

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Gardenview Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 590 S. Indian Hill Blvd. Claremont, CA 91711	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50016</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement an individualized person-centered plan of care (CP) timely that included measurable objectives, timeframes, and interventions to meet the needs of 1 of 3 sampled residents (Resident 1) as indicated in the facility's policy & procedure (P&P) titled, Comprehensive Person-Centered Care Planning, by failing to:</p> <ol style="list-style-type: none"> 1. Develop an individualized/person-centered CP that included goals and interventions that addressed Resident 1's depression, Resident 1 feeling down, depressed, or hopeless and after Resident 1's Patient Health Questionnaire (PHQ, a self-administered tool that assessed mental health and used to screen for depression) evaluation, dated 9/19/2024, indicated Resident 1 had moderate depression. <p>This deficient practice had the potential to result in unmet individualized needs for Resident 1 and the potential to affect the resident's physical and psychosocial well-being and negatively affect Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated the facility admitted Resident 1 on 9/17/2024, with diagnoses including heart failure (when the heart muscle doesn't pump blood as well as it should), chronic kidney disease (a long-term condition where the kidneys do not work as well as they should), diabetes mellitus (a disease that occurs when your blood glucose [sugar in the blood], is too high) with foot ulcer (open sore or lesions [an area of abnormal or damaged tissue caused by injury, infection, or disease] that does not heal or that return over a long period of time, and homelessness (has no other residence and lacks the resources or support to obtain permanent housing).</p> <p>During a review of Resident 1's PHQ Evaluation dated 9/19/2024, timed at 12:15 PM, the evaluation indicated Resident 1 was feeling down, depressed, or hopeless and had little interest or pleasure in doing things.</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 0656</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 Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/24/2024, the MDS indicated Resident 1 was cognitively (the ability to think and process information) intact. The MDS indicated Resident 1 required setup or clean-up assistance with activities of daily living (ADL, term used in healthcare that refers to self-care activities) and required supervision or touching-assistance (when a helper provides verbal cues and/or touching, steadying, or contact guard assistance to a patient or resident as they complete an activity) with mobility.</p> <p>During an interview and concurrent review of Resident 1's medical record on 9/25/2024 at 11:20 PM, with Social Services Worker (SSW) 1, Resident 1's PHQ Evaluations and CPs were reviewed. SSW 1 stated SSW 1 completed Resident 1's PHQ 9/19/2024 and the evaluation indicated Resident 1 had moderate depression. SSW 1 stated SSW 1 did not initiate and complete a depression CP until 9/23/2024. SSW 1 stated the purpose of a CP was to document the patient's needs, wishes, plans, nursing interventions, and [to include] the steps staff were to take to meet those needs. SSW 1 stated the CP was a patient-centered health document designed to facilitate communication among members of the care team and with the patient. SSW 1 stated a depression patient-centered CP should have been initiated after the PHQ evaluation was completed on 9/19/2024, given that the PHQ indicated Resident 1 was feeling down, depressed, and hopeless. SSW 1 stated developing a depression CP timely helped identify specific needs for the residents (in general), allowing for targeted interventions, consistent monitoring, and coordinated care to improve their mental health.</p> <p>During an interview on 9/25/2024 at 3:15 PM, with the Director of Nursing (DON), the DON stated a depression CP should have been initiated once they [the facility] identified Resident 1's depression during the PHQ evaluation. The DON stated initiating a depression CP [timely, that included] proper interventions promoted positive clinical outcomes. The DON stated residents with depression could have sudden changes in mood that could happen instantly, and some, in extreme situations may even turn to self-harm in search of relief. The DON stated the facility should have initiated interventions that included frequent monitoring and supportive treatment measures to improve Resident 1's well-being.</p> <p>During a review of the facility's P&P titled, Comprehensive Person-Centered Care Planning, revised on 11/2018, the P&P indicated it was the policy of the facility to provide a centered-person, comprehensive, and interdisciplinary care that reflected best practice standards for meeting health, safety, psychosocial, behavioral, and environmental needs of residents in order to obtain or maintain the highest physical, mental, and psychosocial well-being.</p>		