

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 09/05/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedure for activities of daily living (ADL) to ensure the proper maintenance of grooming and personal hygiene services for one of the three sampled residents.</p> <p>This failure had the potential to put clinically compromised resident (Resident 1) at risk for infection when Resident 1 ' s unclean and untrimmed fingernails were not adequately maintained.</p> <p>Findings:</p> <p>1. During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted on [DATE] with a diagnosis that included unspecified dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person ' s daily life and activities).</p> <p>During a review of the clinical record for Resident 1 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated 08/09/2024, indicated, Resident 1 ' s score was a 10 which indicated Resident 1 had moderate cognitive impairment.</p> <p>During a review of Resident 1's MDS Section G (Functional Status), dated 8/09/2024, the MDS Section G indicated, Resident 1 needed partial/moderate assistance in his personal hygiene.</p> <p>During an observation on 9/05/2024, at 10:38 a.m., in Resident 1 ' s room, it was noted that Resident 1 had notably long and unclean fingernails.</p> <p>During a concurrent observation and interview on 9/05/2024, at 11:23 a.m., with Administrator (ADM 1) and Resident Assessment Coordinator (Staff 1) in Resident 1 ' s room, both ADM 1 and Staff 1 acknowledged that Resident 1 ' s fingernails are notably long and dirty. When I asked ADM 1 and Staff 1 who is responsible for trimming Resident 1 ' s fingernails, ADM 1 stated it is the CNAs responsibility of cleaning or trimming.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Activities of Daily Living (ADLs), Supporting, dated March 2018, the P&P indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</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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