

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 03/07/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39539</p> <p>Based on interview and record review, the facility failed to provide written information concerning the right to formulate an Advance Directive (a written document specifying an individual's medical care wishes) for nine of 10 sampled residents (Residents 4, 13, 15, 16, 18, 34, 35, 49, and 55).</p> <p>This failure had the potential for the residents' decisions regarding their healthcare and treatment options not being honored.</p> <p>Findings:</p> <p>a. During a review of Resident 4's Admission Record, (a document showing a summary of the resident's information) dated 3/5/25, indicated Resident 4 was readmitted to the facility on [DATE].</p> <p>A review of Resident 4's POLST, (Physician Orders for Life-Sustaining Treatment - a form that documents an individual's preferences for end-of-life care), dated 10/24/24, indicated Resident 4 did not have an Advance Directive.</p> <p>A review of Resident 4's Advance Directive Acknowledgement form, dated 1/24/25, indicated Resident 4 understood that he was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 4 was provided additional written information concerning his right to formulate an Advance Directive.</p> <p>b. A review of Resident 13's Admission Record, dated 3/5/25, indicated Resident 13 was readmitted to the facility on [DATE].</p> <p>A review of Resident 13's POLST, dated 1/25/24, indicated Resident 13 did not have an Advance Directive.</p> <p>A review of Resident 13's Advance Directive Acknowledgement form, dated 1/24/25, indicated Resident 13 understood that she was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 13 was provided additional written information concerning her right to formulate an Advance Directive.</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
---	-------	-----------

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 03/07/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. A review of Resident 15's Admission Record, dated 3/5/25, indicated Resident 15 was readmitted to the facility on [DATE].</p> <p>A review of Resident 15's POLST, dated 10/26/22, indicated Resident 15 did not have an Advance Directive.</p> <p>A review of Resident 15's Advance Directive Acknowledgement form, dated 2/3/25, indicated Resident 15 understood that he was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 15 was provided additional written information concerning his right to formulate an Advance Directive.</p> <p>d. A review of Resident 16's Admission Record, dated 3/5/25, indicated Resident 16 was readmitted to the facility on [DATE].</p> <p>A review of Resident 16's POLST, dated 8/9/16, indicated Resident 16 did not have an Advance Directive.</p> <p>A review of Resident 16's Advance Directive Acknowledgement form, dated 1/24/25, indicated the resident understood that she was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 16 was provided additional written information concerning her right to formulate an Advance Directive.</p> <p>e. A review of Resident 18's Admission Record, dated 3/5/25, indicated Resident 18 was readmitted to the facility on [DATE].</p> <p>A review of Resident 18's POLST, dated 11/24/24, indicated Resident 18 did not have an Advance Directive.</p> <p>A review of Resident 18's Advance Directive Acknowledgement form, dated 1/24/25, indicated Resident 18 understood that she was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 18 was provided additional written information concerning her right to formulate an Advance Directive.</p> <p>f. A review of Resident 34's Admission Record, dated 3/5/25, indicated Resident 34 was admitted to the facility on [DATE].</p> <p>A review of Resident 34's POLST, dated 9/25/20, indicated Resident 34 did not have an Advance Directive.</p> <p>A review of Resident 34's Advance Directive Acknowledgement form, dated 1/28/25, indicated Resident 34 understood that he was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 34 was provided additional written information concerning his right to formulate an Advance Directive.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>g. A review of Resident 35's Admission Record, dated 3/5/25, indicated Resident 35 was admitted to the facility on [DATE].</p> <p>A review of Resident 35's POLST, dated 5/19/22, indicated Resident 35 did not have an Advance Directive.</p> <p>A review of Resident 35's Advance Directive Acknowledgement form, dated 2/7/25, indicated Resident 35 understood that she was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 35 was provided additional written information concerning her right to formulate an Advance Directive.</p> <p>h. A review of Resident 49's Admission Record, dated 3/5/25, indicated Resident 49 was readmitted to the facility on [DATE].</p> <p>A review of Resident 49's POLST, dated 7/8/22, indicated Resident 49 did not have an Advance Directive.</p> <p>A review of Resident 49's Advance Directive Acknowledgement form, dated 1/31/25, indicated Resident 49 understood that she was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 49 was provided additional written information concerning her right to formulate an Advance Directive.</p> <p>i. A review of Resident 55's Admission Record, dated 3/5/25, indicated Resident 55 was readmitted to the facility on [DATE].</p> <p>A review of Resident 55's POLST, dated 5/22/24, indicated the form was incomplete. The boxes were not marked to indicate whether the resident had or did not have an Advance Directive.</p> <p>A review of Resident 55's Advance Directive Acknowledgement form, dated 1/24/25, indicated Resident 55 understood that he was not required to have an Advance Directive to receive medical treatment at the facility. However, the form was incomplete and did not indicate documented evidence that Resident 55 was provided additional written information concerning his right to formulate an Advance Directive.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 3/5/25 at 2:38 p.m. with the Social Services Designee (SSD), the SSD was asked to explain the facility's process and policies concerning Advance Directives. The SSD stated when a resident was admitted , she explained the purposes of having an Advance Directive and POLST. The SSD offered written materials explaining what an Advance Directive was and how to formulate one. The materials were offered to the residents or their responsible parties. When asked where the SSD documented that written materials concerning the right to formulate an Advance Directive were offered, the SSD verified she documented in the resident's Advance Directive Acknowledgement form. The SSD verified she did not document anywhere else. The SSD was then asked to review Residents 4, 13, 15, 16, 18, 34, 35, 49, and 55's Advance Directive Acknowledgement forms. The SSD verified the form was incomplete and did not show documented evidence indicating written information concerning Advance Directives were provided to the residents. The SSD stated that she provided the written materials but did not document. The SSD stated the importance of having an Advance Directive was to ensure someone was designated to make medical decisions when residents were no longer able to make decisions for themselves.</p> <p>A review of the facility's policy and procedures titled Advance Directives, revised 12/2016, indicated .1. Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so .8. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives a. The resident will be given the option to accept or decline the assistance, and care will not be contingent on either decision .b. Nursing staff will document in the medical record the offer to assist and resident's decision to accept or decline assistance .</p>		

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 03/07/2025
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38492</p> <p>Based on interview and record review, the facility failed to ensure timely completion of the comprehensive admission Minimum Data Set (MDS - a federally mandated resident assessment tool) assessments for two of 20 sampled residents (Residents 104 and 204).</p> <p>This deficient practice had the potential to delay the care planning process to meet Resident 104 and Resident 204's comprehensive and individualized care needs.</p> <p>Findings:</p> <p>During a review of Resident 104's Admission Record, (a document showing a summary of the resident's information) dated 3/5/25, indicated Resident 104 was admitted to the facility on [DATE].</p> <p>During a concurrent interview and record review on 3/7/25 at 10:30 a.m. with MDSNA, (Minimum Data Set Nurse Assistant) Resident 104's MDS record was reviewed. The MDSNA reviewed the MDS Section A - Identification Information, dated 2/21/25, and verified Resident 104's most recent admission or entry to the facility was on 2/21/25. Review of the MDS Section Z - Assessment Administration, dated 2/21/25 showed the assessment was incomplete and the signature of RN Assessment Coordinator Verifying Assessment Completion was left blank. The MDSNA stated the assessment was due on 3/4/25 and the MDS was not submitted for completion on or before 3/4/25.</p> <p>During a review of Resident 204's Admission Record, dated 3/5/25, indicated Resident 204 was admitted to the facility on [DATE].</p> <p>During a concurrent interview and record review on 3/7/25 at 10:30 a.m. with the Minimum Data Set Nurse Assistant (MDSNA) Resident 204's MDS record was reviewed. The MDSNA reviewed the MDS Section A - Identification Information, dated 2/26/25, and verified Resident 204's most recent admission or entry to the facility was on 2/19/25. Review of the MDS Section Z - Assessment Administration, dated 2/26/25 showed the assessment was incomplete and the signature of RN Assessment Coordinator Verifying Assessment Completion was left blank. The MDSNA stated the assessment was due on 3/6/25 and the MDS was not submitted for completion on or before 3/6/25.</p> <p>The Centers for Medicare & Medicaid Services (CMS)'s Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2024, indicated Comprehensive assessments are completed upon admission, annually, and when a significant change in a resident's status has occurred .01. Admission Assessment is a comprehensive assessment for a new resident and, under some circumstances, a returning resident that must be completed on the end of day 14, counting the date of admission to the nursing home as day 1 .The MDS completion date (item Z0500B) must be no later than day 14 .</p>		

