

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Heritage Gardens Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 25271 Barton Road Loma Linda, CA 92354	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46917</p> <p>Based on observation, interview, and record review, the facility failed to follow the policy and procedure for restraints, for one of three sampled residents (Resident 1) when Certified Nursing Assistant (CNA 1) wrapped Resident 1 ' s waist and legs in linen sheets on April 15, 2024.</p> <p>This failure had the potential to place Resident 1 at risk for decreased mobility, circulation, psychological harm and even death.</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet (contains demographic and medical information), it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included dementia (condition that affects the way the person's brain is working), unspecified fracture of right lower leg (unknown break in bone) and schizoaffective disorder, bipolar type (person experiences hallucinations with manic/depressive moments).</p> <p>During a review of Resident 1 ' s Annual H & P dated April 13, 2023, it indicated .resident is unable to make decisions concerning health care because dementia . the patient also intermittently digs out her bowel movements .pt does have chronic constipation (difficulty passing poop) .Patient requires all care to be delivered by licensed nursing staff and adjunct professional medical personnel (unlicensed staff such as CNAs) .</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- federal mandated clinical assessment for all residents in Medicare or Medicaid certified nursing homes) Section C Cognitive Patterns, dated December 19, 2023, it indicated a Brief Interview for Mental Status (BIMS- tool used to screen and identify the cognitive condition of residents upon admission into a long-term care facility) score of 5 indicating severe cognitive impairment.</p> <p>During a review of Resident 1 ' s MDS Section GG Functional Abilities and Goals, dated December 19, 2023, it indicated .Toileting hygiene 1. Dependent [indicating the resident is dependent on others for assistance] . Personal hygiene 2. Substantial/maximal assistance [amount of assistance needed by the resident].</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Care Plan (an plan where a person ' s specific care needs are outlined and planned) dated April 15, 2024, it indicated At risk for decline in psychosocial well-being d/t [due to] involuntary seclusion [separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will] .intervention .encourage to talk about feelings .schedule treatments and therapies around visitors .provide reassurance to resident .assist in visits with friends and family in a private location .education provided to staff regarding involuntary seclusion, restraints [devices that limit a patient's movement], use of restraints and types of restraints .</p> <p>During a concurrent observation and interview on April 16, 2024, at 11:12 AM, with Resident 1, Resident 1 was observed sitting down on a Geri-chair (large, padded chair that is designed to help seniors with limited mobility) watching television in the activities room. Resident 1 was smiling and grabbing at the upper part of her pants. Resident 1 was unable to recall the incident that occurred.</p> <p>During a telephone interview on April 16, 2024, at 12:07 PM, with CNA 1, CNA 1 stated she placed the sheet around Resident 1 to prevent her from digging into her pants. CNA 1 further stated it was told to her by someone else that the sheet prevented her from smearing feces. CNA 1 was not able state who told her that information. CNA 1 further stated it was not the right measure.</p> <p>During a telephone interview on April 17, 2024, at 7:22 AM, with LVN 2, LVN 2 stated that CNA 3 came to her during her shift and notified her that she found Resident 1 with linen sheets wrapped around waist and upper thighs. LVN 2 further stated she conducted a body assessment (a head-to-toe check of the body) and there were no markings on Resident 1 ' s skin. LVN 2 stated she then informed the Director of Nursing (DON).</p> <p>During a review of facility document titled Patient Care Assistant- CNA Job Description undated, it indicated . The nursing assistant assists the resident in performing activities of daily living, provides a clean and safe living environment, gathers data on the resident ' s physical and emotional state, and reports observations to the nurse in charge .E. Toliets resident. F. Positions resident for comfort .Assists in meeting the resident ' s socio-emotional needs: . F. Ensures the resident ' s rights are maintained .</p> <p>During a review of facility document titled Standard of Performance undated, it indicated A. Clinical: . 1. Performs routine patient care in accordance with company ad center policies and nursing procedures .6. Uses equipment correctly and safely during the performance of direct patient care . C. Consumer Service: . 8. Protects patient rights through monitoring general patient condition to identify, correct, and/or report infringement of rights.</p> <p>(continued on next page)</p>		

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