

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  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Linda Valley Care Center		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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37935</p> <p>Based on interview, record review, document review, and facility policy review, the facility failed to complete and transmit a discharge Minimum Data Set (MDS) for 1 (Resident #22) 1 sampled residents reviewed for resident assessment.</p> <p>Findings included:</p> <p>A facility policy titled, Resident Assessments, revised in 03/2022, indicated, A comprehensive assessment of every resident's needs is made at intervals designated by OBRA and PPS requirements. The resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments and reviews according to the following requirements: a. OBRA required assessments - conducted for all residents in the facility: (1) Admission Assessment; (2) Quarterly Assessment; (3) Annual Assessment; (4) Significant Change in Status Assessment; (5) Significant Correction to Prior Comprehensive Assessment; (6) Significant Correction to Prior Quarterly Assessment; and (7) (7) Discharge Assessment.</p> <p>The Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument [RAI] 3.0 User's Manual, dated 10/2023, indicated, Discharge assessment refers to an assessment required on resident discharge from the facility.</p> <p>An Admission Record indicated the facility readmitted Resident #22 on 09/10/2022. According to the Admission Record, Resident #22 discharged from the facility on 03/13/2024.</p> <p>Resident #38's medical record revealed no evidence to indicate a discharge MDS was completed.</p> <p>During an interview on 06/20/2024 at 8:34 AM, the MDS Coordinator stated Resident #22 was discharged on [DATE]. The MDS Coordinator stated a discharge MDS was not completed for Resident #22, and she was just made aware that it was not completed. Per the MDS Coordinator, she had 14 days to complete and submit a discharge MDS after a resident discharged from the facility.</p> <p>During an interview on 06/20/2024 at 9:22 AM, the Director of Nursing (DON) stated the discharge MDS for Resident #22 was not completed or submitted. The DON stated, the discharge MDS for Resident #22 was missed. According to the DON, a discharge MDS should have been completed and submitted for Resident #22. The DON stated she expected MDS assessments to be completed accurately and submitted timely.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0640  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 06/20/2024 at 9:45 AM, the Administrator stated he expected MDS assessments to be accurately completed and submitted timely.		