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 03/07/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39539</p> <p>Based on interview and record review, the facility failed to ensure the individualized care plans (the plans showing specific interventions to provide effective and person-centered care to meet the resident's needs) were developed for two of 20 sampled residents when:</p> <ol style="list-style-type: none"> 1. Resident 70 did not have the care plans developed for the use of divalproex (a medication that affects mood, behavior, or thought processes) and quetiapine (an antipsychotic medication used to treat conditions where someone experiences hallucinations, delusions, or disorganized thinking). 2. Resident 104 did not have the care plan developed for the active medical diagnosis of schizoaffective disorder (a mental health condition where a person experiences both schizophrenia [a condition that affects how people think, feel, and behave] and a mood disorder [a condition that impacts a person's emotional state]) <p>These failures created the risk of inadequately monitoring the residents which can lead to serious adverse consequences and reduced resident safety.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 70's Admission Record, (a document showing a summary of the resident's information) dated 3/7/25 indicated Resident 70 was admitted to the facility on [DATE]. <p>A review of Resident 70's Order Summary Report, dated as of 3/7/25, indicated the following physician's active orders:</p> <ul style="list-style-type: none"> -Administer divalproex sodium 125 mg (milligrams - a unit of measurement), give two capsules by mouth two times a day for poor impulse control manifested by yelling, starting on 2/20/25. -Administer quetiapine fumarate 25 mg, give one tablet by mouth at bedtime for schizoaffective disorder manifested by visual hallucinations, starting on 2/20/25. <p>A review of Resident 70's Medication Administration Record, dated 2/1/25 to 2/28/25 and 3/1/25 to 3/31/25, indicated divalproex and quetiapine were administered to Resident 70 as per the physician's orders.</p> <p>A review of Resident 70's Care Plan Report undated, indicated there was no documented evidence showing the care plan problems related to Resident 70's use of divalproex and quetiapine were developed.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/7/25 at 09:41 a.m. with the Minimum Data Set Nurse Assistant (MDSNA), Resident 70's Care Plan Report, undated, was reviewed. The MDSNA verified there were no care plan problems developed for Resident 70's use of divalproex and quetiapine. The MDSNA stated she was one of the staff responsible for developing and updating the residents' care plans. If new medications were ordered for the resident, she developed the care plans as well. Care plans were developed as soon as possible. The care plan problems should have included the side effects and behaviors that staff needed to monitor. The MDSNA stated the purpose of developing care plans was to ensure the staff knew the resident's plan of care and how to monitor the resident properly.</p> <p>38492</p> <p>2. A review of Resident 104's Admission Record, dated 3/5/25, indicated Resident 104 was admitted to the facility on [DATE].</p> <p>During a concurrent interview and medical record review on 3/7/25 at 11:11 a.m. with the MDSNA, Resident 104's medical record was reviewed. Review of Resident 104's History and Physical (Amended), dated 3/4/25, indicated Resident 104 had an active diagnosis of schizoaffective disorder.</p> <p>A review of Resident 104's Care Plan Report undated, failed to show a care plan problem related to the diagnosis of schizoaffective disorder was developed. The MDSNA stated Resident 104 should have a care plan problem for each diagnosis and verified there was no care plan problem addressing Resident 104's active diagnosis of schizoaffective disorder. The MDSNA further stated the purpose of a care plan was to ensure staff knew how to care for the resident and staff was able to address and monitor their individualized needs.</p> <p>A review of the facility's policy and procedures titled Goals and Objectives, Care Plans, revised 4/2009, indicated Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence .4. Goals and objectives are entered on the resident's care plan so that all disciplines have access to such information and are able to report whether or not the desired outcomes are being achieved .</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48431</p> <p>Based on observation, interview, and record review, the facility failed to ensure the environment was free from potential serious accident hazards for residents and staff in the facility when:</p> <ol style="list-style-type: none"> 1. The facility failed to assess and identify one of 10 residents (Resident 104) for smoking upon admission and failed to complete quarterly smoking assessments (an evaluation used to determine a resident's ability to smoke safely) for four of 10 residents (Residents 4, 13, 31, and 71). 2. The facility failed to ensure safety when eight of 10 residents (Residents 4, 13, 26, 32, 71, 79, 82, and 104) were observed smoking unsupervised in a non-oxygen free facility. 3. The facility failed to provide safe storage of a lighter for five of 10 residents (Residents 13, 31, 71, 82, 96), who had a physician's order for supplemental oxygen (a medical treatment delivering additional oxygen to a patient that significantly increases both the risk and intensity of fires). 4. The facility failed to ensure safety measures were followed by allowing four of 10 residents (Residents 4, 13, 96, and 104) possess lighters and were in proximity of other residents who used supplemental oxygen. 5. The facility failed to ensure the safety of all residents due to fire risk when 10 of 10 residents (Residents 4, 13, 26, 31, 32, 71, 79, 82, 96, and 104) were in possession of lighters. 6. The facility failed to update the smoking care plans (the plans showing specific interventions to provide effective and person-centered care to meet the resident's needs) for 5 of 10 sampled residents (Residents 4, 13, 26, 79, and 96) and failed to develop an individualized care plan related to smoking for one of 10 sampled residents (Resident 104), addressing safe storage, supervision, and the use of smoking materials. <p>These failures placed residents at risk of serious harm, including fire hazards, burns, and other preventable injuries. Without proper supervision and safe storage of smoking materials, there was an increased likelihood of accidental fires, which could result in property damage, smoke inhalation, or even fatalities. Additionally, inadequate oversight could lead to residents with cognitive impairments or physical limitations mishandling smoking materials, further heightening the risk of injury to themselves and others.</p> <p>Findings:</p> <p>A. During the Entrance Conference on 3/3/25 at 8:58 a.m. with Administrator and Director of Nursing (DON), a list of residents who smoke was requested. Review of the Smoker Worksheet indicated there were eight residents who were smokers in the facility (Residents 4, 13, 26, 31, 32, 71, 79, and 82). The Administrator stated the list needed to be updated to reflect the current number of residents who smoked. The Administrator then provided the Smoker Worksheet showing nine residents who smoked (Residents 4, 13, 26, 31, 32, 71, 79, and 96).</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an observation and concurrent record review on 3/4/25 at 9:58 a.m., two residents were observed smoking on the patio unsupervised (Residents 79 and 104). Resident 104 stated he had cigarettes and a lighter in possession.</p> <p>During an interview with Resident 104 on 3/4/25 at 10:15 a.m., Resident 104 stated he was able to smoke whenever I feel like it.</p> <p>During a concurrent observation on 3/4/25 at 10:25 a.m., in Resident 104's room, a sign outside of the room indicated, No smoking oxygen in use. The sign was also noted to have two circles with a slash over a cigarette. Inside the room where Resident 104 resided was also Resident 36 who shared the room. Resident 104's roommate, Resident 36, was observed with 2 liter (L- a unit of measurement) per minute (min) of oxygen in use via nasal cannula (NC - a small, flexible tube with two prongs, used to deliver supplemental oxygen or increased airflow to a patient through their nostrils).</p> <p>During a review of Resident 104's Admission Record (a document showing a summary of the resident's information) dated 3/5/25, indicated Resident 104 was admitted to the facility on [DATE].