STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 28196 Based on interviews, record reviews, and facility policy review, the facility failed to ensure 2 (Resident #56 and Resident #296) of 2 sampled residents reviewed for privacy, did not share a bathroom with residents of the opposite sex. Findings included: A review of the facility policy titled, Confidentiality of Information and Personal Privacy, revised in October 2017, revealed Our facility will protect and safeguard resident confidentiality and personal privacy. The policy revealed, 2. The facility will strive to protect the resident's privacy regarding his or her: a. accommodations; b. medical treatment; c. written and telephone communications; d. personal care; e. visits; and f. family and resident group meetings. 1. A review of Resident #56's Admission Record revealed the facility admitted the resident on 11/04/2022, with diagnoses to include acute respiratory failure with hypoxia and type 2 diabetes mellitus. A review of Resident #56's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) 02/22/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. The MDS revealed the resident was independent with toileting hygiene and was always continent of bowel and bladder. During an interview on 03/11/2024 at 10:08 AM, Resident #56 complained about having to share a bathroom with residents of the opposite sex. During a follow-up interview on 03/12/2024 at 1:32 PM, Resident #56 stated it was not right that they had to share a bathroom with residents of the opposite sex. 2. A review of Resident #296's Admission Record revealed the facility admitted the resident on 03/06/2024, with diagnoses to include cellulitis of the left lower limb and muscle weakness. A review of Resident #296's Nursing Documentation Evaluation, dated 03/06/2024 revealed the resident was alert and oriented to person, place, and time. The Nursing Documentation Evaluation revealed the resident required limited assistance with toileting and was continent of bowel and bladder. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/13/2024 at 9:29 AM, Resident #296 stated they were able to use the bathroom without assistance from staff. Resident #296 confirmed they shared a bathroom with residents of the opposite sex. According to Resident #296, about a week ago, a resident of the opposite sex walked in on them when they were using the bathroom. Per Resident #296, the resident of the opposite sex yelled and stated, why are you using my bathroom? Resident #296 stated it was at that point that they started to lock the bathroom room. t During an interview on 03/13/2024 at 11:54 PM, the Executive Director (ED) stated it was the facility's policy to ensure that a bathroom was not shared by residents of the opposite sex, unless any of the opposite residents did not use the bathroom. Per the ED, he looked at the facility's current census and did not see where residents of the opposite sex shared a bathroom. The ED stated he expected bathrooms to not be shared by residents of the opposite sex. During an interview on 03/13/2024 at 12:59 PM, the Social Service Director (SSD) stated they facility tried to ensure residents of the opposite sex did not share a bathroom. The SSD stated she was not aware until today that residents of the opposite sex shared a bathroom.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 37935 Based on interviews, record reviews, and facility policy review, the facility failed to ensure a Level II mental health evaluation was completed for 2 (Resident #17 and Resident #41) of 4 sampled residents reviewed for preadmission screening and resident review (PASARR). Findings included: A review of the facility policy titled, Preadmission screening Resident review, with an effective date of 02/01/2023, revealed The facility PASRR [preadmission screening resident review] Designee will be responsible to access and ensure updates to the PASRR is done. 1. A review of Resident #41's Admission Record revealed the facility admitted the resident on 01/19/2024 with diagnoses to include alcohol abuse with alcohol-induced anxiety disorder and post-traumatic stress disorder. A review of Resident #41's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/24/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. A review of Resident #41's care plan, initiated on 01/19/2024, revealed the resident was at risk for complications related to the use of psychotropic medications. A review of letter from the State of California-Health and Human Services Agency Department of Health Care Services, dated 01/19/2024, revealed the resident had a positive Level I screening, and a Level II mental health evaluation referral was required. A review of Resident #41's medical record revealed no evidence to indicate a Level II mental health evaluation was completed. During an interview on 03/13/2024 at 9:44 AM, the Social Service Director (SSD) stated the former Director of Nursing (DON) submitted Resident #41's positive Level I screening to the state. Per the SSD, a response was not received and did not follow-up on a response as she did not submit the Level I to the state. During an interview on 03/13/2024 at 10:18 AM the DON stated the facility submitted the PASARR to the state. According to the DON, the state had four days to respond; however, if the state did not respond within four days, the facility should contact the state for follow-up. The DON stated she would expect the admissions team to contact the state for follow-up on a submitted PASARR. The DON acknowledged there was no documentation to indicate someone had contacted the state to follow-up on Resident #41's positive Level I screening. During an interview on 03/14/2024 at 9:48 AM, the Executive Director (ED) stated it was the responsibility of facility staff to contact the state to follow-up on a resident's PASARR. The ED stated he expected PASSARS to be submitted and if the state did not respond, he expected some from social services to contact the state for follow-up. