

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 03/12/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40000</p> <p>Based on observation, interview, and record review, the facility failed to report an injury of unknown origin (the cause of injury was not observed by any person or could not be explained by the resident) to California Department of Public Health (CDPH), for one of three residents (Resident 1), when Resident 1 had discoloration on the both upper extremities, lower abdomen, and left lateral trunk on March 10, 2025.</p> <p>This failure had the potential to result into a delayed investigation to rule out abuse and neglect.</p> <p>Findings:</p> <p>On March 12, 2025, at 9:10 a.m., an unannounced visit was conducted at the facility to investigate a complaint regarding an injury of unknown origin.</p> <p>On March 12, 2025, Resident 1's medical record was reviewed. A review of Resident 1's Admission Record, indicated the resident was admitted to the facility on [DATE], with diagnoses which includes chronic respiratory failure (condition of lungs unable to adequately exchange oxygen and carbon dioxide over an extended period), cirrhosis of the liver (liver damage from a variety of causes), chronic kidney failure (kidneys stop filtering waste from the blood), pleural effusion (a buildup of fluid between the tissues that line the lungs and the chest), and acute embolism and thrombosis (blood clots in blood vessels and can travel and block blood flow) at left femoral vein (a large blood vessel in the thigh that carries deoxygenated blood from the lower leg back to the heart).</p> <p>A review of Resident 1 's History and Physical, dated March 6, 2025, indicated the resident does not have the capacity to understand and make her own decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care screening tool), dated March 6, 2025, indicated BIMS (Brief Interview for Mental Status), score of 03 (severely impaired cognitive function).</p> <p>A review of Resident 1's Progress Notes, dated March 6, 2025, at 10:39 p.m., indicated Resident 1 did not have maroon and purple discolorations on left upper arms, lower abdomen, and left lateral trunk.</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 03/12/2025
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 0609</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 (name of facility) Shower Sheets, dated March 10, 2025, indicated Resident 1 had discoloration on left upper part of the body.</p> <p>A review of Resident 1's Body Check (used to document skin conditions by the treatment nurse), dated March 10, 2025, at 12:57 p.m., indicated maroon and purple discoloration of Resident 1's upper arms, lower abdomen, and left lateral trunk.</p> <p>A review of Resident 1's Situation, Background, Assessment, and Recommendation ([SBAR] used as a communication tool to share information about a patient condition that needs to be addressed), dated March 11, 2025, at 12 p.m., indicated skin discoloration on Resident 1's body.</p> <p>On March 12, 2025, at 10:35 a.m., Resident 1 was observed sleeping in bed laying on her right side.</p> <p>On March 12, 2025, at 10:40 a.m., an interview with Certified Nursing Assistant (CNA) 1 was conducted. CNA 1 stated she was informed of residents bruising at the beginning of her shift and Resident 1 was dependent for most of her daily needs.</p> <p>On March 12, 2025, at 11:18 a.m., an interview was conducted with the Treatment Nurse (TN) was conducted. The TN stated the discoloration on Resident 1 ' s back was found while resident was having a shower, by a CNA who reported it to treatment nurse on March 10, 2025. The TN stated the discoloration on the left side of the Resident 1 was observed to be maroon and purple colored, and was patchy.</p> <p>On March 12, 2025., at 12:35 p.m., a concurrent interview and record review with the Director of Nursing (DON) was conducted. The DON stated the CNA recognized skin discoloration on Resident 1 when the resident was lifted into shower chair using Hoyer lift and sling for a shower. The DON stated California Department of Health (CDPH) was not notified as there was no trauma noted and the resident had multi-system failure, which the discolorations were not unexpected. The DON further stated after reviewing chart and the facility's policy, Resident 1's discolorations on the left upper part of the body is an injury of unknown origin and should have been reported to CDPH immediately.</p> <p>On March 12, 2025, at 2 p.m., an interview with the Administrator (ADM) was conducted. The ADM stated an injury of unknown origin meant the witness was unaware of how the injury occurred, could not explain the extent of the injury. The ADM further stated after reviewing the incident and the facility's policy and procedure for injury of unknown origin, this incident of Resident 1 with multiple discoloration on the resident's upper body should have been reported to CDPH within 24 hours when it was identified.</p> <p>A review of the facility ' s policy and procedure titled, Unusual Occurrence Reporting, revised August 27, 2021, indicated, .to ensure timely reports are made a s required by state and federal law .regarding the reporting of unusual occurrences .allegations of abuse or neglect .</p> <p>A review of the facility ' s undated policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, indicated, .All reports of abuse (including injuries of unknown origin), are reported to local state and federal agencies .if resident .injury if unknown origin is suspected, the suspicion must be reported immediately to .state licensing/certification agency .within 24 hours .</p>		