

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/28/2024
NAME OF PROVIDER OR SUPPLIER  Villa Mesa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 867 E. 11th Street Upland, CA 91786	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on observation, interview, and record review, the facility failed to adhere to its safety and supervision of resident ' s policy when one of three sampled residents (Resident 1) was not adequately supervised following two fall incidents within 48-hour period.</p> <p>This failure resulted in Resident 1 sustaining a pelvic fracture during the latest fall incident.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Progress Notes, with a date range from 9/28/2024 to 10/29/2024. The progress note indicated, Resident 1 had a witnessed fall incident on October 7, 2024, at 8:20 a.m. which occurred in the hallway. Further review of the records indicated that Resident 1 had another fall which is classified as unwitnessed (without being seen by a care professional or a resident who can accurately described the event) on October 9, 2024, at 4:30 a.m., also occurring in the hallway.</p> <p>During an observation on 10/28/2024, at 12:45 p.m., it was noted that the resident ' s room, which is 110 during the two recent fall incidents. This room is located far from the nurse ' s station and is not always visible from the nurse ' s view.</p> <p>During an interview on 10/28/2024, at 1:28 p.m., with the Assistant Administrator, (AA) 1, it was emphasized that Resident 1 was admitted as a high risk for fall, indicating the need for closer monitoring. This could have been managed by placing his room closer to the nurse ' s station. Resident 1 was in room [ROOM NUMBER] during the last two fall incidents. room [ROOM NUMBER] is located in situated in the corner and is not easily visible from the nurses ' station. AA 1 agreed that Resident 1 should have been positioned closer to the nurses ' station for better monitoring.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Safety and Supervision of Residents, dated July 2017, the P&amp;P indicated, Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident ' s assessed needs and identified hazards in the environment.</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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