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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056024 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Highland Palms Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 7534 Palm Avenue Highland, CA 92346 | |

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) |
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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>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** 42615</p> <p>Based on observation, interview, and record review the facility failed to ensure one of four sampled residents (Resident 1) received treatment and care in accordance with professional standards of practice.</p> <p>This failure had the potential to delay and promote wound healing for Resident 1 when one staff did not cover the surgical site (a cut in the skin made by a doctor) during surgery) with dry dressing per physician ' s order.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included orthopedic aftercare (the care and treatment one receives after an injury of the muscles, bones and joints), alcoholic cirrhosis of liver (a condition that causes the liver to become swollen and stiff), left artificial hip joint (left hip replacement surgery) and osteoarthritis (a condition in which the tissues in the joint break down over time).</p> <p>A review of Order Summary Report (physician ' s orders), indicated, .Surgical site to left hip; cleanse with normal saline, pat dry, cover with a dry dressing daily .</p> <p>A review of Resident 1 ' s care plan dated, July 2, 2024, indicated, .Focus: resident has surgical site to left hip. Goal: Will have optimal skin integrity . Interventions: Administer treatments as ordered and monitor for effectiveness .</p> <p>During an interview on August 8, 2024, at 1:20 PM, with Wound Treatment Nurse (WTN 2), the WTN 2 stated, I did not cover the surgical site when I dd the dressing change because the resident (Resident 1) told me she was allergic to the tape.</p> <p>During an interview on August 8, 2024, at 1:55 PM, with the Director of Nurse (DON), the DON stated, Licensed nurses are to verify and follow physician ' s orders for residents care. The DON further stated, I expected the nurse to have covered the resident ' s surgical site with dry dressing as the order indicated.</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.

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| 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>A review of the facility ' s policy and procedure (P&P), titled, Wound Care revised, October 2010, indicated, Purpose The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Preparation 1. Verify that there is a physician ' s order for this procedure. Review the resident ' s care plan to assess for any special needs of the resident . Dress wound .</p> | | |