

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 02/10/2025
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47832</p> <p>Based on interview and record review the facility failed to ensure resident's money are protected from theft and loss, for one of four sampled residents (Resident 1), when the residents money was missing and not accounted for after the resident was admitted to the facility.</p> <p>This failure had the potential for a misappropriation of resident's funds to occur.</p> <p>Findings:</p> <p>On January 14, 2025, at 9:10 a.m., an unannounced visit was conducted at the facility to investigate a quality-of-care, infection control, misappropriation of property, resident rights and resident neglect issues.</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE], and discharged on [DATE], with diagnoses which included surgical aftercare of skin and subcutaneous tissue (a layer of tissue beneath the skin), squamous cell carcinoma (type of cancer that starts as a growth of cells on the skin) of left upper limb, hypothyroidism (condition in which thyroid gland does not produce enough thyroid hormones) and hypertension (when force of the blood against the artery walls is too high).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized comprehensive assessment and care planning tool), dated November 13, 2024, indicated Resident 1 had a Brief interview for Mental Status (BIMS -a tool used to screen and identify cognitive condition of residents) score of 14 (no cognitive impairment).</p> <p>A review of Resident 1's medical record indicated two Inventory Sheets (a document that lists all resident's personal items, including clothing, jewelry, medications, electronics, cash and other valuables, upon admission to the facility), dated November 9, 2024, indicated documentation of cash \$1,176 and Inventory Sheet, dated November 10, 2024, had no documentation of the cash.</p> <p>On January 14, 2025, at 10:57 a.m., during an interview with Certified Nurse Assistant (CNA) 1 stated when a resident would be admitted to the facility, would take the inventory of the belongings and document on the Inventory Sheet. CNA1 stated if a resident had cash it should be counted by both the CNA and the licensed nurse (LN), document in the Inventory Sheet which would be filed in the resident's chart and the cash would be handed over to social services. CNA 1 stated one should not be taking residents cash or personal belongings.</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 02/10/2025
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 14, 2025, at 11:30 a.m., during an interview with CNA 2, she stated all resident's belongings would be taken and documented on the Inventory Sheet upon admission. CNA 2 stated if a resident had cash, it should be counted and signed by both the CNA and the LN. CNA 2 stated if it was cash or valuables, the LN would ask the resident if they would want the cash or valuable next to them at bedside or want it to be kept in the facility safe or for their family to pick it up. CNA 2 further stated it was against facility policy to ask or take residents money.</p> <p>On January 14, 2025, at 12 p.m., the Director of Staff Development (DSD) was interviewed. The DSD stated Resident 1 asked for his belongings prior to his discharge from the facility. The DSD stated there was no documentation Resident 1 had money when she checked the Inventory Sheet pulled out from the resident's electronic record. The DSD stated the Administrator further investigated the missing money and found another inventory sheet which indicated the money Resident 1 had on admission. The DSD stated Resident 1's money was missing. The DSD stated CNA 3 was the assigned CNA when Resident 1 was admitted . The DSD stated CNA 3 told them he counted Resident 1's money while he was assisting CNA 4 who was assigned to the resident. The DSD stated CNA 3 indicated he gave Resident 1's money to the Licensed Vocational Nurse (LVN). The DSD stated the LVN denied receiving Resident 1's money for safe keeping.</p> <p>On February 7, 2025, at 11:45 a.m., during an interview with the Administrator (ADM) stated when a resident was admitted , an inventory of resident's belongings was taken. ADM stated if a resident was unable to sign the inventory sheet, then the responsible party for the resident checks if the items were listed correctly and signed it. ADM stated if a resident was alert and oriented (aware of their identity, location and time) they could keep the money at bedside, would recommend not keeping large sums of money or would suggest keeping the money safe with the facility. ADM stated Resident 1's money should have been placed in a safe and protected. ADM further stated there was a failure to review the inventory sheet and validate the money by the Interdisciplinary Team (a group of professionals who work together to assess a patient's needs and develop a care plan).</p> <p>A review of the facility's policy and procedure titled, identifying Exploitation, Theft and Misappropriation of Resident Property dated April 2021, indicated, .As part of the abuse prevention strategy, volunteers, employees and contractors hired by the facility are expected to be able to recognize exploitation of residents and misappropriation of resident property .Exploitation, theft and misappropriation of resident property are strictly prohibited .Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent .</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 02/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47832</p> <p>Based on interview and record review, the facility failed to ensure a care plan was developed to address the rashes, for five of the six residents (Residents 2, 6, 7, 8 and 10). This failure had the potential to result in unmet needs and a potential for the rashes to worsen.</p> <p>Findings:</p> <p>On January 14, 2025, at 9:10 a.m., an unannounced visit was conducted at the facility to investigate a quality of care, infection control, misappropriation of property and resident rights issue.</p> <p>1. A review of Resident 2's admission record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses which included aftercare following surgery on the genitourinary system (relating to the genital and urinary organs), obstructive and reflux uropathy (conditions that affect the urinary system), calculus of kidney (hard deposit of minerals and salts that forms in the kidney), heart failure (occurs when the heart is unable to pump enough blood and oxygen to the body), atrial fibrillation (rapid heart rate that causes poor blood flow) and chronic obstructive pulmonary disease (lung disease that blocks airflow and makes it difficult to breathe).