

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  04/01/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50204</b></p> <p>Based on interview and record review, the facility failed to ensure scheduled hemodialysis (a treatment using a machine and special filter to clean the blood of a kidney failure person) treatments were received, for one of three residents reviewed (Resident 4), when transportation to the dialysis center was not arranged.</p> <p>This failure resulted in Resident 4 to missed dialysis treatments while at the facility. In addition, this failure had the potential for Resident 4 to increased risk of medical complications including fluid overload (excess fluid in the blood), edema (swelling), shortness of breath, and high blood pressure.</p> <p>Findings:</p> <p>On March 27, 2025, at 9 a.m., an unannounced visit was made to the facility for the investigation of a complaint regarding quality of care and treatment.</p> <p>On March 27, 2025, Resident 4's record was reviewed. Resident 4 was admitted to the facility on [DATE], with diagnoses which included end stage renal disease (a severe condition where the kidneys have permanently lost most of their ability to function).</p> <p>A review of Resident 4's Order Summary, included a physician's order, dated February 14, 2025, which indicated, .Dialysis: Location: (Name of Center) Sun City [NAME] Dialysis .Days: Monday, Wednesday . Friday Time: 1:15pm-5:15pm Transport via (Name of Company) Transportation .</p> <p>A review of Resident 4's Nurses Progress Note, dated February 14, 2025, indicated, .(Name of Company) did not come to pick up resident. (Name of Company) transport contacted and spoke with (name) who stated transportation was never finalized .</p> <p>A review of Resident 4's physicians order, dated February 14, 2025, indicated, .MAY SEND OUT TO THE ER DUE TO MISSED DIALYSIS .</p> <p>A review of Resident 4's Nurses Progress Note, dated February 15, 2025, indicated, .RESIDENT IS STATING HE DID NOT GET DIALYSIS YESTERDAY WHEN HE WENT TO THE HOSPITAL .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In addition, Resident 4's Nurses Progress Note, dated March 9, 2025, indicated, .Wife of the patient called . stated that her husband already missed 4 days of hemodialysis due to transportation problem. Last HD (hemodialysis) is 3/5/2025 .Dr. (Name) was notified, gave new order to send the patient to ER (emergency room ) for Hemodialysis .</p> <p>A review of Resident 4's Minimum Data Set (MDS - a tool for assessment), dated March 18, 2025, indicated Resident 4 had a BIMS (Brief Interview for Mental Status - a tool used to assess cognition) score of 14 (cognitively intact).</p> <p>On March 27, 2025, at 10:50 a.m., during an interview with transport staff (TS), he stated the transport company did not receive authorization to transport Resident 4 to the dialysis center after he was admitted to the facility from the general acute hospital on February 13, 2025. The TS stated they did not transport Resident 4 to the dialysis center on February 14, 2025.</p> <p>On March 27, 2025, at 11:56 a.m., during a concurrent interview and record review with the Registered Nurse (RN). The RN stated Resident 4 did not receive his dialysis treatment on February 14, 2025, and March 7, 2025, due to transportation was not arranged. The RN stated the transportation should have been followed up and arranged prior to dialysis to avoid missed dialysis treatments. The RN further stated, if a resident would not receive dialysis, Resident 4 could have complications such as shortness of breath and edema that could lead to hospitalization .</p> <p>On March 27, 2025, at 2:15 p.m., during an interview with the Case Manager (CM), the CM stated she was responsible to follow up and arrange transportation for dialysis residents. The CM stated, I should have followed up and verified the transportation, of Resident 4 to avoid missed treatment. The CM further stated if dialysis resident would miss dialysis treatments, it could lead to complications such as fluid overload and breathing problems.</p> <p>On April 1, 2025, at 10:25 a.m., during an interview with the Director of Nursing (DON), the DON stated she expected for all licensed nurses to follow the facility ' s policy and procedure of dialysis care. The DON stated the transportation should have been followed up or arranged upon admission and should have been communicated to avoid miss treatment. The DON further stated if the resident would not receive a dialysis treatment, resident would increase the risks for medical condition such as fluid overload, respiratory problems and high blood pressure.</p> <p>A review of facility's policy and procedure titled, Dialysis Care, dated August 25, 2021, indicated, .To provide dialysis care for residents in renal failure and those residents who require ongoing dialysis treatments .The facility will arrange for dialysis care as ordered by the Attending Physician .The facility will arrange transportation to and from the dialysis provider .</p>		