

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Loma Linda Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 25383 Cole Street 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44262</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate supervision was provided to prevent avoidable accidents for one of three sampled residents (Resident1). When Resident 1 fell out of bed.</p> <p>This failure contributed to Resident 1 being sent out to acute hospital for evaluation.</p> <p>Findings:</p> <p>During review of Residents 1's Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses to include: pulmonary edema (excess fluid in lungs), abnormalities of gait and mobility, hypertension (high blood pressure), acute and chronic respiratory failure (lungs cannot exchange oxygen properly), colon cancer (cancer in rectum).</p> <p>During a concurrent interview and record review of Resident 1's Medical Record with the Director of Nursing (DON) reviewed and verified the following:</p> <ol style="list-style-type: none"> 1. Fall risk assessment on admission March 28, 3025, High Risk=18. 2. Careplan: Falls: Resident is at risk for falls with or without injury related to altered balance while standing and/or walking, unsteady gait, UNWITNESSED-FALL Date Initiated: 04/16/2025, Created on: 03/28/2025. 3. Change of Condition Fall April 16, 2025: Sleeping when round was made alert with forgetfulness and confusion, needs assistance with Activities of Daily Living (ADL). At 1:30AM, Certified Nursing Assistant (CAN) assigned reposition resident and resident go back to sleep. 3:30AM resident changed she had a Bowel movement (BM) and around 4AM resident calling for help noted on the floor in her back in between her room door. Body assessment done, vital signs and neuro check initiated, no visual injury noted. <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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on May 08, 2025, with Director of Nursing (DON) DON states, I explained to resident son about the rails, we have the grab bars upper bars. It's considered a restraint, I was notified after the fall about family requesting bedrails. After fall, I told the Resident son we will place her at nurse station. Bed was at lowest position, we were constantly and reminding her to use call light. She was not ambulatory. When she did have a fall, we did a (COC) and sent her out for eval. I offered interventions of room change near nurse station, we had already care planed it. I would do a medication review as well. The nurse station is in middle, this resident was not by nurse station but it was in a busy hallway.</p> <p>During a review of the facility's policy and procedure titled, Fall and Fall Risk Managing revised [March 2018], the policy and procedure indicated, Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.</p> <p>During a review of the facility's policy and procedure titled, Falls- Clinical Protocol revised [March 2018], the policy and procedure indicated, The physician will help identify individuals with a history of falls and risk factors for falling. a. Staff will ask the resident and the caregiver or family about a history of falling. b. The staff and physician will document in the medical record a history of one or more recent falls (for example, within 90 days). c. While many falls are isolated individual incidents, a few individuals fall repeatedly. Those individuals often have an identifiable underlying cause. The physician will help identify individuals with a history of falls and risk factors for falling. a. Staff will ask the resident and the caregiver or family about a history of falling. b. The staff and physician will document in the medical record a history of one or more recent falls (for example, within 90 days). c. While many falls are isolated individual incidents, a few individuals fall repeatedly. Those individuals often have an identifiable underlying cause.</p>		