

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Woodcrest Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 8133 Magnolia Avenue Riverside, CA 92504	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48240</p> <p>Based on interview and record review, the facility failed to ensure the family member (FM), who was designated as the Power of Attorney (POA- a legal document that allows someone else to act on your behalf), was notified about a change of condition, for one of two residents, Resident 2.</p> <p>This failure resulted for Resident 2's FM to not be aware of Resident 2's change in condition and the inability to fulfill POA duties effectively.</p> <p>Findings:</p> <p>On April 4, 2024, an unannounced visit was conducted at the facility for an investigation of a complaint.</p> <p>A review of Resident 2's records was conducted. Resident 2 was admitted to the facility on [DATE]. Resident 2 passed away at the facility on February 17, 2024.</p> <p>Resident 2's, History and Physical (H&P), dated August 21, 2023 indicated Resident 2 had diagnoses which included type 2 diabetes mellitus (high blood sugar level) with ulcer (break on the skin) of right foot , end stage renal disease (a permanent kidney failure) on dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly) and Alzheimer's disease (impaired ability to remember, think, or make decisions). The H&P further indicated .Healthcare Decision Maker Status: Designated and documented .</p> <p>Resident 2's face sheet (a document that contains a summary of a patient's personal and demographic information) indicated Resident 2 was self-responsible and had a FM as the POA for care.</p> <p>On April 4, 2024, at 1:33 p.m., an interview was conducted with the Licensed Vocational Nurse (LVN). The LVN stated that when a resident had a change of condition, the responsible party was notified.</p> <p>On April 4, 2024, at 4:40 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated if a resident had a POA, the POA was notified for any changes of condition and plan of care.</p> <p>On April 8, 2024, at 10:35 a.m., a concurrent interview with the Director of Staff Development (DSD) and record review of Resident 2's POA was conducted. The DSD stated, Resident 2 had a FM as the POA. The DSD further stated that FM should be notified of Resident 2's changes in condition.</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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's SBAR (Situation, Background, Assessment Recommendation - a structure communication framework), dated February 6, 2024, indicated Resident 2 had a deteriorating right heel diabetic ulcer. The SBAR further indicated, (name of doctor) made aware with new order noted and carried out .resident self-responsible notified .</p> <p>A review of Resident 2's POA for Healthcare, indicated that a FM was designated as Resident 2's agent to make healthcare decisions for her on September 16, 2022. The document further indicated EFFECTIVE DATE effective immediately and shall continue in effect upon my disability or legal incapacity .</p> <p>On April 8, 2024, at 11:00 a.m., an interview was conducted with the Treatment Nurse (TN). The TN stated that Resident 2 had a deteriorating right heel diabetic ulcer on the right foot on February 6, 2024, and he notified Resident 2's physician. The TN stated that Resident 2 was notified of the current condition of the wound and the physician's orders. The TN stated he was not aware that Resident 2 had a POA. The TN further stated he should have notified Resident 2's FM as well because she was the POA.</p> <p>On April 8, 2024, at 4:20 p.m., a concurrent follow up interview with the DON and record review of Resident 2's POA were conducted. Resident 2's POA was reviewed. The POA indicated that a FM was appointed as Resident 2's agent, effective immediately on September 16, 2022. The POA further indicated .EFFECTIVE DATE .effective immediately and shall continue in effect upon my disability or legal incapacity . The DON stated Resident 2 was self-responsible and had the capacity to make some decisions for herself. The DON stated Resident 2's POA would have been effective when she can no longer make decisions for herself. The DON further stated, she did not know why the TN did not notify the FM when Resident 2 had a change of condition.</p> <p>A review of the facility's policy and procedure titled, Resident Representative, dated February 2022 was reviewed. The policy indicated, .a resident who has not been found to be incompetent by the stated court has the right to appoint a resident representative who may exercise the resident's rights to the extent provided by state and federal law .the term resident representative is defined as . an individual chosen by the resident to act on behalf of the resident . a person authorized by state or federal law (including but not limited to agents under power of attorney .) .to act on behalf of the resident in order to support the resident in decision-making . or receive notifications .</p>		