</p> <p>A review of Resident 104's History and Physical (Amended) dated 3/3/25 indicated Resident 104's diagnoses included but not limited to Chronic Obstructive Pulmonary Disorder (COPD - a group of lung diseases that makes it hard to breathe leading to damaged and inflamed airways), polysubstance abuse, schizoaffective disorder (a mental health condition where a person experiences both schizophrenia [a condition that affects how people think, feel, and behave] and a mood disorder [a condition that impacts a person's emotional state]).</p> <p>A review of Resident 104's Care Plan Report undated, indicated a comprehensive care plan was developed for the resident. However, further review of the Care Plan Report indicated there was no documented evidence a care plan problem was developed to address Resident 104's smoking.</p> <p>During a concurrent interview and record review with the DON on 3/4/25 at 11:28 a.m., the DON reviewed the clinical record for Resident 104 and verified Resident 104 did not have a care plan for smoking.</p> <p>During a concurrent interview and record review on 3/4/25 at 12:07 p.m. with the Activities Director (AD), Resident 104's Activities - Initial Review dated 2/24/25, indicated one of Resident 104's hobbies included smoking. The AD stated she completed an assessment on 3/2/25 when she saw Resident 104 smoking.</p> <p>During an interview and concurrent record review on 3/4/25 at 2:45 p.m. with the Minimum Data Set Nurse Assistant (MDSNA), the MDSNA verified Resident 104 was not on the current Smoker Worksheet provided by the facility. The MDSNA stated, she was unsure if Resident 104 was a smoker when he was admitted to the facility.</p> <p>A review of Resident 104's Clinical Admission (an evaluation conducted upon a patient's arrival or admission to a facility, focusing on gathering data to determine their health status, identify potential problems, and develop a plan of care) dated 2/24/25, indicated under Safety section number 72 for smoking, Resident 104 was marked as being not assessed. An initial screening for smoking was not completed for Resident 104. In addition, Resident 104 was not on the list of smokers on the Smoker Worksheet provided by the facility.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview and concurrent record review with the Administrator and DON, on 3/6/25 at 11:43 a.m., the DON reviewed Resident 104's Clinical admitted d 2/24/25, and verified Resident 104's smoking use was not assessed upon admission. The DON further stated that she was responsible for failing to ensure the baseline screening was completed for the smokers.</p> <p>B. A review of Resident 4's Admission Record, dated 3/5/25 indicated Resident 4 was readmitted to the facility on [DATE]. Resident 4's diagnoses included but not limited to CHF (Congestive Heart Failure - a condition that develops when the heart does not pump enough blood for the body's needs), COPD, history of CVA (Cerebral Vascular Accident - an interruption in the flow of blood to the cells in the brain) with right upper weakness, and PVD (Peripheral Vascular Disease - a condition where blood vessels outside of the heart and brain become narrowed or blocked).</p> <p>During a concurrent observation and interview with Resident 4 on 3/3/25 at 10:15 a.m., in his room., Resident 4 stated he smoked about 10 packs of cigarettes daily. Resident 4 displayed that he currently had two packs of cigarettes and two disposable lighters in his possession. Resident 4 further stated that he was able to smoke on the patio whenever he wanted.</p> <p>During an observation on 3/4/25 at 9:14 a.m., Resident 4's room was observed to be located next to a room with a sign outside that indicated, No smoking oxygen in use. The sign was also noted to have two circles with a slash over a cigarette.</p> <p>During a concurrent observation and interview with Resident 4 on 3/4/25 at 9:38 a.m., Resident 4 was smoking unsupervised by staff. Resident 4 was observed in possession of and displayed two packs of cigarettes and two lighters in a bag. Resident 4 stated he kept the lighters and cigarettes with him.</p> <p>Review of the Smoker Worksheet provided by the Administrator showed Resident 4 was a smoker.</p> <p>Review of the Smoking and Safety, assessment dated [DATE], showed Resident 4 follows the facility's policy on location and time of smoking.</p> <p>During a concurrent interview and record review on 3/4/25 at 2:25 p.m. with the MDSNA, the MDSNA stated Resident 4's smoking assessment was completed on 11/11/24. The MDSNA further stated the assessment was not current according to the facility's policy which indicated assessments need to be done quarterly. The MDSNA stated the assessments should be up to date because there could be a change in condition where residents were no longer a safe smoker (a resident who was assessed to have appropriate cognitive, vision, communication, and physical functions and was able to verbalize understanding of the facility's smoking policies as per the facility's Safe Smoking Assessment form).</p> <p>A review of Resident 4's Care Plan Report undated, indicated a care plan problem was developed for the use of tobacco. The goals indicated the resident will adhere to the facility's smoking policies and will not suffer injury from unsafe smoking practices. The interventions indicated to Conduct Smoking Safety Evaluation on admission and PRN [as needed] . If a smoking facility, orient Resident to smoking times and procedures .The resident does not require supervision while smoking. However, there was no documented evidence showing the care plan was updated to reflect the most current smoking assessment and addressed safe storage, supervision, and the use of smoking materials.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>C. A review of Resident 13's Admission Record, dated 3/5/25, indicated Resident 13 was readmitted to the facility on [DATE]. Resident 13's diagnoses included but not limited to COPD, schizoaffective disorder, bipolar type (a chronic mental health condition characterized by extreme mood swings, alternating between periods of mania [elevated mood] and depression [a persistent state of sadness and loss of interest that can significantly impact daily life]), and cerebral infarction (a condition where blood flow to the brain is interrupted, causing brain cells to die).</p> <p>Review of the Smoker Worksheet provided by the Administrator showed Resident 13 was a smoker.</p> <p>During an interview with Resident 13 on 3/4/25 at 9:08 a.m., Resident 13 stated that she used a motorized wheelchair to go outside of the facility to buy cigarettes and lighters. Resident 13 further stated she stored and secured her own cigarettes and lighters. Resident 13 stated she smoked in the patio without supervision.</p> <p>During an observation on 3/4/25 at 9:13 a.m. Resident 13's room was observed to be located next to a room with a sign outside of the room that indicated, No smoking oxygen in use. The sign was also noted to have two circles with a slash over a cigarette.</p> <p>During a concurrent observation and interview on 3/4/25 at 9:43 a.m., Resident 13 was smoking in the patio unsupervised. Resident 13 stated she was enjoying her cigarettes and kept her own cigarettes and lighters.</p> <p>During a review of the Oxygen Order Listing Report, dated 3/4/25, an active physician's order for Resident 13 with a revised date of 7/1/24 indicated the use for oxygen 3 liters per min via NC PRN for shortness of breath (SOB) to maintain oxygen at greater than 90% every shift.</p> <p>During a concurrent interview and record review on 3/4/25 at 2:25 p.m. with the MDSNA, The MDSNA stated Resident 13's smoking assessment was completed on 11/8/24. The MDSNA further stated the assessment was not current according to the facility's policy which indicated assessments need to be done quarterly. The MDSNA stated the assessments should be up to date because there could be a change in condition where residents are no longer a safe smoker.</p> <p>A review of Resident 13's Care Plan Report undated, indicated a care plan problem was developed for the use of tobacco. The goals indicated the resident will adhere to the facility's smoking policies and will not suffer injury from unsafe smoking practices. The interventions indicated to Conduct Smoking Safety Evaluation on admission and PRN .If a smoking facility, orient Resident to smoking times and procedures . The resident does not require supervision while smoking. However, there was no documented evidence showing the care plan was updated to reflect the most current smoking assessment and addressed safe storage, supervision, and the use of smoking materials.</p> <p>D. A review of Resident 26's Admission Record dated 3/5/25, indicated Resident 26 was readmitted to the facility on [DATE]. Resident 26's diagnoses included but not limited to metabolic encephalopathy (a condition where the brain does not function properly due to an underlying metabolic imbalance) and COPD.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview with Resident 26 on 3/3/25 at 10:30 a.m., Resident 26 was smoking in the patio area unsupervised. Resident 26 stated residents were allowed to smoke in the patio at any time without staff permission or notice. Resident 26 further stated his friends would provide cigarettes and lighters for use while he was in the facility.</p> <p>A review of Resident 26's Care Plan Report undated, indicated a care plan problem was developed for the use of tobacco. The goals indicated the resident will adhere to the facility's smoking policies and will not suffer injury from unsafe smoking practices. The interventions indicated to Conduct Smoking Safety Evaluation on admission and PRN .Educate Resident/Responsible Party on the facility's tobacco/smoking policy(s) .If a smoking facility, orient Resident to smoking times and procedures .The resident does not require supervision while smoking. However, there was no documented evidence showing the care plan was updated to reflect the most current smoking assessment and addressed safe storage, supervision, and the use of smoking materials.