

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Arrowhead Springs Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1335 N. Waterman Avenue 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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615</b></p> <p>Based on interview, and record review the facility failed to ensure that one of three sampled residents, (Resident 1) received treatment and care in accordance with professional standards of practice, when Resident 1 fell off the bed unto the floor during care by a Certified Nursing Assistant (CNA 2).</p> <p>This failure resulted in Resident 1 sustaining a laceration on her right eyebrow.</p> <p>Findings:</p> <p>During a review of Resident 1 ' Admission Record (general demographics) the document indicated Resident 1 was originally admitted to the facility on [DATE], with diagnoses that included age-related cataract (a condition of blindness), quadriplegia (a condition of loss of movement and feelings in both arms and legs, cerebral palsy (a condition that affects the movements and coordination) and history of falling (July 9, 2023).</p> <p>During an interview on October 22, 2024, at 12:15 PM, with the Certified Nursing Assistant (CNA 1), the CNA 1 stated, I usually call another CNA to help me change and turn her because she is not able to turn herself.</p> <p>During a concurrent interview and record review on October 22, 2024, at 12:25 PM, Resident 1 ' s clinical report, titled SBAR (Situation Background Assessment Recommendation) a communication tool, dated October 6, 2024, with the Director of Nursing (DON), the document indicated, fell from bed during patient care. Laceration 3 cm [(Centimeters) units of measurement] noted above right eye. The DON stated, The resident slipped onto the floor when a staff (CNA 2) was providing care to the resident. The DON further stated, The resident requires one to two persons assistance and so the staff (CNA 2) should have called for assistance with providing care to the resident.</p> <p>During an interview on October 22, 2024, at 12:20 PM, with Licensed Vocational Nurse (LVN), the stated, Usually, it requires two persons in turning, changing and transferring her (Resident 1) during care.</p> <p>A review of Resident 1 ' s care plan dated, July 10, 2023, was reviewed. The care plan indicated, Focus: ADL (Activities of daily living) Self Care Performance Deficit r/(related to) severe cognitive/physical . Goal: ADL needs will be met with total care as required . Interventions: . May provide 1-2 person assist during ADL care .</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 a review of the facility ' s undated Policy and Procedure (P&amp;P), titled, Quality of Care Falls and Fall Risk, Managing, the P&amp;P indicated, .Based on previous evaluations and current data, the staff will identify interventions related to the resident ' s specific risks and causes to try to prevent the resident from falling and try to minimize complications from falling .</p>