

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 02/25/2026
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)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to honor one of three sampled residents' (Resident 1) right to participate in the development and implementation of his or her plan of care when Resident 1's request for a care plan meeting was not addressed and scheduled by the facility in a timely manner. This failure had the potential to cause Resident 1 not to receive the needed care and services to meet their care planning goals. Findings: During a review of Resident 1's face sheet, it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included hemiplegia (severe or complete paralysis of one side of body), and hypertension (high blood pressure). A review of Resident 1's Quarterly Minimum Data Set (MDS-assessment/evaluation of health status and functional needs of residents), dated January 21, 2026, under Section C, Cognitive Pattern, it indicated Resident 1 had a Brief Interview for Mental Status (BIMS) score of 14. (A BIMS score of 13 to 15 means cognitively intact.) During a review of Resident 1's Interdisciplinary Team (IDT) Care Conference (also known as Care Plan Meeting) Summary, dated January 21, 2026, it indicated the IDT discussed Resident 1's admission diagnosis, admission medication list, psychosocial assessment, physical therapy and discharge planning with Resident 1. During an interview with Resident 1, on February 10, 2026, at 11:44 AM, Resident 1 stated she needed clarification with her discharge planning, so she requested another care plan meeting from the Social Service Director (SSD) last January 28, 2026. Resident 1 further stated she has not yet received any update regarding her request. During an interview on February 10, 2026, at 1:28 AM, with the Social Service Director (SSD), the SSD stated she had still not scheduled Resident 1's care plan meeting even though Resident 1 had requested it two weeks ago. During an interview on February 10, 2026, at 1:28 AM, with the Assistant Director of Nursing (ADON), the ADON stated the IDT member mistakenly forgot to schedule Resident 1's requested care plan meeting. The ADON further stated it should be scheduled. During a review of the facility's policy and procedure (P&P) titled, Care Planning-Interdisciplinary Team, revised March 2022, the policy and procedure indicated, The interdisciplinary team is responsible for the development of resident care plans. 1. Resident care plans are developed according to the timeframes and criteria established by 483.21.4. The resident, the resident family and/or the residents legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the residents care plan. 5. Care plan meetings are scheduled at the best time of the day for the resident and family. During a review of the facility's P&P titled Resident Participation - Assessment/Care Plans, revised February 2025, it indicated The resident's/representative's right to participate in the development and implementation of his or her plan of care includes the right to: c. request meetings. During a review of the facility's P&P titled Resident Rights, revised December 2016, it indicated Employees shall treat all residents with kindness, respect, and dignity. be informed of, and participate in, his or her care planning and treatment.</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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