</p> <p>E. A review of Resident 31's Admission Record, dated 3/5/25, indicated Resident 31 was readmitted to the facility on [DATE]. Resident 31's diagnoses included but not limited to muscle weakness (generalized), acute respiratory failure with hypoxia, and COPD with (acute) exacerbation (a worsening or intensification of a pre-existing disease or condition).</p> <p>During a concurrent observation and interview on 3/4/25 at 9:32 a.m., Resident 31 was observed sitting in his motorized wheelchair. Resident 31 stated the cigarettes and lighters in his possession were provided by his caregiver and were kept in a drawer in his room. Resident 31 further stated smoking in the patio unsupervised was permitted at any time.</p> <p>A review of the Oxygen Order Listing Report, dated 3/4/25, indicated an active physician's order for Resident 31 was revised on 11/6/24 for O2 2L per min via NC PRN for SOB and wheezing related to COPD with acute exacerbation (a sudden and serious worsening of a condition or its symptoms).</p> <p>F. A review of Resident 32's Admission Record, dated 3/5/25, indicated Resident 32 was readmitted to the facility on [DATE]. Resident 32's diagnoses included but not limited to encephalopathy, multiple sclerosis (a chronic autoimmune disease that affects the central nervous system (brain and spinal cord) that can lead to numbness and tingling, weakness, vision problems, balance and coordination difficulties, fatigue and cognitive (relating to thought processes) problems.</p> <p>During a concurrent observation and interview with Resident 32 on 3/3/25 at 10:30 a.m., Resident 32 was observed smoking unsupervised. Resident 32 stated she smoked daily and can smoke any time during the day. Resident 32 further stated she kept her lighter in her pocket.</p> <p>During an interview on 3/3/25 at 10:30 a.m., Certified Nursing Assistant (CNA) 2 stated Resident 32 was not supervised during Resident 32's smoking activities.</p> <p>Review of the Smoker Worksheet provided by the Administrator showed Resident 31 was a smoker.</p> <p>During a concurrent interview and record review on 3/4/25 at 2:25 p.m. with the MDSNA, The MDSNA stated Resident 32's smoking assessment was completed on 11/29/24. The MDSNA further stated the assessment was not current according to the facility's policy which indicated assessments need to be done quarterly. When asked if the assessment should be up to date, the MDSNA replied yes, because there could be a change in condition where they are no longer a safe smoker.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>G. A review of Resident 71's Admission Record dated 3/5/25, indicated Resident 71 was admitted to the facility on [DATE].</p> <p>A review of Resident 71's History and Physical dated 11/1/24 indicated Resident 71's diagnoses included but not limited to depression, anxiety (feelings of worry, nervousness, or dread), and insomnia (difficulty sleeping).</p> <p>During a concurrent observation and interview with Resident 71 on 3/4/25 at 9:14 a.m., Resident 71 was observed smoking in the patio unsupervised. Resident 71 was observed to be in possession of a lighter. Resident 71 stated there were instances when no staff were available to supervise the residents while the residents smoked. Resident 71 further stated residents who smoked were all allowed to carry their own lighters.</p> <p>During a follow-up observation on 3/4/25 at 9:25 a.m. Resident 71 was still smoking in the patio unsupervised.</p> <p>A review of the Oxygen Order Listing Report, dated 3/4/25, indicated an active physician's order for Resident 71 was revised on 10/31/24 for O2 2L per min via NC PRN for SOB every 24 hours.</p> <p>Review of the Smoker Worksheet provided by the Administrator showed Resident 71 was a smoker.</p> <p>During a concurrent interview and record review on 3/4/25 at 2:25 p.m. with MDSNA, the MDSNA stated Resident 71's smoking assessment was completed on 10/31/24. The MDSNA further stated the assessment was not current according to the facility's policy which indicated assessments need to be done quarterly and should have been done 2/25. When asked if the assessment should be up to date, the MDSNA replied yes, because there could be a change in condition where they are no longer a safe smoker.</p> <p>H. A review of Resident 79's Admission Record dated 3/5/25, indicated Resident 79 was admitted to the facility on [DATE].</p> <p>A review of Resident 79's History and Physical dated 7/26/24 indicated Resident 79's diagnoses included but not limited to asthma (a chronic lung condition that causes the airways to become inflamed and narrow) and hypertension (high blood pressure).</p> <p>During an observation on 3/4/25 at 09:58 a.m., Resident 79 was smoking in the patio unsupervised and accompanied by Resident 104.</p> <p>During an interview on 3/5/25 at 10:00 a.m. with Resident 79, Resident 79 stated he bought and kept his own cigarettes and lighter.</p> <p>A review of Resident 79's Care Plan Report undated, indicated a care plan problem was developed for the use of tobacco. The goals indicated the resident will adhere to the facility's smoking policies and will not suffer injury from unsafe smoking practices. The interventions indicated to Conduct Smoking Safety Evaluation on admission and PRN .Educate Resident/Responsible Party on the facility's tobacco/smoking policy(s) .If a smoking facility, orient Resident to smoking times and procedures .The resident does not require supervision while smoking. However, there was no documented evidence showing the care plan was updated to reflect the most current smoking assessment and addressed safe storage, supervision, and the use of smoking materials.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>I. During a review of Resident 82's Admission Record dated 3/5/25, indicated Resident 82 was admitted to the facility on [DATE]. Resident 82's diagnosis included but not limited to COPD, acute respiratory failure with hypoxia (a condition where there is not enough supply of oxygen to the body's tissues), schizoaffective disorder, major depressive disorder, and anxiety.</p> <p>During a concurrent observation and interview with Resident 82 on 3/4/25 at 9:20 a.m., Resident 82 was observed in his room while using supplemental oxygen. Resident 82 stated he had his own lighter then proceeded to show a disposable lighter in his hand. Resident 82 also stated he would borrow other residents' lighters if necessary, and residents borrowed lighters from one another. Resident 82 further stated the facility staff did not supervise the residents while smoking.</p> <p>During a follow-up observation and interview with Resident 82 on 3/4/25 at 3:00 p.m., Resident 82 was smoking in the patio. Resident 82 stated he could smoke at any time and did not need to notify staff.</p> <p>A review of the Oxygen Order Listing Report, dated 3/4/25, indicated an active physician's order for Resident 82 was revised on 7/3/24 for O2 2L per minute via NC PRN for SOB or pain which may be increased up to 5L per min every 24 hours.</p> <p>J. A review of Resident 96's Admission Record dated 3/5/25, indicated Resident 96 was admitted to the facility on [DATE].</p> <p>A review of Resident 96's History and Physical dated 1/12/25 indicated Resident 96's diagnoses included but not limited to lung adenocarcinoma (A type of cancer that starts in the cells that line the insides of organs and produces substances like mucus), PTSD (Post-Traumatic Stress Disorder - a mental health condition that can develop after experiencing or witnessing a traumatic event causing persistent distress and difficulty functioning), and depression.</p> <p>During a concurrent observation and interview on 3/4/25 at 9:09 a.m., Resident 96 stated he received his cigarettes from other residents who smoke. Resident 96 stated residents who smoked would light their own cigarettes with a lighter that residents had in their possession. Resident 96 further stated that if he did not have his lighter, he would borrow other residents' lighter to smoke a cigarette.</p> <p>A review of the Oxygen Order Listing Report, dated 3/4/25, indicated an active physician's order for Resident 96 was revised on 1/10/25 for O2 3L per minute via NC PRN.</p> <p>A review of the facility's Daily Census, dated 3/2/25, indicated Resident 96's room was located next to non sampled resident (Resident 81).</p> <p>During a concurrent observation and interview on 3/5/25 at 10:07 a.m. with Resident 2, who was not a smoker, was observed with a nasal cannula and oxygen concentrator (medical device that delivers oxygen and increases the amount of oxygen in the air you breathe) machine at the bedside. Resident 2 stated he felt uneasy and unsafe knowing residents can carry lighters and did not know residents were in possession of lighters. Resident 2 stated lighters posed a concern for safety because he used oxygen.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of Resident 96's Care Plan Report undated, indicated a care plan problem was developed for the use of tobacco. The goals indicated the resident will adhere to the facility's smoking policies and will not suffer injury from unsafe smoking practices. The interventions indicated to Conduct Smoking Safety Evaluation on admission and PRN .Educate Resident/Responsible Party on the facility's tobacco/smoking policy(s) .If a smoking facility, orient Resident to smoking times and procedures .The resident does not require supervision while smoking. However, there was no documented evidence showing the care plan was updated to reflect the most current smoking assessment and addressed safe storage, supervision, and the use of smoking materials.