

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1680 North Waterman Avenue San Bernardino, CA 92404	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615</p> <p>Based on interview and record review the facility failed to follow their policy when a staff did not notify the responsible party of blisters observed on the right hand of one of three sampled residents (Resident 1) and document in the medical record.</p> <p>This had the potential to exclude the family and responsible party of (Resident 1) to actively participate in the plan of care related to the resident's change of condition.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Face Sheet (general demographics) on August 28, 2024, the document indicated Resident 1 was admitted to the facility on [DATE], with diagnosis that included Alzheimer ' s (a brain condition that slowly destroys memory), dementia (a condition of loss of memory and thinking caused by brain damage of blood flow to the brain).</p> <p>During a review of Resident 1 ' s Face Sheet indicated, Responsible Party, Wife [Name of wife] with phone number provided.</p> <p>During a review of Resident 1 ' s History and Physical Examination (H&P), the H&P dated July 16, 2024, indicated, .This resident (Resident 1): .B. does NOT have the capacity to understand and make decisions. Reason: Dementia .</p> <p>A review of Resident 1 ' s Order Summary dated August 26, 2024, indicated, Right Hand Multiple Intact Blisters .</p> <p>During an interview on August 28, 2024, at 11:05 AM, with Licensed Vocational Nurse (LVN 1), the LVN 1 stated, I forgot to notify the responsible party of the blisters on the resident ' s right hand when I noticed them.</p> <p>During an interview on August 28, 2024, at 11:10 AM, with the Director of Nurse (DON), the DON acknowledged the LVN 1 did not inform the Resident 1 ' s responsible party of the blisters on the Resident 1 ' s right hand. The DON further stated, I expected the nurse to have notified the responsible party of the blisters.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility ' s policy and procedure (P&P), titled, Change in a Resident ' s Condition or Status, dated, February 2021, the P&P indicated, Policy Statement: Our facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident ' s medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc . Policy Interpretation and Implementation . 4. Unless otherwise instructed by the resident, a nurse will notify the resident ' s representative when . b. there is a significant change in the resident ' s physical, mental, or psychosocial status; .</p>