

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Community Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4070 Jurupa Avenue Riverside, CA 92506	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>45555</p> <p>Based on record reviews, interviews, and facility policy review, the facility failed to ensure the Minimum Data Set assessments were accurate for 2 (Resident #9 and Resident #147) of 29 sampled residents. Specifically, the facility incorrectly coded Resident #147 being discharged to the hospital instead of home and did not accurately code Resident #9's level II preadmission screening and resident review (PASARR) status.</p> <p>Findings included:</p> <p>A review of the facility policy titled, MDS 3.0 Completion, implemented on 12/19/2022, revealed, Policy: Residents are assessed, using a comprehensive assessment process, in order to identify care needs and to develop an interdisciplinary care plan. The policy revealed, Policy Explanation and Compliance Guidelines: 1. According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident' functional capacity, using the RAI [Resident Assessment Instrument] specified by the State.</p> <p>1. A review of Resident #147's Admission Record revealed the facility admitted the resident on 03/22/2024 with diagnoses that included non-infective gastroenteritis and colitis (inflammation of the lining of the stomach and intestines), echinococcosis (parasitic infection) of the liver, and enterocolitis (inflammation of the small intestine and colon) due to clostridium difficile (a bacteria). The Admission Record revealed the resident discharged home with home health services on 03/30/2024.</p> <p>A review of Resident #147's care plan initiated on 03/27/2024, revealed the resident would be discharged home.</p> <p>A review of Resident #147's Order Summary Report, revealed an order dated 03/28/2024, that directed the staff to discharge the resident home with home health services and their medications.</p> <p>A review of Resident #147's Notice of Transfer/discharge date d 03/28/2024, revealed effective 03/30/2024, the resident would be discharged home.</p> <p>A review of Resident #147's Progress Notes dated 03/30/2024 at 11:15 AM, revealed the resident discharged home.</p> <p>A review of Resident #147's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/30/2024, revealed the resident discharged to a short-term general hospital on 03/30/2024.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/25/2024 at 8:57 AM, the Registered Nurse (RN) MDS Coordinator stated she was ultimately responsible to ensure the accuracy of the MDS assessments. The RN MDS Coordinator stated accuracy of the MDS was important for billing purposes and it ensured the facility provided the best care possible. The RN MDS Coordinator stated Resident #147's MDS was incorrect as the resident discharged home and not to the hospital.</p> <p>During an interview on 04/25/2024 at 9:36 AM, the Director of Nursing (DON) stated the RN MDS Coordinator was responsible to ensure the accuracy of the MDS assessment. Per the DON, the accuracy of the MDS was important not only for billing but to ensure residents received the type of care they needed. The DON stated the MDS should accurately reflect where a resident discharged to.</p> <p>During an interview on 04/25/2024 at 9:46 AM, the Administrator stated the accuracy of the MDS was important to ensure the facility provided all the care and services that the resident required.</p> <p>37935</p> <p>2. A review of Resident #9's Admission Record revealed the facility admitted the resident on 09/23/2022 with diagnoses to include dependence on supplemental oxygen, chronic obstructive pulmonary disease, schizophrenia, major depressive disorder, and anxiety disorder.</p> <p>A review of Resident #9's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/10/2024, revealed the resident was not currently considered by the state level II PASARR to have a serious mental illness and/or intellectual disability or a related condition.</p> <p>During an interview on 04/25/2024 at 8:57 AM, the Registered Nurse (RN) MDS Coordinator stated she was ultimately responsible to ensure the accuracy of the MDS assessments. The RN MDS Coordinator stated accuracy of the MDS was important for billing purposes and it ensured the facility provided the best care possible. The RN MDS Coordinator stated Resident #9's MDS was incorrect as the resident had a serious mental illness.</p> <p>During an interview on 04/25/2024 at 9:36 AM, the Director of Nursing (DON) stated the RN MDS Coordinator was responsible to ensure the accuracy of the MDS assessment. Per the DON, the accuracy of the MDS was important not only for billing but to ensure residents received the type of care they needed. The DON stated the MDS should accurately reflect the resident's PASARR status.</p> <p>During an interview on 04/25/2024 at 9:46 AM, the Administrator stated the accuracy of the MDS was important to ensure the facility provided all the care and services that the resident required.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37935</p> <p>Based on observation, interviews, and facility policy review, the facility failed to ensure residents' rooms measured at least 80 square (sq) feet (ft) per resident in 8 (Rooms 101, 106, 107, 112, 119, 121, 123, and 125) of 71 resident rooms in the facility.</p> <p>Findings included:</p> <p>A review of the facility policy titled Residents Rooms reviewed/ revised on 12/19/2022, revealed, 2. Resident bedrooms will measure at least 80 square feet per resident in multiple resident bedrooms and at least 100 square feet in single resident bedrooms.</p> <p>During a tour of the facility on 04/22/2024 beginning at 9:10 AM, no residents voiced any concerns regarding the size of their rooms.</p> <p>On 04/24/2024 at 3:00 PM, the Maintenance Supervisor measured the following rooms and confirmed the following dimensions:</p> <ul style="list-style-type: none"> <li>- In room [ROOM NUMBER], there was 78 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 70 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 70 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 78 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 72 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 78 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 77 sq ft for each resident.</li> <li>- In room [ROOM NUMBER], there was 77 sq ft for each resident.</li> </ul> <p>During an interview on 04/25/2024 at 8:40 AM, Certified Nursing Assistant (CNA) #1 stated he had no problems with providing care to residents due to the size of the rooms.</p> <p>During an interview on 04/25/2024 at 8:51 AM, CNA #2 stated she had no issues providing proper care to the residents due to the size of their rooms.</p> <p>During an interview on 04/25/2024 at 8:55 AM, CNA #3 stated she had plenty of room to provide care to the residents.</p> <p>(continued on next page)</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/25/2024 at 10:11 AM, the Director of Nursing (DON) stated resident rooms should be at least 80 sq ft for each resident. The DON stated resident rooms needed to be large enough to properly accommodate the residents and their belongings.</p> <p>During an interview on 04/25/2024 at 10:22 AM, the Administrator stated rooms had a minimum requirement of 80 sq ft for each resident. The Administrator stated he expected for resident rooms to meet or exceed 80 square feet per resident. Per the Administrator, resident rooms should be a minimum of 80 square feet to provide a comfortable living area for residents. The Administrator stated residents should have room for their belongings, to be able to navigate in their rooms, and staff should not be hindered in the provision of care for the residents due to the size of the rooms.</p>		