</p> <p>During a concurrent interview and record review with the DON on 3/3/25 at 03:44 p.m., the DON was asked to review the care plans for Residents 4, 13, 26, 79, and 96. The DON verified the care plans were not updated. The DON stated the facility was behind on updating the care plans The DON stated the purpose of developing a care plan was to ensure the staff knew how to care for the residents. The DON stated Resident 4's smoking care plan was last revised on 6/2024.</p> <p>During an interview on 3/5/25 at 8:52 a.m., CNA 3 stated residents who smoked did not need supervision from facility staff to perform smoking activities.</p> <p>During an interview on 3/5/25 at 8:52 a.m., Licensed Vocational Nurse (LVN) 4 stated residents who smoked were not supervised or monitored for smoking.</p> <p>During an interview on 3/5/25 at 9:02 a.m. the Social Services Designee (SSD) stated residents are able to smoke in the patio without supervision. The SSD stated residents who smoke can receive their cigarettes and lighters from family and friends or purchase their own cigarettes and lighters. The SSD stated residents were able to keep their own cigarettes and lighters.</p> <p>During an interview on 3/5/25 at 10:12 a.m. RNA stated residents who smoked were not allowed to carry personal lighters because it could be dangerous and stated accidents such as a fire could occur.</p> <p>During an interview on 3/5/25 at 10:24 a.m. CNA 5 stated residents should not be allowed to carry lighters because it can be unsafe, especially around other residents who are using oxygen. CNA 5 stated lighters around residents using oxygen could cause a fire.</p> <p>During a concurrent interview and record review on 3/7/25 at 2:31 p.m. with Quality Assurance Nurse (QA), Residents 4, 13, 26, 31, 32, 71, 79, 82, 96, and 104's Resident's Clothing and Possessions, was reviewed. The list did not include a lighter for Residents 4, 13, 26, 31, 32, 71, 79, 82, 96, and 104. The QA verified that there was no lighter present upon admission for Residents 4, 13, 26, 31, 32, 71, 79, 82, 96, and 104. The QA stated the Resident's Clothing and Possessions, should be completed upon admission for each resident.</p> <p>During a review of the facility's policy and procedure titled, Smoking Policy - Residents dated 7/2017, showed the . Resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker, the evaluation will include: a. Current level of tobacco consumption; b. Method of tobacco consumption (traditional cigarettes; electronic cigarettes; pipe, etc.); c. Desire to quit smoking, if a current smoker; and d. Ability to smoke safely with or without supervision (per a completed Safe Smoking Evaluation</p> <p>.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure Personal Property, dated 9/2012 showed . A representative of the admitting office will advise the resident, prior to or upon admission, as to the types and amount personal clothing and possessions that the resident may keep in his or her room .The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished .</p> <p>During a review of the facility's policy and procedure titled Oxygen Administration dated 10/2010, indicated under .Steps in the Procedure .step four, remove all potentially flammable items (e.g., lotions, oils, alcohol, smoking articles, etc.) from the immediate area where the oxygen is to be administered .</p> <p>A review of the facility's policy and procedures titled Goals and Objectives, Care Plans, revised 4/2009, indicated Care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence .4. Goals and objectives are entered on the resident's care plan so that all disciplines have access to such information and are able to report whether or not the desired outcomes are being achieved .</p> <p>An Immediate Jeopardy (IJ-a situation that has threatened or is likely to threaten the health and safety of a resident) was called under F689 S483.25(d)(1) (The resident environment remains as free of accident hazards as is possible;) and was identified on 3/4/25 at 6:53 p.m., regarding the following deficient practices:</p> <ul style="list-style-type: none"> *The facility failed to ensure safe smoking practices were followed when smoking residents were in possession of smoking materials (cigarettes and lighters) and smoking unsupervised. *The facility failed to conduct smoking assessments on admission and on a quarterly basis to ensure smokers were identified in the facility and monitored for smoking activities. *The facility failed to develop individualized care plans addressing smoking activities. <p>The IJ was called in the presence of the Administrator and DON</p> <p>Corrective Action Plan (CAP- a plan which includes interventions to remove the potential or actual harm of an immediate jeopardy situation) was requested and a preliminary CAP was received on 3/6/25, at 12:35 p.m. and included the following:</p> <ul style="list-style-type: none"> *Conducted a thorough and complete smoking assessments for all residents who smoke in the facility. *Implementation of a new smoking screening assessment which screens the resident for safety and capability to participate in smoking activities. *Secured all lighters from smoking residents and ensured lighters were kept in a locked box located in the medication room. <p>(continued on next page)</p>		

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 03/07/2025
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>*Monitored and supervised the residents during smoking activities, with staff responsible for securing and distributing lighters.</p> <p>*Updated the admission process to include admitting nurse to interview and assess the resident for smoking and complete the smoking assessment.</p> <p>*Updated the Medication Administration Record for resident who are an identified smoker so Licensed nurses can monitor and observe residents who smoke.</p> <p>*Updated the care plans for all smoking residents.</p> <p>*In-serviced all staff on the facility's smoking policy and procedures and safety measures related to smoking.</p> <p>* The QA nurse and DSD met with all 10 residents who were identified as a smoker to inform the residents regarding the new protocol with disposable lighters. The disposable lighters will now be in possession of the facility instead of residents who smoke.</p> <p>*Continuous monitoring of the designated smoking area will take place every half hour by staff to ensure that any residents who are smoking, are smoking in a safe manner and no changes of condition are taking place. A monitoring log will be filled out by the staff member and kept on file for further evaluation and review.</p> <p>The acceptable corrective action was verified with the facility to be implemented through observation, interview, and record review. The IJ was lifted on 3/6/25, at 4:15 p.m., in the presence of the Administrator and DON.</p>		

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 03/07/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37363</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the appropriate respiratory care was provided to two of two final sampled residents (Residents 51 and 67) when:</p> <ol style="list-style-type: none"> 1. The facility failed to follow the physician's order for oxygen administration for Resident 51. 2. The facility failed to obtain a physician's order for oxygen administration for Resident 67. <p>This failure had the potential for respiratory complications related to inadequate oxygen administration for Residents 51 and 67.</p> <p>Findings:</p> <p>1. During a facility tour on 3/3/25 at 8:50 a.m., Resident 51 was observed in room with nasal cannula cannula (NC - a small, flexible tube with two prongs, used to deliver supplemental oxygen or increased airflow to a patient through their nostrils) using oxygen concentrator at the rate of 1 LPM (Liters Per Minute - a unit that express flow rate). In addition, a sign oxygen in use was also observed outside Resident 51's door.</p> <p>During an interview on 3/3/25 10:10 a.m., with Licensed Vocational Nurse (LVN 3), LVN 3 confirmed Resident 51 was using an oxygen concentrator with nasal cannula at the rate of 1 LPM instead of 2 LPM.</p> <p>During a concurrent interview and electronic record review with Medical Records (MR) on 3/3/25 at 11 a.m., MR confirmed Resident 51's current physician's orders indicated, O2 (oxygen) at 2 LPM via NC (nasal cannula) for SOB (shortness of breath) every shift.</p> <p>During an interview on 3/7/25 at 3 p.m. with Licensed Vocational Nurse (LVN4), LVN4 stated the charge nurse is responsible for checking resident's oxygen concentrator for the correct rate of flow.</p> <p>A review of Resident 51's admission record dated 3/7/25 indicated Resident 51 was admitted to facility on 12/19/24 with diagnoses (process of identifying disease process) which included chronic obstructive pulmonary disease ([COPD]a lung and airway disease causing breathing problem).</p> <p>A review of Resident 51's History and Physical (H&P), dated 12/20/24, the H & P indicated, Resident 51 had the mental capacity to make own decision.</p> <p>A review of Resident 51's Minimum Data Sheet ([MDS] - (a federally mandated resident assessment tool) dated 12/26/24, section C, indicated Resident 51 has no cognitive impairment. In addition, Resident 51's MDS section O indicated Resident 51 is on oxygen therapy.