

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</p> <p>Based on observation, interview, and record review, the facility failed to ensure call lights were answered in a timely manner, for one of nine residents (Resident 5), when Resident 5 waited 15 minutes for the call light to be answered.</p> <p>This failure had the potential for Resident 5 to have needs unmet.</p> <p>Findings:</p> <p>On March 7, 2024, at 10 a.m., an unannounced visit to the facility was conducted to investigate four complaints and one Facility Reported Incident (FRI).</p> <p>On March 7, 2024, at 11:15 a.m., an interview was conducted with Resident 5. Resident 5 stated the staff were terrible about responding to the call light. Resident 5 stated staff would come in to turn the call light off, leave, and not return.</p> <p>On March 7, 2024, at 11:40 a.m. observed Resident 5 activated his call light. At 11:55 a.m., a staff member came into Resident 5's room to address the call light.</p> <p>On March 7, 2024, at 12:30 p.m., an interview was conducted with Certified Nursing Assistant, (CNA 1). CNA 1 stated that call lights should be answered no more than ten minutes maximum. CNA 1 stated 15 minutes is too long for the resident to wait.</p> <p>On March 8, 2024, at 11:30 a.m. an interview was conducted with CNA 4. CNA 4 stated the call lights should be answered immediately about three to five minutes at the most.</p> <p>On March 8, 2024, at 11:44 a.m., an interview was conducted with CNA 3. CNA 3 stated that call lights should be answered right away. CNA 3 stated that 15 minutes is too long to wait.</p> <p>A review of Resident 5's medical record indicated he was admitted on [DATE], with diagnoses of pneumonia (infection in the lungs), sepsis (occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body, that can lead to death), dysphagia, (difficulty swallowing), and acute kidney failure, (occurs when the kidneys suddenly become unable to filter waste products from the blood).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 5's History and Physical, dated February 15, 2024, indicated he had the capacity to make decisions.</p> <p>A review of the facility's policy and procedure titled Answering the Call Light, revised March 2021, indicated, . The purpose of this procedure is to ensure timely responses to the resident's requests and needs .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate care and treatment services for pressure injuries (PIs - localized damage to the skin and underlying soft tissue over a bony prominence or from a medical device) were provided, for two of seven residents reviewed (Residents 1 and 5), when:</p> <ol style="list-style-type: none"> 1. The facility failed to assess Resident 1's intergluteal cleft linear (the deep [NAME] or groove that lies between the two gluteal regions), and the right buttock linear excoriations, (raw wearing of the skin), weekly. <p>This failure had the potential for the facility not to be able to determine if the wound was healing or worsening; and</p> <ol style="list-style-type: none"> 2. The facility failed to place an air mattress on the bed at admission according to the physician's order for Resident 5. In addition, the facility failed to carry out the wound care specialist's recommendation for the provision of an air mattress for Resident 5. <p>This failure resulted in the delay of implementation of care and treatment for Resident 5's PI which had the potential to lead to worsening of wounds or development of a new pressure injury.</p> <p>Findings:</p> <p>On March 7, 2024, at 10 a.m., an unannounced visit to the facility was initiated for four complaints and one facility reported incident.</p> <ol style="list-style-type: none"> 1. On March 7, 2024, a record review of Resident 1's medical records indicated she was admitted on [DATE], and was discharged on [DATE], with diagnoses of acute (a serious condition that develops quickly without warning when the lungs can't get enough oxygen into the blood), and chronic respiratory failure, (a long-term condition in which the respiratory system is unable to adequately exchange oxygen and carbon dioxide in the body), respiratory syncytial virus, (RSV - a common respiratory virus that usually causes mild cold-like symptoms), pneumonia, (infection in the lungs), acute kidney failure, (occurs when the kidneys suddenly become unable to filter waste products from the blood), and pulmonary fibrosis, (scarring of the lungs which causes difficulty in breathing). <p>A review of Resident 1's History and Physical, dated January 11, 2024, indicated she had the capacity to make decisions.</p> <p>A review of Resident 1's Progress Notes dated January 13, 2024, at 11:30 a.m., indicated CNA REPORTED A NEW CHANGE IN SKIN CONDITION. REASSESSED THE RESIDENT. INTERGLUTEAL CLEFT LINEAR EXCORIATION, (4CM, [centimeters] X 1CM) WOUND BED, [the base or open area of a wound], IS 100% GRANULATED, [the development of new tissue and blood vessels in a wound during the healing process] WITH SMALL SEROSANGUINEOUS DRAINAGE. [discharge of blood and yellow liquid]. SUPERFICIAL, [only involve the top layer of the skin], LINEAR IN SHAPE. RIGHT BUTTOCK LINEAR EXCORIATION, (2CM X 1CM) WOUND BED IS 100% GRANULATED WITH SMALL SEROSANGUINEOUS DRAINAGE, MD .MADE AWARE, OBTAINED NEW TREATMENT ORDER NOTED AND CARRIED OUT. GOOD SKIN CARE RENDERED. WILL CONTINUE TO MONITOR THE RESIDENT'S SKIN CONDITION.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's SBAR, [situation, background, assessment, recommendation], Summary for Providers dated January 13, 2024, at 3:22 p.m., indicated Situation: The Change In Condition/s reported on this CIC, [change in condition], Evaluation are/were: Skin wound or ulcer . Nursing observations, evaluation, and recommendations are:CNA (sic), reported to LN [Licensed Nurse] and Treatment nurse a COC, [change of condition] to patient's sacral area. Treatment nurse assessed and noted excoriation to right buttock linear and intergluteal cleft Patient denies pain at this time. MD, [medical doctor] .made aware with new orders noted. Wound care provided .