</p> <p>A review of Resident 2's Minimum Data Set (MDS- a standardized comprehensive assessment and care planning tool), dated November 23, 2024, indicated the following:</p> <ul style="list-style-type: none"> - Resident 2 had a Brief interview for Mental Status (BIMS -a tool used to screen and identify cognitive condition of residents) score of 14 (no impairment); and - Resident 2 required maximum assistance with ADL's (activities of daily living includes bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet and eating). <p>A review of Resident 2's document titled Body Check (physical assessment conducted by a nurse to examine a resident's entire body to monitor their health and identify any changes), dated November 28, 2024, indicated, .posterior trunk rash scattered papules (small raised, tender bump on the skin) .</p> <p>A review of Resident 2's record indicated there was no care developed to address the rashes after it was identified.</p> <p>2. A review of Resident 6's admission record indicated Resident 6 was admitted to the facility on [DATE] with diagnoses which included cerebral infarction (occurs when blood flow to the brain is interrupted causing brain tissue to die), diabetes (long term condition in which the body has trouble controlling blood sugar and using it for energy), hypertension ((force of blood against the artery walls is too high) and atrial fibrillation (rapid heart rate that causes poor blood flow).</p> <p>A review of Resident 6's Minimum Data Set (MDS), dated [DATE], indicated Resident 6 had a BIMS score of 1 (severe cognitive impairment).</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 02/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 6's document titled Body Check, dated January 9, 2025, indicated, .posterior trunk liver spots/age spots scattered papules/rash.</p> <p>A review of Resident 6's record indicated there was no care developed to address the rashes after it was identified.</p> <p>3. A review of Resident 7's admission record indicated Resident 7 was admitted to the facility on [DATE], with diagnoses which included spastic quadriplegic palsy (weak and inactive postural muscles of the neck and trunk), hypertension ((force of blood against the artery walls is too high) and acute respiratory failure (when respiratory system cannot maintain normal levels of oxygen and carbon dioxide in the body).</p> <p>A review of Resident 7's Minimum Data Set (MDS), dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> - Resident 7 had a BIMS score of 10 (moderate cognitive impairment); and - Resident 7 was dependent with ADL's. <p>A review of Resident 7's document titled Body Check, dated January 7, 2025, indicated, .is responding well to treatment decreased scattered papules noted at this time.</p> <p>A review of Resident 7's record indicated there was no care developed to address the rashes after it was identified.</p> <p>4. A review of Resident 8's admission record indicated Resident 8 was admitted to the facility on [DATE], with diagnoses which included Alzheimer's (a progressive disease that destroys memory and other important mental functions), and cervical disc degeneration (condition where the intervertebral discs in the neck break down and lose their cushioning properties).</p> <p>A review of Resident 8's Minimum Data Set (MDS), dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> - Resident 8 had a BIMS score of 05 (severe cognitive impairment); and - Resident 8 was dependent with ADL's. <p>A review of Resident 8's document titled Body Check, dated January 9, 2025, indicated, .resident found with general body scattered papules. Mostly to the anterior (front) and posterior (back) trunk. No trailing noted no drainage noted.</p> <p>A review of Resident 8's record indicated there was no care developed to address the rashes after it was identified.</p> <p>5. A review of Resident 10's admission record indicated Resident 10 was admitted to the facility on [DATE], with diagnoses which included complication of urinary catheter (is a flexible tube used to empty the bladder and collect urine in a drainage bag), benign prostatic hyperplasia (age-related prostate gland enlargement that can cause urination difficulty), dementia (a group of thinking and social symptoms that interferes with daily functioning) and hypertension (force of blood against the artery walls is too high).</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 02/10/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 10's Minimum Data Set (MDS), dated [DATE], indicated the following:</p> <ul style="list-style-type: none"> - Resident 10 had a BIMS score of 12 (moderate cognitive impairment); and - Resident 10 required moderate to maximum assistance with ADL's. <p>A review of Resident 10's document titled Body Check, dated January 7, 2025, indicated, .General body rash scattered papules .</p> <p>A review of Resident 10's record indicated there was no care developed to address the rashes after it was identified.</p> <p>On January 15, 2025, at 11 a.m., during an interview with the Treatment Nurse (TN) stated a care plan can be created by all licensed nurses. The TN stated it was important to have a care plan in place right after any changes were identified in a resident's condition. The TN stated a care plan helps to know of any changes in interventions for a resident, so that optimum care could be provided. The TN further stated a care plan was also a communication tool between staff who are providing care to the resident.</p> <p>On January 15, 2025, at 1:42 p.m., during an interview with the Director of Nursing (DON), he stated the clinical Interdisciplinary team (IDT-staff from different health care disciplines discuss to help people receive the care they need) was responsible to make sure the care plans were in place for all the residents. The DON stated if a resident had a change of condition, a care plan should be in place immediately. The DON stated a care plan was basically a blueprint on taking care of our residents and it also helps in endorsing care to the staff. The DON further stated if a resident had a change in skin condition, the treatment nurse or the charge nurse should update the care plan.</p> <p>A review of facility's policy and procedure titled Care Plan-Comprehensive, with an effective date of August 25, 2021, indicated, .An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, physical, mental and psychosocial needs shall be developed for each resident .Each resident's comprehensive care plan is designed to: Reflect treatment goals, timetables, and objectives in measurable outcomes .Aid in preventing or reducing declines in the resident's functional status and/or functional levels .Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes .Assessments of residents are ongoing and care plans are reviewed and revised as information about the resident and resident's condition change .</p>		