</p> <p>A review of Resident 51's Order Summary Report dated 3/3/25, indicated an active physician's order dated 1/15/25 for O2 at 2 LPM via nasal cannula for SOB.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 51's Care Plan Report dated 12/26/24, indicated, .Provide oxygen as indicated by resident condition and/or provider order.</p> <p>A review of the facility's policy and procedure (P&P) titled, Oxygen Administration, revised 10/2010, the P&P indicated, .Steps in the Procedure . 8. Turn on the oxygen. Unless otherwise ordered, start the flow of oxygen at the rate of 2 to 3 liters per minute.</p> <p>2. During a facility tour on 03/3/25 at 8:50 a.m., Resident 67 was observed in his room with nasal cannula using his oxygen concentrator at the rate of 5 LPM. In addition, a sign oxygen in use was also observed outside Resident 67's door.</p> <p>During an interview on 3/3/25 10:10 a.m., with Licensed Vocational Nurse (LVN 3), LVN 3 confirmed Resident 67 was using an oxygen concentrator with nasal cannula at the rate of 5 LPM.</p> <p>During an interview with the Medical Records (MR) on 3/3/25 at 11 a.m., MR confirmed there is no physician's order for Resident 67 for oxygen administration.</p> <p>During a concurrent interview and electronic record review with MR on 3/4/25 at 2:45 p.m., MR confirmed Resident 67 had a new physician's order for oxygen administration dated 3/4/25. A review of Resident 67's physician's order indicated, Oxygen at 2-5 L (liters) per N/C (nasal cannula) for SOB (Shortness of Breath), low O2 (oxygen) sats (saturation), comfort. PRN (as needed) every shift for history of respiratory failure. Start Date: 3/4/2025 15:00 (3 p.m.).</p> <p>During an interview with Registered Nurse (RN 1) on 3/7/25 at 2:50 p.m., RN 1 stated the charge nurse is responsible for carrying out the all the physician's order including oxygen administration at start of resident admission.</p> <p>During a review of Resident 67's admission record dated 3/7/25 indicated Resident 67 was admitted to facility on 12/18/24 with diagnoses (process of identifying disease process) which included acute respiratory failure with hypoxia (lack of oxygen in the tissues of the body).</p> <p>A review of Resident 67's History and Physical (H&P), dated 12/20/24, the H & P indicated, Resident 67 had the mental capacity to make own decision.</p> <p>A review of Resident 67's Minimum Data Sheet ([MDS] - a resident assessment tool) dated 12/24/24, section C, indicated Resident 67 has no cognitive impairment.</p> <p>A review of Resident 67's Weekly assessment dated [DATE] indicated Resident 67 was assessed as independent.</p> <p>A review of Resident 67's Care Plan initiated on 3/3/25 indicated, Oxygen settings: O2 via nasal prongs at 2-5 liters as needed. For low oxygen saturation for SOB (shortness of breath) and comfort.</p> <p>A review of the facility's policy and procedure (P&P) titled, Oxygen Administration, revised 10/2010, the P&P indicated, . Preparation 1. Verify there is a physician's order for this procedure.</p>		

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 03/07/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38492</p> <p>Based on interview, and record review, the facility failed to provide the necessary care for one of one sampled residents (Resident 204). The facility failed to ensure Resident 204's Sevelamer (a medication used to control high blood levels of phosphorus in people with chronic kidney disease who are on dialysis) was administered as ordered by the physician on the days the resident left the facility for dialysis (also known as hemodialysis; a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly). This had the potential for Resident 204 not getting the appropriate doses of medications as ordered, resulting in health complications.</p> <p>Findings:</p> <p>A review of Resident 204's Admission Record, dated 3/5/25, indicated Resident 204 was admitted to the facility on [DATE].</p> <p>A review of Resident 204's History and Physical Examination, dated 2/21/25, indicated Resident 204 had a diagnosis of ESRD (End-Stage Renal Disease, a severe and irreversible condition where the kidneys have lost most of their function and can no longer adequately filter waste products from the blood) on HD (hemodialysis) Tuesdays, Thursdays, and Saturdays.</p> <p>During a concurrent interview and record review on 3/7/25 at 9:03 a.m. with Registered Nurse (RN) 1, Resident 204's medical record was reviewed. RN 1 verified Resident 204's Order Summary Report, dated 3/6/25 had the following physician's active orders:</p> <ul style="list-style-type: none"> - A physician's order dated 2/20/25, for Sevelamer HCl (hydrochloride) oral tablet 800 mg (milligrams - a unit of measurement), give two tablets by mouth with meals for on HD. - A physician's order dated 3/3/25, for dialysis every Tuesday, Thursday, and Saturday with a pickup time of 11:00 a.m., and drop off time at 4:45 p.m. <p>A review of Resident 204's Medication Administration Record (MAR), dated for 2/1/25 to 2/28/25, showed Sevelamer with a chart code of 1 documented on 2/27/25 for the 12:00 p.m. dose. RN 1 stated a documentation of 1 of the MAR meant absent from home without meds and verified Resident 204's Sevelamer was not administered.</p> <p>Further review of Resident 204's MAR, dated for 3/1/25 to 3/31/25, indicated Sevelamer with a chart code of 1 was documented on 3/1/25, 3/4/25, and 3/6/25 for the 12:00 p.m. dose. RN 1 stated Sevelamer was not given to Resident 204 on 3/1/25, 3/4/25, and 3/6/25 because Resident 204 was absent from home without meds.</p> <p>RN 1 stated the facility was supposed to send the medication with Resident 204 on dialysis days or communicate with dialysis to ensure the resident received the medication.</p> <p>During an interview on 3/7/25 at 9:11 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 204 did not receive the Sevelamer medication as ordered by the physician and verified the medication was not administered consistently before Resident 204 left for dialysis.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0698</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 titled End-Stage Renal Disease, Care of a Resident with, dated 10/01, indicated . education and training of staff includes, specifically . timing and administration of medications, particularly those before and after dialysis and . agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed including how information will be exchanged between the facilities.</p>		

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 03/07/2025
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44529</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a resident's nutritional and dietary needs were met when the Registered Dietitian (RD) failed to review the quarterly assessment. This had the potential for nutritional and dietary needs to remain unmet for one of six sampled residents (Resident 18).</p> <p>Findings:</p> <p>During an interview on 3/3/25 at 11:28 a.m. with Resident 18, Resident 18 stated she had episodes of weight fluctuations due to her advanced age. Resident 18 further stated she received Lasix (a medication that helps reduce fluid buildup in the body) for fluid retention.</p> <p>During a record review on 3/5/25 at 8:31 a.m. of Resident 18's profile on the Electronic Medical Record (EMR), the profile indicated Resident 18 was initially admitted to the facility on [DATE], with diagnoses including acute (sudden) kidney failure, morbid obesity among others.</p> <p>During a concurrent interview and record review on 3/7/25 at 9:05 a.m., with the Dietary Services Supervisor (DSS), Resident 18's Nutritional Screening Assessment (NSA) was reviewed. The DSS stated the last assessment done for Resident 18 was on 11/27/24.</p> <p>During a phone interview on 3/7/25 at 9:07 a.m. with the RD, the RD stated the duties and responsibilities of an RD included completing assessments of residents' nutritional status. RD further stated that residents, at the least, will be seen quarterly and annually, and as needed .</p> <p>During a concurrent interview and record review on 3/7/25 at 9:48 a.m. with the Quality Assurance Nurse (QA), Resident 18's NSA (Nutritional Screening Assessment) was reviewed. The QA stated the facility's expectation was for the RD to visit and see residents on admission, quarterly, annually, and as necessary. The QA stated the last RD visit for Resident 18 was on November 27, 2024, further stating the next visit for the quarterly assessment should have been completed before the end of February 2025. The QA stated Resident 18 should have been seen by the RD, even though the expected quarterly assessment was missed. The QA stated the RD was in the facility on March 5, 2025, but Resident 18's record did not indicate the RD visited and assessed Resident 18.</p> <p>During a concurrent interview and record review on 3/7/25 at 11:10 a.m. with the QA, the facility's policy and procedure (P&P) titled, Dietitian, revised October 2017, was reviewed. The P&P indicated, .A qualified, competent, and skilled Dietitian will help oversee the food and nutrition services in the facility .9. Our facility's Dietitian is responsible for, but not necessarily limited to: a. Assessing nutritional needs of residents .f. Participating in quality assurance and performance improvement (QAPI) when food and nutrition services are involved . The QA stated the RD should assess all residents for nutritional needs on admission, quarterly and annually as the minimum expectation.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the same concurrent interview and record review with the QA, the facility's P&P titled, QAPI- Role of the Dietitian/Food Services Manager, revised April 2014, was reviewed. The P&P indicated, .Duties and Responsibilities .10. Visiting residents periodically to evaluate the excellence of meals served, likes and dislikes, etc .16 . Reviewing and revising care plans and assessments as necessary, but at least quarterly . The QA stated periodically meant visits done for quarterly and annually at the minimum, further stating they did not follow their policy.</p>		