</p> <p>There was no documented evidence a follow up skin assessment was completed from January 20, 2024, to January 23, 2024 (Resident 1 was transferred to the hospital) after the wound was initially identified on January 13, 2024.</p> <p>On March 7, 2024, at 12:48 p.m., an interview was conducted with Treatment Nurse (TN 1). TN 1 stated residents who develop pressure ulcer injuries, should have an initial wound measurements and then weekly skin assessments thereafter.</p> <p>On March 8, 2024, at 1:25 p.m., a concurrent interview and record review was conducted with TN 2. TN 2 stated Resident 1 had a change in condition on January 13, 2024, for excoriations on her gluteal areas. TN 2 stated there was no follow up assessment completed on January 20, 2024, and there should be one to determine status of the wound.</p> <p>A review of the facility's policy and procedure titled Pressure Ulcers/Skin Breakdown - Clinical Protocol, revised April 2018, indicated, .2. In addition, the nurse shall describe and document/report the following: a. Full assessment of pressure sore including location, stage, length, width and depth, presence of exudates or necrotic tissue .Monitoring . During resident visits, the physician will evaluate and document the progress of wound healing .</p> <p>48870</p> <p>2. On March 7, 2024, at 10:30 a.m., an observation with concurrent interview was conducted with Resident 5. Resident 5 was awake and lying on his back in bed with the head of the bed elevated. Resident 5 was observed to be using a blue and gray colored mattress on the bed. Resident 5 was observed to be wearing an incontinence brief as well. In a concurrent interview, Resident 5, he stated he preferred to lay on his back, and that the facility was supposed to have him on an air mattress but did not provide one until today (March 7, 2024).</p> <p>On March 7, 2024, at 11:45, an observation was conducted with Resident 5. Two certified nursing aides (CNAs) went in the room, placed an air mattress on the bed next to Resident 5 ' s bed and told Resident 5 he was being moved to that bed with the air mattress because the bed Resident 5 was in, did not have an air mattress on it.</p> <p>On March 7, 2024, Resident 5's record was reviewed. Resident 5 was admitted on [DATE], with diagnoses which included pneumonia, sepsis (an infection in the blood caused by bacteria), arthritis (inflammation of a joint, usually accompanied by pain, swelling, and stiffness), muscle weakness, and acute kidney failure.</p> <p>The History and Physical, dated February 15, 2024, indicated, Resident 5 is alert, oriented times four (knows person, place, time, and event), and resident has the capacity to make decisions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The document titled, IDT (Interdisciplinary Team) Wound, dated February 14, 2024, indicated, Resident 5 had a .sacroccocyx stdi (suspected deep tissue injury- intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration) 8cm(centimeter- a unit of measurement) x (by) 8cm x (by) utd (unable to determine) boggy mushy purple discoloration. Current treatment: refer to tar (treatment administration record) . Risk Factors . impaired/decrease mobility and decreased functional ability . exposure of skin to urinary and fecal incontinence . reposition as tolerated offload lower ext (extremities) as tolerated pt (patient) and md (medical doctor) agrees with poc (plan of care) . Redness on the left buttock was not documented.</p> <p>The Treatment Administration Record dated February 14, 2024, indicated, .Venelex (brand name of ointment) external ointment (a thick, smooth, and greasy substance used to apply on the skin) .apply to sacroccocyx topically every day shift for sdti for 30 days cleanse with normal saline pet dry apply venelex ointment open to air -start date- February 15, 2024, 7:00 a.m.</p> <p>The document titled, Care Plan dated February 14, 2024, indicated, sacroccocyx sdti . goal .no further complications x 30 days .target date 05/06/2024 . interventions . reposition as tolerated, offload lower ext (extremities) as tolerated, notify md of coc (change of condition) . The treatment intervention to Leave open to air was not documented in the care plan.</p> <p>The document titled, Wound Assessment, documented by the Wound Care consulting physician, dated February 27, 2024, indicated, .Sacroccocyx deep tissue pressure injury . healing factors controllable with pressure reduction . today ' s treatment plan pressure reduction and offloading per facility .</p> <p>The document titled Progress Notes dated March 7, 2024, at 9:04 a.m., documented by Treatment Nurse (TN) 1, indicated, .During treatment pt (patient) noted to have change in skin condition left buttock PUI (pressure ulcer injury): noted to have open area 1cm x 1cm x 0.3cm wound bed 100% granulation tissue scant serosanguinous drainage noted surrounding area noted to be boggy mushy purple in color as present on admission .MD (Medical Doctor) (name of doctor) made aware obtained new orders .Made pt aware that we change mattress to LALM (low air loss mattress) for wound management pt verbalized understanding and agreed .</p> <p>On March 8, 2024, at 1:40 p.m., an interview with concurrent record review was conducted with Treatment Nurse (TN) 2. TN 2 stated, Resident 5 should have had an air mattress on the bed since admission to prevent worsening and/or complications of his current pressure injury.