

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055565	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2024
NAME OF PROVIDER OR SUPPLIER Waterman Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 N. Waterman Ave. San Bernardino, CA 92404	
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44841 Based on observation, interview, and record review, the facility failed to ensure the environment remained as free of accident hazards as is possible and that each resident received adequate supervision to prevent accident during shower for one of three sampled residents (Resident 3), when Resident 3 was left in the shower unsupervised. This failure resulted in Resident 3 to receive multiple blisters to his lower body area. Findings : A review of Resident 3's clinical record titled, Admission Record (contains medical and demographic information) indicated Resident 3 was admitted to the facility on [DATE], with diagnoses which included paraplegia (impairment in motor or sensory function of the lower extremities) and muscle weakness (lack of strength in the muscles). During a review of Resident 3's History and Physical (H&P) dated September 23, 2023, the H&P indicated . This resident [Resident 3] has the capacity to understand and make decisions . During a review of Resident 3's Minimum Data Set (MDS- a computerized assessment instrument), Section GG Functional Abilities and Goals (Coding: Safety and Quality of Performance - If helper assistance is required because patient's/resident's performance is unsafe or of poor quality, score according to amount of assistance provided), dated March 7, 2024, the MDS indicated Resident 3 required, [coded] 03 for showering/bathing self, meaning partial or moderate assistance (Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half). During a review of Resident 3's care plan, revised on March 8, 2024, it indicated, at risk for ADL [Activity of Daily Living]/mobility decline and requires assistance related to . non ambulatory, paralysis, paraplegia . During a review of Resident 3's clinical record titled eINTERACT SBAR [Situation-Background-Assessment-Recommendation - communication tool of summary for change of condition] dated March 10, 2024, it indicated . During wound care , WCN [Wound Care Nurse] notice patient has new wounds . to the left leg, scrotum, and penis with close/open blisters. Pt [Resident 3] is at risk for developing new wounds r/t [related to] poor circulation . (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 055565	Facility ID: 055565 If continuation sheet Page 1 of 3

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 3's physician order sheet, dated March 10, 2024, it indicated, a treatment order of . close blister to left leg .close blister to scrotum .apply to penis topically [specific area] for open blister . During a review of Resident 3's clinical record titled IDT note [Interdisciplinary Team - a group of healthcare professionals from different disciplines working towards a common goal for a resident) dated March 12, 2024, it indicated Resident asked the CNA [Certified Nurse Assistant 1] to wheel him to the shower room. Resident prefers to take a shower privately and he wants only set up help. CNA turned on the shower to middle area. Then Resident asked for the shower head so he can take shower by himself. CNA left resident during shower. CNA came back to check if he is done and wheeled resident back to his own room. During treatment . noted Also a blister on mid upper thigh Resident had multiple scar tissues on sacrum and perineal areas upon admission. Per Treatment Nurse, the areas where tissues were peeled off were pink and no bleeding noted. But due to peeled off areas were open; they were at high risk for complications . During concurrent observation and interview with Resident 3, on March 26, 2024, at 1:00 PM, Resident 3 sitting down in the wheelchair at the facility outside patio. Resident 3 stated I think I let the running shower head rest on my lap too long while washing my upper body not realizing the water might have been too hot for my skin, I can't feel anything from waist down. During further interview with Resident 3, on March 26, 2024, at 1:10 PM, Resident 3 stated CNA 1 was not with him throughout the shower. CNA 1 told him that he would come back to check on him and that he needed to attend to other patients. Resident 3 further stated CNA 1 was in and out the shower room approximately three times, each time being gone for 8-10 minutes. Resident 3 expressed he would feel safer and more comfortable if CNA 1 stayed with him throughout the shower. During an interview with the Treatment Nurse (TN), on April 19, 2024, at 11:25 AM, the TN stated that on March 10, 2024, during treatment, she discovered new blisters to left leg, scrotum, and penis area. She further stated that when she asked Resident 3 about it, he informed her that he had left the shower head running for too long yesterday (March 9, 2024). The TN then contacted the doctor to report the issue and obtain a treatment order. During an interview with Assistance Director of Nursing (ADON), on April 19, 2024, at 2:50 PM, the ADON stated CNA 1 should have stayed with Resident 3 throughout his shower to supervise for safety. During a follow up telephone interview, with CNA 1 on April 19, 2024, at 3:45 PM, CNA 1 stated that on March 9, 2024, Resident 3 was assigned to him for the first time. CNA 1 stated he wheeled Resident 3 to the shower room and adjusted the water temperature to be approximately between cold and hot, before leaving Resident 3 inside the shower room. CNA 1 further stated that he was unsure about the facility's practice, but he informed Resident 3 before leaving the shower room that he would be outside that he needed to attend to other patients and would check on him if he needed assistance or had finish his shower. (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility' s policy and procedure (P&P) titled, Activity of Daily Living (ADL's), Supporting revised March 2018, the P&P indicated Policy Statement. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently . including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) . During a concurrent interview and record review with on April 19, 2024, at 4:00 PM, with ADON, the facility's P&P titled, Bath, Shower/Tub revised March 2024, was reviewed, the P&P indicated, Purpose. The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. General Guidelines. 1. Be sure that the bath area is at a comfortable temperature for the resident. 2. Residents who require assistance with ADL's: a. Stay with the resident throughout the bath. Never leave the resident unattended in the tub or shower 3. Use the emergency call signal for assistance, if needed . The ADON stated the facility did not follow the policy.		