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 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Healthcare Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615 Based on interview, and record review the facility failed to ensure and follow facility policy and procedure for providing a log for signing out for one of four residents (Resident 4), for overnight pass. This failure had the potential to place a clinically compromised resident (Resident 4 ' s overall health and safety at risk. Findings: During a review of Resident 4 ' Face Sheet (general demographics) on April 2, 2025, the document indicated Resident 4 was last admitted to the facility on [DATE], with diagnoses that included Gout (a condition with form of pain and swelling in the joints), hypertension (a condition with a high blood pressure), contracture of muscle unspecified site (a condition where the muscle tissue becomes stiff and shortened and able to move) and history of falling (a fall in the past), major depressive disorder (a condition that causes sadness and loss of interest) and anxiety (a condition of feeling of worry and fear), and responsible party as Resident 4 ' s son, [Name of responsible party]. During concurrent observation and interview on April 2, 2025, at 11:10 AM, with Resident 4, Resident 4 was sitting in a wheelchair. Resident 4 stated, Ok, wait throughout the interview. A review of History and physical dated June 10, 2022, with diagnoses included cardiovascular accident (stroke), aphasia (a condition that makes it hard to use words). A review of Physician Orders dated September 2022, included: 1. September 9, 2022 May go out on therapeutic pass tomorrow between 1:00 PM to 5:00 PM with [Name of a person] and his son. 2. September 10, 2022 May have out on pass from September 9 to September 12. A review of Departmental Notes, dated September 10, 2022, at 3:14 PM, indicated, Resident stable and left with family via wheelchair at 2:00PM. During an interview on April 2, 2025, at 11:20 AM, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated, We usually check to make sure the person the resident is going out with is a responsible party and the resident is signed out before leaving the facility. (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
	056183	A. Building B. Wing	04/02/2025

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Valley Healthcare Center	1680 North Waterman Avenue San Bernardino, CA 92404

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on April 2, 2025, at 11:25 AM, with Registered Nurse 1 (RN 1), RN 1 stated, The facility protocol is a resident must be signed for out on pass by a responsible party before leaving the facility and when they return back to the facility. During an interview on April 2, 2025, at 11:30 AM, with Director of Nurse (DON), DON stated, Our protocol is to notify the doctor when a resident wants to go out on pass, have contact information of whom they are going out with before signing resident out. It ' s been a couple of years now, and I don ' t remember if [Resident 4 ' s name] was signed out During an interview on April 2, 2025, at 12:15 AM, with Administrator (Admin), Admin stated, We know [Resident 4 ' s name] was signed out. We don ' t seem to see the sheet for sign out and return is, but we continue to look for it. A review of facility ' s Policy and Procedure (P&P) titled, Signing Residents Out, revised and dated, August 2006, the P&P indicated, Policy Statement All residents leaving the premises must be signed out. 1. Each resident leaving the premises (excluding transfers/discharges) must be signed out. 9. Residents must be signed in upon return to the facility.