

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 04/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50494</p> <p>Based on interviews and facility policy review, the facility failed to have evidence of the implementation of their water management program. This deficient practice affected all 18 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>A review of the facility policy titled, Utility Water Safety Management, last reviewed in February 2024, revealed, Background: Legionnaires' disease is a serious type of pneumonia caused by bacteria, called Legionella, that live in water. Legionella can make people sick when they inhale contaminated water from building water systems that are not adequately maintained. Purpose The purpose of this management program is to reduce the risk for Legionnaires' disease associated with facility water systems and devices. Policy Engineering will implement a water management program that considers the ASHRAE (American Society of Heating, Refrigerating and Air conditioning Engineers) industry standard and the CDC (Center for Disease Control and Prevention), which includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and water endpoint testing for pathogens. Maintain routine procedural logs, acceptable ranges for control measures, document the results of testing, and corrective actions taken when test results exceed limits. Responsibility Engineering Department is responsible for management of the Water Safety Program with consultation from a third-party vendor and Infection Control Department.</p> <p>During an interview on 04/17/2024 at 11:50 AM, the Plant Operation Manager stated he was not aware of any water testing conducted in the facility.</p> <p>During an interview on 04/17/2024 at 1:05 PM, the Facility Director stated there had was no assessment of the facility's water system. Per the Facility Director, there should be an assessment to indicate the flow system of water for the facility. The Facility Director stated the assessment was required to identify the risk of growth of waterborne pathogens.</p> <p>During an interview on 04/17/2024 at 2:12 PM., the Infection Preventionist stated she was told engineering would conduct the water management assessment.</p> <p>During an interview on 04/17/2024 at 2:11 PM, the Director of Nursing stated the concern related to the facility's water management system did not fall under her umbrella of duties.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056107
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 04/17/2024 at 1:52 PM, the Administrator stated the water management plan was managed by the facility's Engineering Department. The Administrator stated the assessment could not found, the assessment should be onsite, and staff were trying to locate it.</p>		