skin integrity to the right hand. The DON stated by signing the eTAR, it indicated the OA did the monitoring. The DON stated on [DATE] at 9 am, the OA administered Calcium 600 mg, one tablet, to Resident 2. The DON stated by signing the eMAR, it indicates the OA administered the medication. The DON stated on [DATE] at 9 am, the OA administered docusate sodium, one tablet to Resident 1. The DON stated by signing the eMAR, it indicated the OA administered the medication. The DON stated on [DATE] day shift, the OA monitored Resident 7 for discoloration to the left forearm. The DON stated by signing the eTAR, it indicated the OA did the monitoring. The DON stated the above monitoring and medication administration could not be performed by staff who did were not licensed nurses. The DON stated if a staff member did not have a license to practice nursing, they could not administer medications or monitor residents because it was a liability issue. The DON stated it was a safety issue for all residents.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s P&amp;P titled, Licensure, Certification, and Registration of Personnel, revised , d+[DATE], the P&amp;P indicated employees who require a license, certification, or registration to perform their duties must present such verification with their application for employment. The P&amp;P indicated a copy of the current license, certification, or registration number must be filed in the employee ' s personnel record. The P&amp;P indicated a copy of recertifications must be presented to the human resources director/designee upon receipt of such recertifications and prior to the expiration of current licensure, certification, and/or registration. The P&amp;P addendum dated [DATE] indicated the DSD was in charge of verifying licenses, certifications/registrations of staff. The P&amp;P addendum indicated the DSD was responsible for reflecting updated licenses or certifications of staff in the on-shift program of the facility. The P&amp;P addendum indicated the on-shift program did not allow licensed nurses to be scheduled for licenses that were expired. The P&amp;P indicated addendum indicated any inconsistencies or expirations should be reported to the ADM by the DSD for prompt action like discharging staff from such positions.</p> <p>During a review of the JD titled, DSD, dated [DATE], the JD indicated essential duties and responsibilities included making regular checks for competency of CNA skills performances, positive regard for residents, and developmental needs of direct care staff, and conducted mini-in-service immediately, if necessary, and provided resources for licensed staff in-services in clinical skills development. The JD indicated other duties included to perform daily rounds in the facility to assess and identify resident problem/needs, and conducts staff in-services when needed, to abate known problems, monitor weekly body checks process by treatment nurses to ensure timely performance and monitor daily body check process by CNAs, participate in plans of correction after the DON and QA surveys, and perform other duties or functions as assigned by the DON and/or administrator. The JD indicated education and/or work experience included to be a RN or LVN from an accredited school and minimum one year of nursing experience in a long-term care facility. The JD indicated the DSD have a current, verifiable license as a RN or LVN in the State of California and must remain in good standing with the licensing board. The JD indicated the nursing license must be maintained in a current status and provide evidence of renewal as required by the facility ' s P&amp;P.</p>		