

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055693	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Ontario Grove Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 933 East Deodar Street Ontario, CA 91764	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</p> <p>Based on observation, interviews, and record review, the facility failed to follow its policy and procedure to provide care and services for residents and ensure call lights are answered in a timely manner for one of three sampled residents (Residents 1).</p> <p>This failure has the potential to jeopardize the health and safety of clinically compromised Residents (Residents 1) when Resident 1 ' s requests for assistance with activities of daily living were not responded to promptly.</p> <p>Findings:</p> <p>During the review of Resident 1 ' s admission record (It contains important information about the patient such as their personal details, the reason for their admission, and their medical history), the document indicated Resident 1 was admitted on [DATE], with a diagnosis that included history of falling and displaced intertrochanteric fracture of left femur (a type of fracture [break in the bone] that occurs in the upper part of the thigh bone).</p> <p>During interview and observation with Resident 1 on September 18, 2024, at 12:32 p.m., Resident 1 stated, it is difficult to get assistance between 3:00 PM and 11:00 PM, and from 11:00 PM to 7:00 AM, they are left on their own as nobody comes. There have been instances when she called for help, but nobody showed up until the morning, she mentioned that sometimes she needs a change of diaper or pull-up and often don ' t receive the necessary help. The resident expressed that it varies among the nurses, with some showing care but not many. Others come and say they are the CNA (Certified Nursing Assistant - a healthcare professional who provides patient care under the supervision of licensed nurses) for the night, but the resident does not see them again.</p> <p>During a review of the clinical record for Resident 1 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated August 29, 2024, indicated, Resident 1 ' s score was a 15, which indicated Resident 1 had no mental impairment.</p> <p>During a review of Resident 1's MDS Section G (Functional Status), dated August 29, 2024, the MDS Section G indicated, Resident 1 needed setup or clean-up assistance during eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the staff, the Director of Staff Developer (DSD 1) on September 18, 2024, at 1:07p. m., DSD 1 indicated, call lights should be answered in a timely manner.</p> <p>During a review of the facility 's policy and procedure (P&P) titled Communication - Call System, dated January 01, 2012, the P&P indicated, Nursing staff will answer call bells promptly, in a courteous manner.</p>