

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Community Convalescent Center of San Bernardino		STREET ADDRESS, CITY, STATE, ZIP CODE 1676 Medical Ctr Dr. San Bernardino, CA 92411	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35183</p> <p>Based on interview and record review, the facility failed to protect against physical abuse for one of three sampled residents (Resident 1) when Resident 1 was slapped on the hand by a School Licensed Vocational Nurse (S/LVN).</p> <p>This failure caused Resident 1 to suffer abuse and fear.</p> <p>Findings:</p> <p>An unannounced visit was made to the facility on [DATE], at 11:34 AM, to investigate a facility reported incident regarding an allegation of physical abuse.</p> <p>A review of Resident 1 ' s face sheet (a document that gives a summary of resident ' s information), undated, indicated an admitted [DATE]. Resident 1 had diagnoses that included chronic respiratory failure (a long-term condition in which the respiratory system is unable to adequately exchange oxygen).</p> <p>During an interview with the Administrator (Admin) on May 29, 2024, at 11:43 AM, the Admin stated he was the facility ' s abuse coordinator. The Admin stated Resident 1 was waiting in the entrance way of the facility with a School Licensed Vocational Nurse (S/LVN) for transport to school. The Admin stated a School District Teacher (Teacher) who taught residents in the facility walked into the facility ' s front lobby and observed the S/LVN tap Resident 1 ' s left hand as Resident 1 reached for his tracheostomy (trach-a procedure to help air and oxygen reach the lungs by creating an opening into the trachea (windpipe) from outside the neck). The Admin stated when Resident 1 reached for his trach again the S/LVN slapped Resident 1 ' s left hand. The Admin stated the teacher did not intervene or go out to the group, she went about her duties and later reported to the Director of Nursing (DON) who had reported to the Admin.</p> <p>The Teacher was unavailable for interview.</p> <p>The DON was unavailable for interview.</p> <p>During an interview with the Admin on May 29, 2024, at 1:11 PM, the Admin stated after interviewing the Teacher and reviewing the documents describing the incident he determined the S/LVN had physically abused Resident 1.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure titled Notification and Exercise of Rights and Responsibilities, dated September 2009, indicated, Receive care in a safe setting, free from mental, physical, sexual, or verbal abuse and neglect, exploitation, or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.</p>		