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 03/07/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48985</p> <p>Based on observation, interview, and record review, the facility failed to adhere to established food safety and sanitation standards when:</p> <ol style="list-style-type: none"> 1. A container of parsley flakes was past the best buy date. 2. Two unopened bags of bread were past the best buy date. 3. Food debris was found on the floor under the stove and under the large food mixer. 4. A scoop was on top of grains and cereals container. 5. Wet trays that were stacked together and not air dried. <p>These had the potential to place susceptible residents who receives food from Dietary Services at risk for food-borne illnesses.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation of the kitchen and interview, on 3/3/25, at 8:39 a.m., with the Dietary Services Supervisor (DSS), a container of parsley flakes was found on the spice rack with past best buy date of 02/23/2025. DSS confirmed that the container of parsley flakes was past the best buy date and should be discarded. <p>During a concurrent interview and record review on 3/7/25 at 11:10 a.m., with the DSS, Quality Assurance (QA) Nurse, and Administrator, the undated facility's policy and procedure (P&P) titled, Non-Leftover Food Products (Including Labeling & Dating of Products), was reviewed. The P&P indicated, .It is the policy of this facility to use food products by the manufacturers expiration date or, when no expiration date is provided, within time periods generally accepted as safe .DSS stated that she threw away all food that was past the best buy date as that was the facility's best practice.</p> <ol style="list-style-type: none"> 2. During a concurrent observation of the kitchen and interview on 3/3/25, at 09:02 a.m., with the DSS, two bags of bread were found on the bread rack with a past best buy date of 2/26/25. DSS verified that the two bags of bread were past the best buy date. <p>During a concurrent interview and record review on 3/7/25 at 11:10 a.m., with the DSS, QA Nurse, and Administrator, the undated facility's policy and procedure (P&P) titled, Non-Leftover Food Products (Including Labeling & Dating of Products), was reviewed. The P&P indicated, It is the policy of this facility to use food products by the manufacturers expiration date or, when no expiration date is provided, within time periods generally accepted as safe. DSS stated that she threw away all food that was past best the buy date as that was the facility's best practice.</p> <ol style="list-style-type: none"> 3. During an observation of the kitchen on 3/3/25, at 8:35 a.m., with the DSS, food debris were found on the floor under the kitchen stove. <p>(continued on next page)</p>

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 03/07/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation of the kitchen and interview on 3/3/25, at 8:42 a.m., with the DSS, food debris were found on the floor under the large food mixer. DSS stated, the kitchen area was expected to always be clean.</p> <p>During a concurrent interview and record review on 3/7/25 at 11:10 a.m., with the DSS, QA Nurse, and Administrator, the facility's P&P titled, Sanitation dated October 2008 was reviewed. The P&P indicated, .1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects .</p> <p>4. During an initial observation tour of the kitchen and interview on 3/3/25 at 08:53 a.m., with the DSS, a scoop was found on top of the grains/cereal container. The DSS stated that it should not be placed on top of the grains/cereal container and pointed to another shelf where the scoop should be kept inside a clear container.</p> <p>During a concurrent interview and record review on 3/7/25 at 11:10 a.m., with the DSS, QA Nurse, and Administrator, the facility's P&P titled, Food Receiving and Storage, revised October 2008 was reviewed. The P&P indicated, .Foods shall be received and stored in a manner that complies with safe food handling practices .1. Food Services. or other designated staff, will maintain clean food storage areas at all times . The DSS stated the facility did not follow their policy.</p> <p>5. During an observation of the kitchen and interview on 3/3/25, at 09:20 a.m., with the Dietary Services Supervisor (DSS), wet trays were found stacked together and not air dried. DSS stated that all trays should be air dried before storing.</p> <p>During a concurrent interview and record review on 3/7/25 at 11:10 a.m., with the DSS, QA Nurse, and Administrator, the facility's P&P titled, Sanitation dated October 2008 was reviewed. The P&P indicated, .10. Food preparation equipment and utensils that are manually washed will be allowed to air dry whenever practical. The DSS stated they did not follow the facility policy.</p> <p>During a review of the 2022 FDA (Food and Drug Administration) Food Code, 4-901.11 indicated, Equipment and Utensils, Air-Drying Required .After cleaning and SANITIZING, EQUIPMENT and UTENSILS: ((A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD; and (B) May not be cloth dried except that UTENSILS that have been air-dried may be polished with cloths that are maintained clean and dry .</p>		

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 03/07/2025
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>48985</p> <p>Based on observation, interview, and record review, the facility failed to ensure garbage and refuse was not overflowing and dumpster's lids were completely closed.</p> <p>This failure had the potential to attract pests (like flies and rodents) and spread diseases and infection to the residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 3/5/25, 3:25 p.m., with the Maintenance Supervisor (MS), two dumpsters located at the side of the facility across the parking lot were observed with the lid not completely closed and not covering the dumpsters. Multiple bags of trash created an overflow on the dumpster's lid. Maintenance Supervisor stated the trash should not be overflowing, and lids should be closed completely.</p> <p>During a concurrent interview and record review on 3/7/25, at 11:10 a.m. with the Dietary Services Supervisor (DSS), Quality Assurance (QA) Nurse, and Administrator, the facility's undated policy and procedure (P&P) titled, Food-Related Garbage and Refuse Disposal, the policy indicated, .6. Outside dumpsters provided by garbage pickup service will be kept closed and free of surrounding litter . The Administrator confirmed the facility was not in compliance and the lid should always be closed all the way.</p> <p>During a review of the 2022 FDA (Food and Drug Administration) Food Code, 5-501.115 titled Maintaining Refuse Areas and Enclosures the Food Code indicated, .Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents .</p>

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 03/07/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48985</p> <p>Based on observation, interview, and records review, the facility failed to obtain initial screening for rehabilitative services for one of 20 sampled residents, (Resident 455) upon admission.</p> <p>This failure had the potential to result in a decrease in resident's range of motion (the extent and degree of movement a joint or series of joints can achieve) mobility and muscle strength.</p> <p>Findings:</p> <p>During a review of Resident 455's Admission Record, (a document showing a summary of the resident's information), dated 3/5/25, indicated, Resident 455 was admitted to the facility on [DATE].</p> <p>During a review of Resident 455's History and Physical Examination, (H&P) dated 1/29/25, indicated, Resident 455 had a past medical history of Cerebrovascular accidents (CVA), (commonly known as stroke, occur when blood flow to the brain is interrupted, leading to brain damage), Hemiplegia (a condition characterized by paralysis or severe weakness on one side of the body). H&P indicated Resident 455 has the capacity to make needs known but cannot make medical decisions. H&P further indicated that Resident 455 is on hospice (a program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease).</p> <p>During a review of Resident 455's MDS (MDS, a federally mandated assessment tool), section GG (Functional Abilities and Goals), dated 1/29/25, Resident 455 needed substantial maximal assistance for mobility.</p> <p>During an interview on 3/3/25 at 11:37 a.m., with Resident 455, Resident 455 stated that he wanted to regain strength and function of his left arm and left leg and wanted to be able to stand up again. Resident 455 stated that he does exercises only three to five times a week.</p> <p>During a concurrent interview and record review, on 3/06/25 at 1:45 p.m., with Restorative Nurse Assistant (RNA), RNA stated that Resident 455 has no orders for rehabilitative therapy. Furthermore, Resident 455 has orders for omni cycle (a motorized rehabilitation system used in nursing homes to help patients with limited strength and muscle control participate in therapeutic exercise, focusing on improving balance, coordination, and muscle function) three to five times per week for sixty days. RNA confirmed that Resident 455 has orders for omni cycle.</p> <p>During an interview on 3/07/25 at 9:40 a.m., with Director of Rehab (DOR), DOR stated that residents on hospice upon admission, are not being assessed or screened for the need for rehab services. DOR stated that rehab services for hospice residents are provided by the hospice facility.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/07/25 at 2:07 p.m., with the Director of Rehab (DOR), the facility's undated policy and procedure (P&P) titled PT/OT/ST Therapy services Resident Screening, indicated that, A therapy screen will be completed upon admission, readmission, quarterly or when any resident shows a significant change in functional ability or safety. A screen indicates if an evaluation is warranted or not . DOR confirmed that as per policy, a therapy screening will be completed upon admission on all residents. Furthermore, DOR confirmed that Resident 455 should have been screened upon admission.</p>		

