

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Haven Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1311 East Date Street 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** 47206</b></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 all four sampled residents (Residents 1, 2, 3, and 4).</p> <p>This failure has the potential to jeopardize the health and safety of clinically compromised Residents (Residents 1, 2, 3, and 4) when their 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 to the facility on [DATE], with a diagnosis that included unspecified hyperlipidemia (increase levels of lipids - like cholesterol [waxy substance found in the blood] with high cholesterol increases the chance of heart problem).</p> <p>During interview and observation with Resident 1 on May 30, 2024, at 12:00 PM, Resident 1 expressed dissatisfaction with the night shift response to call lights, noting that occasional wait times extend up to two hours.</p> <p>During the review of Resident 2's admission record, the document indicated Resident 2 was admitted to the facility on [DATE], with a diagnosis that included sepsis (an infection in the blood).</p> <p>During an interview and observation with Resident 2 on May 30, 2024, at 12:30 PM, Resident 2 expressed concern regarding the response time to call light, indicating that staff members take an extended period, ranging from 15 minutes to 15 hours. This has resulted in instances where Resident 2 has been left unattended and soiled.</p> <p>During the review of Resident 3's admission records the document indicated Resident 3 was admitted to the facility on [DATE], with a diagnosis that included Rhabdomyolysis (a condition that causes muscles to breakdown).</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 and observation with Resident 3 on May 2, 2024, at 12:30 PM, Resident 3 reported extended wait times over an hour or more for staff to respond to her call lights. There was one instance of a three hour- delay, which required intervention by her husband. Resident 3 mentioned that her husband had to file a grievance before she noticed any improvement any staff response time to her call lights.</p> <p>During the review of Resident 4's admission records the document indicated Resident 4 was admitted on [DATE], with a diagnosis that included end stage renal disease (a medical condition in which a person's kidney stop working).</p> <p>During an interview and observation with Resident 4 on May 2, 2024, at 12:56 PM, Resident 4 stated the staff does not respond to call lights on time.</p> <p>During an interview with Social Worker 1 on May 2, 2024, at 1:04 PM, social worker confirmed receiving a grievance from resident 3, and staff were in service about bedside manner.</p> <p>A review of facility provided document titled Resident Grievance/Complaint Investigation Report indicated that a resident reported a grievance on May 14, 2024, regarding a Certified Nurse Assistance bedside manner. The document also mentioned that the Director of Staff Development (DSD) was informed about the grievance.</p> <p>During a review of the facility's policy titled Call System, Resident. The policy indicated, Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p>		