STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055581	A. Building B. Wing	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jurupa Hills Post Acute	6401 33rd Street. Riverside, CA 92509

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40000 Based on interview and record review, the facility failed to follow their grievance policy and procedure for one resident, (Resident 1) when the family representative (FR) expressed concerns about Resident 1 ' s care. This failure may have contributed to a delay in response to verbal concerns submitted on behalf of Resident 1. Findings: On October 9, 2024, a review of Resident 1 ' s Electronic Records (ER-systematized collection of patient and population electronically stored health information in digital format) was conducted. Resident 1 was admitted on [DATE], with diagnoses including major depressive disorder (common mental health condition that impacts how a person feels and thinks), Parkinsonism (general term for a group of brain conditions, causes stiffness and slowed movement), and dementia (a group of disease characterized by memory loss). Resident 1 ' s history and physical, dated August 27, 2024, indicated Resident 1 did not have capacity to make decisions. A review of Resident 1's Order Summary Report, included a physician's order, dated October 1, 2024, which indicated an order for wound treatment to the right forearm to cleanse with NS (normal saline- sterile solution of water and salt), pat dry, apply triple antibiotic (combination of antibiotics to treat and prevent minor bacterial skin infections) every day shift for 14 days. On October 9, 2024, at 9:50 a.m., an observation and interview with Resident 1 was conducted. Resident 1 was observed lying in bed clothed and agreed to interview. Resident 1 was observed to have bilateral arms with old scabs and multiple discoloration. Resident 1 had his left forearm with bandage wrapped. In a concurrent Interview with Resident 1, he stated two people were holding him and he thought they were mad at him. Resident 1 stated he could not remember the day it happened and he stated he did not feel safe because he did not know why they held him and hurt him at that time. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055581	A. Building B. Wing	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jurupa Hills Post Acute	6401 33rd Street. Riverside, CA 92509

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On October 9, 2024, at 11:47 a.m. an interview with the Family Representative (FR) was conducted. The FR stated another family member received a call on October 1, 2024, from a Licensed Vocational Nurse (LVN) stating that Resident 1 sustained a wound on his right arm while struggling and hit his arm with the staff arm. The FR stated she was told the injury was from an arm-to-arm contact. She stated she got concern when she saw all the steri-strips (thin strips of tape put across an incision or minor cut) on the wound. She stated she spoke with the (DON) and called her attention to Resident 1 ' s injury. The FR stated the DON stated she was not fully aware of the situation and the DON spoke to LVN 1 on the phone and LVN 1 stated the resident was struggling and his arm hit the staff's arm. The FR stated she emailed the DON and carbon copied (CC ' d - sending a copy of an email to another recipient) the Social Service Worker, and other family members to request corrective action, a copy of the incident report, and follow up action for individuals involved and was the incident reported. The FR stated she got two different reports of what happened to Resident 1 ' s arm. She further stated she was told that it was an arm-to-arm incident and then told Resident 1 hit his arm on the side rail. On October 9, 2024, at 2:17 p.m. an interview with the (DON) conducted. Stated she was made aware of the skin tear on 10/2/2024 by a change of condition discussion with the Interdisciplinary Team (IDT). Stated she reviewed what the root cause was based on CNA 4 ' s statement. Stated that CNA 4 was not assigned to Resident 1 but heard his alarm ringing and went to assist the resident. Stated while CNA 4 was trying to put the alarm back the resident got aggressive and started swing his arm and hit CNA 4 ' s left arm. On November 4, 2024, at 1:31 p.m., a telephone interview with the (FR) was conducted. The FR stated Resident 1's arm was injured on October 1, 2024, and the facility called the family to inform them of the incident. The FR stated she visited on the next day and removed the dressing to look at the injury and was shocked at how bad the injury looked. The FR stated she spoke to the DON and showed Resident 1's injury. She stated she told the DON she could not believe this happened to Resident 1 and the family was concerned about his care. The FR stated she told the DON the wound did not looked good, and at that moment the DON called LVN 1 to ask what happened. The FR stated after the DON spoke with LVN 1, she explained that according to LVN 1, Resident 1 hit the CNA's arm. The FR stated she told the DON there was no way that this type of wound could be caused by a skin-to-skin impact. The FR stated she and the DON proceeded to the resident's room and the DON looked at the wound, cleansed and changed the dressing, and stated it was not as bad as it looked. The FR stated while the DON was in the room Resident 1 stated they grabbed me, they grabbed me while trying to explain what happened to his arm. The FR stated she did not discuss anything else with the DON because she was expecting her to do the proper procedure. The FR stated she sent an email to the DON, the Social Service Director and the Social Services Director for Care Planning on October 4, 2024, regarding the family concerns about Resident 1's injury and the facility had not responded. On November 4, 2024, at 2:03 p.m. a follow up interview with the DON was conducted. The DON stated she was made aware of the skin tear to Resident 1 on October 1, 2024. The DON stated she spoke with the FR to the resident ' s room and cleaned the wound site and applied dressing. The DON stated the FR stated she just wanted to know what happened to Resident 1 and she explained to the FR that the resident was removing the tab alert alarm and while the CNA was assisting him the resident got agitated and swung his arm and it hit the CNA ' s arm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055581	A. Building B. Wing	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jurupa Hills Post Acute	6401 33rd Street. Riverside, CA 92509

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility ' s policy and procedures titled Grievances/Complaints-Staff Responsibility, dated 2001, indicated, .Staff members are encouraged to guide residents about where and how to file a grievance and/or complaint when the resident believes that his/her rights have been violated. The policy further indicated, .Should staff member overhear or be the recipient of a complaint voiced by a resident, a resident ' s representative (sponsor), .concerning the resident ' s medical care, treatment etc .the staff member is encouraged to guide the resident, or person acting on the resident ' s behalf, as to how to file a written complaint with the facility .