

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

Printed: 06/26/2025
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 03/21/2025
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 36105 Based on interview, record review, and facility document and policy review, the facility failed to report an allegation of resident-to-resident abuse involving 2 (Resident #29 and Resident #83) of 2 sampled residents reviewed for abuse to the state survey agency within two hours. Findings included: A facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised 04/2021, revealed, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations). The policy specified, 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The policy further specified, 3. 'Immediately' is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. Resident #29's Admission Record revealed the facility admitted the resident on 12/19/2024. According to the Admission Record, the resident had a medical history that included diagnoses of muscle wasting and atrophy, abnormality of gait and mobility, adult failure to thrive, dehydration, weakness, atherosclerotic heart disease, alcohol abuse, acute on chronic diastolic congestive heart failure, and essential hypertension. Resident #29's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/30/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 8, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident did not exhibit any physical or verbal behavioral symptoms directed towards others during the seven-day assessment look-back period. Resident #29's Care Plan Report included a focus area, initiated 12/24/2024 and revised 01/01/2025, that indicated the resident had cognitive loss, impaired decision-making skills, and forgetfulness and needed verbal reminders. (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 4

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #83's Admission Record revealed the facility admitted the resident on 04/09/2024. According to the Admission Record, the resident had a medical history that included diagnoses of schizoaffective disorder, bipolar type; Parkinsonism; delusional disorders; hallucinations; major depressive disorder; insomnia; and muscle wasting and atrophy. Resident #83's quarterly MDS, with an ARD of 01/08/2025, revealed the resident had a BIMS score of 11, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident did not exhibit any physical or verbal behavioral symptoms directed towards others during the seven-day assessment look-back period. Resident #83's Care Plan Report included a focus area, initiated 04/18/2024, that indicated the resident was at risk for decreased psychosocial well-being and adjustment issues; emotional distress and ineffective coping skills; poor impulse control; adverse effects on function, mental, physical, social, or spiritual well-being related to feeling down, depressed, or hopeless and little interest or pleasure in doing things. Resident #83's Progress Notes revealed a Nurse's Note, dated 03/16/2025 at 10:22 PM and electronically signed by Registered Nurse (RN) #5, that indicated Resident #83 was seen in their room holding scissors by a licensed vocational nurse (LVN). The note indicated that when the RN interviewed Resident #83, the resident reported they were sleeping in their bed when they got awoken by Resident #29 shaking their bed. The note further indicated Resident #83 reported Resident #29 punched them on the right thigh. Per the note, Resident #83 stated they then hit Resident #29 on the right side of the head. Per the note, staff moved Resident #83 to another room, the Director of Nursing (DON) was notified, and 911 was called. A Report of Suspected Dependent Adult/Elder Abuse, dated 03/17/2025, revealed the Assistant Director of Nursing (ADON) reported the incident involving Resident #29 and Resident #83 to the state survey agency as an allegation of physical abuse. The report indicated staff heard a commotion coming from Resident #29 and Resident #83's room and upon staff's arrival to the room, the residents were engaged in a verbal confrontation. Per the report, Resident #83 reported that Resident #29 woke them up by shaking their bed, and then, Resident #29 hit Resident #83. Resident #83 stated they then responded by hitting Resident #29. The report indicated Resident #29 reported that Resident #83 hit them first. A Transmission Verification Report, dated 03/17/2025, revealed the facility submitted the initial Report of Suspected Dependent Adult/Elder Abuse to the state survey agency on 03/17/2025 at 10:58, which was not within the required two-hour timeframe. During an interview on 03/21/2025 at 1:52 PM, the ADON stated the incident involving Resident #29 and Resident #83 was reported to him the evening of 03/16/2025. In contrast to the facility's policy, the ADON then stated that for incidents without a major injury, the facility reported them to the state agency within 24 hours. The ADON stated if an incident did result in major injury, they would report it within two hours.		

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46194 Based on interview, observation, and facility policy review, the facility failed to ensure residents' rooms measured at least 80 square (sq) feet (ft) per resident in Rooms 101, 102, 103, 104, 105, 106, 107, 108, 109, 112, 114, 116, 202, 404, and 406. Findings included: A policy titled, Bedrooms, revised May 2018, revealed, All residents are provided with clean, comfortable and safe bedrooms that meet federal and state requirements. The policy revealed, 2. Bedrooms measure at least 80 square feet of space per resident in double rooms, and at least 100 square feet of space in single rooms. (Note: Individual variations on this may be permitted by federal authorities if it is demonstrated that the variation is in accordance with special needs of the resident and will not adversely affect the resident's health and safety.) On 03/17/2025 at 9:25 AM, the Director of Nursing (DON) stated the facility had some resident rooms that measured less than the required square footage. On 03/19/2025 at 3:15 PM, the Maintenance Director was observed while measuring Rooms 101, 102, 103, 104, 105, 106, 107, 108, 109, 112, 114, 116, 202, 404, and 406. Each room had closets, nightstands, wheelchairs, bathrooms, and resident beds, which were not observed to block the bathroom or closet doors. Residents could freely move around the rooms, and privacy curtains were in use. Room measurements were as follows: - Rooms 101, 102, 103, 104, 105, 106, and 107 had three residents each and measured 75.19 sq ft per resident. - room [ROOM NUMBER] had three residents and measured 74.54 sq ft per resident. - room [ROOM NUMBER] had three residents and measured 74.863 sq ft per resident. - rooms [ROOM NUMBER] had three residents each and measured 71.29 sq ft per resident. - room [ROOM NUMBER] had three residents and measured 73.04 sq ft per resident. - room [ROOM NUMBER] had two residents and measured 73.48 sq ft per resident. - room [ROOM NUMBER] had two residents and measured 78 sq ft per resident. On 03/19/2025 at 3:45 PM, the Maintenance Director stated the room measurements did not provide each resident 80 square feet as per regulation. On 03/20/2025 at 8:37 AM, Certified Nursing Assistant (CNA) #1 stated room [ROOM NUMBER] and room [ROOM NUMBER] seemed a little small at times, but noted the rooms were workable. (continued on next page)		

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/20/2025 at 8:44 AM, CNA #2 stated the rooms were comfortable to take care of the residents. On 03/20/2025 at 8:50 AM, CNA #3 stated the space in the rooms was acceptable. She stated the staff were able to move the side tables, and moving the tables helped staff get around easier. On 03/20/2025 at 9:04 AM, the DON stated there were no issues related to the room sizes being brought to the attention of her or staff. She stated the facility conducted what the facility called angel rounds, and the angel rounds had room size concerns addressed on a sheet from which staff conducted the angel rounds. She stated if residents needed more storage they were able to use a storage area to store extra items.		