

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  07/16/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48870</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure necessary services to maintain appropriate hygiene was provided, for one of eight residents reviewed (Resident 1), when Resident 1 did not receive fingernail care.</p> <p>This failure had the potential to negatively impact the physiological and psychological well-being for Resident 1. In addition, this failure had the potential for Resident 1 to acquire food borne illness and infection.</p> <p>Findings:</p> <p>On July 3, 2024, at 8:37 a.m., during a concurrent observation and interview with Resident 1, Resident 1's fingernails were observed to be discolored yellow with dark debris underneath, long, and untrimmed. In a concurrent interview, Resident 1 stated he was unable to trim and clean his fingernails on his own. Resident 1 stated the staff had not provided nail care to him.</p> <p>On July 3, 2024, at 9 a.m., Resident 1 was concurrently observed with Licensed Vocational Nurse (LVN) 1. LVN 1 stated the podiatrist (a specialist in the care for feet) would perform nail care for diabetic (abnormal blood sugar) residents once a month or as needed.</p> <p>On July 3, 2024, at 9:20 a.m., during an interview with the TN, the TN stated the CNAs should be performing nail care. The TN further stated it was unacceptable to let the fingernails get long and dirty. The TN further stated she had been working on the floor and had not been performing primary TN duties recently such as weekly body checks.</p> <p>On July 3, 2024, at 9:30 a.m., during an interview with Registered Nurse (RN) 1, RN 1 stated the podiatrist (physician who treats foot disease and/or disorder) performs fingernail care if a resident is diabetic or has an infection on the hand. RN 1 stated an order should be obtained for a podiatry consult and would notify the Social Services Designee to arrange for a consult.</p> <p>On July 3, 2024, at 9:38 a.m., during a concurrent interview and observation of Resident 1 with the TN Nurse, the TN stated Resident 1 had long fingernails.</p> <p>On July 3, 2024, at 12:39 p.m., during an interview with the Social Services Director (SSD), the SSD stated an order for podiatry was to be obtained, she would call the podiatrist's office to notify them of the consult and would be added to the podiatrist list of residents who needed to be seen.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056095
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<p>F 0677</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 record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included hemiplegia (paralysis) of the right side, diabetes mellitus type II, cerebral edema (brain swelling), aphasia (language disorder caused by injury to the brain), and vascular dementia (general term describing problems with reasoning, planning, judgment, memory, and other thought processes caused by brain damage from impaired blood flow to the brain).</p> <p>A review of Resident 1's care plan, dated August 12, 2023, indicated, .Resident .requires assistance/ is dependent for ADL (activities of daily living- tasks done on a regular basis to maintain well-being and survival) care in bathing, grooming, personal hygiene . related to recent illness .hospitalization .Interventions . Provide resident .with substantial/maximal assist for personal hygiene .</p> <p>A review of Resident 1's Body Check Assessment, dated June 27, 2024, did not include any documentation of fingernail care provided to Resident 1.</p> <p>A review of the facility's policy and procedure titled, Fingernails/Toenails, Care of, dated February 2018, indicated, .Nail care includes daily cleaning and regular trimming .Unless otherwise permitted, do not trim the nails of diabetic residents or residents with circulatory impairments .</p> <p>A review of the facility's policy and procedure titled, Activities of Daily Living (ADLs), Supporting, dated March 2018, indicated, .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident .including .hygiene (bathing, dressing, grooming, and oral care) .</p>

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48870</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure necessary services to prevent skin breakdown was provided, for one of eight residents reviewed (Resident 1), when Resident 1 developed skin irritation on the neck.</p> <p>This failure had the potential for Resident 1 to develop worsening skin irritation and infection.</p> <p>Findings:</p> <p>On July 3, 2024, at 8:37 a.m., during a concurrent observation and interview with Resident 1, there was a red area of skin irritation on the right side of the neck between the resident's skin folds. In a concurrent interview, Resident 1 stated there was no treatment provided for the redness on the skin of the neck.</p> <p>On July 3, 2024, at 9 a.m., Resident 1 was concurrently observed with Licensed Vocational Nurse (LVN) 1. LVN 1 stated the Certified Nursing Assistant (CNA) and the Treatment Nurse (TN) performed resident skin checks. LVN 1 stated he was not aware of the skin issue on Resident 1's neck area and did not notice it when he was providing care to Resident 1. He stated Resident 1 tended to slump toward the right side because of stroke.</p> <p>On July 3, 2024, at 9:10 a.m., during an interview with CNA 1, she did not realize Resident 1 had skin redness on the neck. She stated she had not been in the room to provide hygiene care after the morning meal was finished. CNA 1 stated she usually repositions Resident 1 as he always lean to the right side.</p> <p>On July 3, 2024, at 9:20 a.m., during an interview with the TN, the TN stated she was not aware of the reddened area of skin on Resident 1's neck. The TN further stated she had been working on the floor and had not been performing primary TN duties recently such as weekly body checks.</p> <p>A review of Resident 1's record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included hemiplegia (paralysis) of the right side, diabetes mellitus type II, cerebral edema (brain swelling), aphasia (language disorder caused by injury to the brain), and vascular dementia (general term describing problems with reasoning, planning, judgment, memory, and other thought processes caused by brain damage from impaired blood flow to the brain).</p> <p>A review of Resident 1's care plan, dated August 12, 2023, indicated, .Resident .requires assistance/ is dependent for ADL (activities of daily living- tasks done on a regular basis to maintain well-being and survival) care in bathing, grooming, personal hygiene . related to recent illness .hospitalization .Interventions . Provide resident .with substantial/maximal assist for personal hygiene .</p> <p>A review of Resident 1's care plan dated August 23, 2023, indicated, .Resident at risk for increased skin breakdown related to functional decline, hemiplegia .Interventions .observe skin condition daily with ADL care and report abnormalities .Weekly skin assessment by licensed nurse .</p> <p>(continued on next page)</p>		

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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 Resident 1's Change in Condition Evaluation, dated May 16, 2024, did not include documentation of any skin redness on the right side of the neck.</p> <p>A review of Resident 1's Body Check Assessment, dated June 27, 2024, did not include any documented evidence of the skin redness on the right side of the neck of Resident 1.</p> <p>On July 15, 2024, at 5:10 p.m., during an interview with Certified Nursing Assistant (CNA) 2, CNA 2 stated she did not notice the skin redness on the neck of Resident 1 when providing care in May or June 2024.</p> <p>On July 16, 2024, at 11:17 a.m., during an interview with CNA 3, CNA 3 stated she was not aware of any redness to the skin of Resident 1's neck when providing care in May or June 2024.</p> <p>On July 16, 2024, at 7:50 a.m., during an interview with Registered Nurse (RN) 2, RN 2 stated it is unacceptable to leave the skin red, irritated, and not treated. RN 2 stated it is her expectation that all CNAs and LVNs notify her of changes in skin condition so she can follow up and perform a skin assessment.</p> <p>A review of the facility's policy and procedure titled, Skin Integrity Management, dated May 26, 2021, indicated, .Perform skin inspection on admission/re-admission and weekly .</p> <p>A review of the facility's policy and procedure titled, Activities of Daily Living (ADLs), Supporting, dated March 2018, indicated, .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident .including .hygiene (bathing, dressing, grooming, and oral care) .</p>