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	40141 2. A review of Resident #17's Admission Record revealed the facility admitted the resident on 02/23/2024 with diagnoses that included bipolar disorder. A review of Resident #17's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/26/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. A review of letter from the State of California-Health and Human Services Agency Department of Health Care Services, dated 03/03/2024, revealed the resident had a positive Level I screening, and a Level II mental health evaluation referral was required. A review of Resident #17's medical record revealed no evidence to indicate a Level II mental health evaluation was completed. During an interview on 03/13/2024 at 12:57 PM, the Social Service Director (SSD) stated she was responsible for the follow-up with the state if the facility had not heard from the state within four days of a PASARR submission. During a follow-up interview on 03/13/2024 at 2:39 PM, the SSD stated Resident #17 had a positive Level I screen but no one from the facility contacted the state for completion of the Level II mental health evaluation. During an interview on 03/14/2024 at 10:38 AM, the Director of Nursing stated she expected staff to follow-up with the state after the fourth day to ensure the Level II evaluation had been addressed. During an interview on 03/14/2024 at 10:57 AM, the Executive Director stated he expected after two to four days someone from the facility to follow-up on Resident #17's Level II mental health evaluation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 40141 Based on observation, interviews, record review, and facility policy review, the facility failed to ensure all medications were available to be administered during medication administration for 1 (Resident #68) of 5 residents observed for medication administration. Findings included: A review of the facility policy titled, Pharmacy Services Overview, revised in April 2019, revealed, The facility shall accurately and safely provide or obtain pharmaceutical services, including the provision of routine and emergency medications and biologicals, and the services of a licensed consultant pharmacist. The policy revealed, 4. Residents have sufficient supply of their prescribed medications and receive medications (routine, emergency or as needed) in a timely manner. A review of Resident #68's Admission Record revealed the facility admitted the resident on 01/05/2023 with diagnoses that included lymphedema and mild protein-calorie malnutrition. A review of Resident #68's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/18/2023, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. A review of Resident #68's Order Summary Report, with active orders as of 03/12/2024, revealed an order dated 01/05/2023, for vitamin A capsule 3 milligrams give one capsule by mouth one time a day for supplement. During medication administration observation on 03/12/2024 at 8:43 AM, Licensed Vocational Nurse (LVN) #5 acknowledged Resident #68's vitamin A was not available to be administered. During an interview on 03/12/2024 at 12:01 PM, LVN #5 confirmed the vitamin A was not available to be administered and it should have been. During an interview on 03/14/2024 at 9:15 AM, the Director of Nursing (DON) indicated the facility had some minor issues with receiving medications in a timely manner since the facility changed pharmacies. The DON stated she expected for medication including the vitamin A to be available when it was time for it to be administered. The DON stated it was important for medications to be at the facility. During an interview on 03/14/2024 at 10:57 AM, the Executive Director stated he expected medications to be available for administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 40141 Based on observation, interviews, and record review, the facility failed to ensure staff changed their gloves during the provision of incontinence care between dirty and clean tasks for 1 (Resident #17) of 1 sampled resident reviewed for bladder and bowel incontinence. Findings included: A review of Resident #17's Admission Record revealed the facility admitted the resident on 02/23/2024 with diagnoses to include metabolic encephalopathy and urinary tract infection. A review of Resident #17's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/26/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS revealed Resident #17 was dependent on staff for toileting hygiene and was always incontinent of bladder and bowel function. A review of Resident #17's care plan, created on 03/04/2024, revealed the resident experienced urinary incontinence related to a urinary tract infection. Interventions directed staff to provide assistance with perineal care as needed. On 03/13/2024 at 9:12 AM, the surveyor observed Certified Nursing Assistant (CNA) #2 provide incontinence care to Resident #17. CNA #2 did not change his gloves or sanitize his hands after he cleansed the resident's perineal area. While still wearing the same pair of gloves, CNA #2 cleansed the resident's buttocks and then discarded the soiled incontinence brief. While still wearing the same pair of gloves, CNA #2 obtained a clean incontinence brief, placed it on the resident, then the resident's clothing items, and lastly adjusted the resident's bed with the bed control. Afterwards, CNA #2 removed their gloves and sanitized their hands. During an interview on 03/13/2024 at 9:22 AM, CNA #2 acknowledged he did not change his gloves during the incontinence care process. CNA #2 confirmed he touched the soiled brief and then touched the clean brief and the resident's clothes with dirty gloves on. During an interview on 03/14/2024 at 10:06 AM, the Infection Preventionist (IP) stated gloves should be changed after dirty items were removed and replaced with clean gloves to prevent infection. The IP was informed that CNA #2 did not remove his gloves during incontinence care and the IP stated CNA #2 contaminated the clean items and needed to be in-serviced on the provision of perineal care. During an interview on 03/14/2024 at 10:38 AM, the Director of Nursing (DON) stated she expected staff to change their gloves and sanitize their hands when soiled items are removed and before clean gloves are applied. The DON stated it was an infection control issue to not change gloves between dirty and clean items. During an interview on 03/14/2024 at 10:57 AM, the Executive Director (ED stated staff should change their gloves and perform hand hygiene when they went from a dirty to a clean task. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056095	A. Building B. Wing	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devonshire Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a follow-up interview on 03/14/2024 at 3:16 PM, the ED stated the facility did not have a policy specific to glove changing, and that it was implied in the standards of practice not to use dirty gloves when clean items were touched.