

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  12/12/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on , interviews, and record reviews, the facility failed to implement its policy for blood glucose monitoring, when one of four sampled residents (Resident 1) was not checked at the scheduled time, which potentially resulted in a change in Resident 1's condition leading to being transferred to a general acute hospital for evaluation and treatment. This failure had the potential to jeopardize the health and well-being of Resident 1 who is medically compromised.</p> <p>During a review of Resident's 1 Admission Record (document containing clinical and demographic data), it indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis which included type 2 diabetes mellitus (a condition where the body doesn't use insulin [ a hormone that helps sugar from food to get into the cells for energy] properly, causing blood sugar levels to get too high ).</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 October 18, 2024, indicated, Resident 1's score was a 12 which indicated Resident 1's cognition (the mental process of thinking, learning, remembering, and being aware of surroundings) had moderate cognitive impairment.</p> <p>During a review of Resident 1's Blood Sugar Summary, dated November 12, 2024, the document indicated, the blood sugar check was conducted later than scheduled time, specifically at 1:38 p.m. A review of the document titled Order Summary dated October 23, 2024, indicated that blood sugar checks ordered to be conducted before meals and at bedtime.</p> <p>During an interview on December 12, 2024, at 1:34 p.m. with Maternal Data Set Assistant Coordinator (MDS ) 1, MDS 1 confirmed that the blood sugar check was performed at 1:38 p.m. and indicated that it should have been conducted prior to meals, ideally around 11:30 a.m. Additionally, MDS 1 acknowledged that the facility did not adhere to either the physician's orders.</p> <p>During a review of facility's policy and procedure (P&amp;P) titled, Glucose Monitoring, dated December 2015, the P&amp;P indicated:</p> <ol style="list-style-type: none"> <li>1. The management of individuals with diabetes mellitus should follow relevant protocols and guidelines.</li> <li>2. The physician will order the frequency of glucose monitoring.</li> </ol>

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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