</p> <p>TN 2 stated Resident 5 was incontinent (inability to control the flow of urine or feces), the facility used incontinence briefs (adult diapers), since they do not have cloth diapers or chux (disposable, absorbent pad for incontinence that [NAME] moisture away from skin). TN 2 stated Resident 5 ' s wound on his sacroccocyx should have been left open to air and stated using a diaper for a resident who already has altered skin integrity can cause more skin irritation.</p> <p>TN 2 stated when a resident refuses an air mattress, the primary physician is notified of the refusal by the TN, however there is no documentation in Resident 5 ' s medical record of refusal or physician notification.</p> <p>On March 12, 2024, at 9:45 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated Resident 5 should be using an air mattress since admission because of the PI ' s. Staff did not notify the DON about Resident 5 ' s refusal for air mattress.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 12, 2024, at 9:55 a.m., an interview was conducted with the Wound Care Specialist (WCS). The WCS clarified the order for pressure reduction, stating the facility uses its discretion about which type of air mattress to use. She stated there were no issues of noncompliance when she assessed Resident 5 and was not made aware of Resident 5 ' s refusals for air mattress use.</p> <p>A review of the facility policy titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol dated (revised) April 2018 indicated, The nursing staff and practitioner will assess and document an individual ' s significant risk factors for developing pressure ulcers .the nurse shall describe and document/report .full assessment of the pressure sore including location, stage, length, width and depth . the physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings and application of topical agents .</p> <p>A review of the National Pressure Injury Advisory Panel ' s document titled, Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline 2019, indicated, .Incontinence can lead to prolonged skin exposure to excess moisture and chemical irritants in urine and feces . the overall result can be inflammation, erythema, erosion, and denudation with decreased tolerance to other forms of skin damage, such as that associated with prolonged exposure to pressure .</p> <p>A review of the National Pressure Injury Advisory Panel ' s document titled Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline 2019, indicated, .Support surfaces are an important element in pressure injury prevention and treatment because they can prevent damaging tissue deformation and provide an environment that enhances perfusion of at risk or injured tissue . Support surfaces can mitigate pressure injury risk by redistributing pressure, managing friction and shear, managing the microclimate .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</p> <p>Based on observation, interview, and record review, the facility failed to ensure, for one of nine residents (Resident 7), had floor mats on both sides of the bed.</p> <p>This failure increased the risk of Resident 7 to have an injury if she fell out of bed on the right side.</p> <p>Findings:</p> <p>On March 7, 2024, at 10 a.m., an unannounced visit to the facility was conducted to investigate for four complaints and one Facility Reported Incident, (FRI).</p> <p>On March 7, 2024, at 11:37 a.m., observed Resident 7 lying in bed. Resident 7's bed was in the lowest position and had one floor mat on the left side of the bed.</p> <p>On March 7, 2024, at 11:37 a.m., an interview was conducted with Resident 7. Resident 7 stated she had a fall previously but was unsure of when her fall had occurred.</p> <p>On March 7, 2023, at 12:30 p.m., an interview was conducted with Certified Nursing Assistant, (CNA 1). CNA 1 stated floor mats should be on each side of the bed. CNA 1 stated Resident 7 should have floor mats on each side of the bed.</p> <p>A review of Resident 7's medical records indicated she was readmitted to the facility on [DATE], with diagnoses of acute respiratory failure, (a serious condition that develops quickly without warning when the lungs can't get enough oxygen into the blood), chronic obstructive pulmonary disease, (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs), encounter for surgical aftercare following surgery on the digestive system, encephalopathy, (any diffuse disease of the brain that alters brain function or structure), and epilepsy, (a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain).</p> <p>A review of Resident 7's History and Physical, dated January 19, 2024, indicated she had was alert and oriented x 4, (refers to a person's level of awareness of self, place, time, and situation).</p> <p>A review of Resident 7's Care Plan revised on February 1, 2024, indicated Resident is at risk for falls .s/p, [status post], fall on 1/29/24)January 29, 2024) no injury noted .Interventions .Resident was observed on the floor supine with back of head resting on the bottom of the bedside table. Head to toe assessment rendered, no injuries sustained . Resident education regarding calling for help. Low bed. Fall mats .</p> <p>On March 8, 2024, at 11:44 a.m., an interview was conducted with CNA 3. CNA 3 stated there should have been two floor mats in place, one on each side of the bed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Devonshire Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 East Devonshire Avenue Hemet, CA 92544	
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 0689</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 titled Fall Management, dated May 26, 2021, indicated . Patients will be assessed for falls risk as part of the nursing assessment process. Those determined to be at risk will receive appropriate interventions to reduce risk and minimize injury .</p>		