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 03/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39539</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control and prevention measures when:</p> <ol style="list-style-type: none"> 1. Licensed Vocational Nurse (LVN) 2 did not perform proper hand hygiene (the process of cleaning one's hands to remove dirt, germs, and microorganisms with soap and water or an alcohol based foam or gel) during medication administration for Residents 48, 58, and 59. 2. Certified Nurse Assistant (CNA) 1 failed to perform hand hygiene and don (put on) gloves and an isolation gown before entering Resident 355 room, who was on Contact Isolation Precautions (a set of precautions used to stop the spread of germs from a patient to others). 3. Two sharps containers (used for safe disposal of used needles and syringes) were observed filled past the full line indicator (a line marker indicating the container needs to be replaced) for two of three sampled medication carts (Carts 2 & 3). This had the potential risk for infections related to needlestick injuries (injuries caused by punctures from needles used in medical procedures). <p>These failures had the potential for cross contamination and spread of infection which can adversely affect the health and wellbeing of the residents, staff, and visitors.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a Medication Administration observation on 3/5/25 at 9:09 a.m., LVN 2 prepared the medications for Resident 59. LVN 2 donned (put on) a new pair of gloves and sanitized the wrist BP (Blood Pressure - the force of blood pushing against the walls of the arteries) monitor. LVN 2 then placed the BP monitor on top of the medication cart, doffed (removed) the used pair of gloves, and waited two minutes for the wrist BP monitor to dry. Afterwards, LVN 2 entered Resident 59's room and placed the BP monitor on the resident's wrist. LVN 2 did not perform hand hygiene after sanitizing the wrist BP monitor, and before and after touching Resident 59. After obtaining Resident 59's BP, LVN 2 proceeded to prepare Resident 59's medications. Once all the medication tablets were placed inside a plastic cup, LVN 2 proceeded to administer the medications to Resident 59. LVN 2 did not perform hand hygiene before and after medication administration. After administering medications to Resident 59, LVN 2 stated he will proceed to administer medications to Resident 58. <p>During another Medication Administration observation on 3/5/25 at 9:26 a.m., LVN 2 used hand sanitizer prior to donning a new pair of gloves. LVN 2 proceeded to sanitize the wrist BP monitor, doffed the used gloves, and then waited for the BP monitor to dry for two minutes. Once the BP monitor was dry, LVN 2 entered Resident 58's room and placed the BP monitor on the resident's wrist. After obtaining the BP, LVN 2 prepared the medications. LVN 2 did not perform hand hygiene after sanitizing the BP monitor and before and after touching the resident. Once all the medication tablets were placed inside a plastic cup, LVN 2 administered the medications to Resident 58. LVN 2 did not perform hand hygiene before and after medication administration.</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up Medication Administration observation on 3/5/25 at 10:45 a.m., LVN 2 stated he will be administering insulin (a medication that helps regulate blood sugar levels) to Resident 48. Prior to administering the medication, LVN 2 sanitized his hands and donned a new pair of gloves. LVN 2 then placed the glucose meter (a device that measures the amount of sugar in the blood) and lancet (a sharp tool used to make incisions or pricks in the skin) on a clean tray and entered Resident 48's room. LVN 2 used an alcohol pad to clean Resident 48's finger and waited for it to dry. Upon pricking the finger with the lancet, no blood came out. LVN 2 removed his gloves, did not perform hand hygiene, and proceeded to retrieve a new lancet from the medication cart. LVN 2 donned new gloves, cleaned the resident's finger with an alcohol pad, waited for it to dry, and pricked the finger using the lancet. Upon pricking the finger, LVN 2 wiped away the first drop of blood with gauze. However, LVN 2 realized he did not have a glucose test strip (a small strip of material used with a glucose meter to measure blood sugar levels) available in the tray. While still wearing both gloves on, LVN 2 went back to the medication cart located in the doorway. LVN 2 kept the right glove on and only removed the left glove to retrieve a glucose test strip from the medication cart. LVN 2 did not perform hygiene. Once LVN 2 obtained the glucose test strip and placed it on the tray, LVN 2 donned a new glove on his left hand and proceeded to check the resident's glucose level. There was no hand hygiene performed after wiping the first drop of blood from the resident's finger, before opening the medication cart, and before checking the resident's glucose level. LVN 2 proceeded to administer the correct dose of insulin to Resident 48. However, LVN 2 did not perform hand hygiene before and after administering the medication.</p> <p>During an interview on 3/5/25 at 11:00 a.m. with LVN 2, LVN 2 was asked about the facility's infection control practices during medication administration. LVN 2 stated hand hygiene should be performed before and after administering medications. LVN 2 stated hand hygiene should also be performed before and after touching the resident. LVN 2 was informed of the observation findings. LVN 2 acknowledged the findings. LVN 2 stated he should have performed hand hygiene and removed both gloves after checking the resident's glucose level.</p> <p>During an interview on 3/6/25 at 3:50 p.m. with the Director of Staff Development (DSD), the DSD was asked about the facility's infection control policies during Medication Administration. The DSD stated the policy was for the staff to perform hand hygiene before and after administering medication, anytime a staff entered and left the resident's room, and before and after touching the resident. The DSD stated the importance of performing hand hygiene was to ensure infection was not transmitted to other people.</p> <p>A review of the facility's policy and procedure titled Administering Medications, revised 4/2019, indicated . Staff follows facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable .</p> <p>A review of the facility's policy and procedure titled Handwashing/Hand Hygiene, revised 8/2019, indicated . 6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: a. When hands are visibly soiled .7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .b. Before and after direct contact with the residents .c. Before preparing or handling medications .g. Before handling clean or soiled dressings, gauze pads, etc .i. After contact with a resident's intact skin .j. After contact with blood or bodily fluids .k. After handling used dressings, contaminated equipment, etc l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident .m. After removing gloves .</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46488</p> <p>2. During a review of Resident 355's Admission Record, (a document showing a summary of the resident's information) dated 3/5/25, indicated Resident 355 was admitted to the facility on [DATE].</p> <p>A review of Resident 355's Order Summary Report, dated 3/7/25, showed an active physician's order dated 2/18/25, indicating Contact Isolation Precautions R/T (related to) Bacteremia.</p> <p>During an observation on 3/3/25 at 12:45 p.m., in front of Resident 355's room, CNA 1 entered Resident 355's room without wearing gloves and a gown. Resident 355's room had a sign in front of the room indicating, See nurse before entering the room and a plastic bin with drawers containing Personal Protective Equipment ([PPE] - items like gloves, gowns, masks, respirators, goggles or face shields, used to protect from infectious agents) outside the door. CNA 1 assisted Resident 355 with his cellphone, then returned the cellphone to Resident 355 and proceeded to exit the room without performing hand hygiene.</p> <p>During an interview on 3/3/25 at 12:50 p.m. with CNA 1, CNA 1 stated the facility's policy was to use PPE when providing direct care for a resident on Contact Isolation Precautions. CNA 1 verified she did not wash her hands after assisting Resident 355 and the next time CNA 1 would perform hand hygiene is when she entered another resident's room.</p> <p>During an interview on 3/4/25 at 9:35 a.m. with Treatment Nurse (TN) 2, TN 2 acknowledged Resident 355 was on Contact Precautions due to an active infection in urine. TN 2 stated prior to entering Resident 355's room, staff must perform hand hygiene and don PPEs including a gown and gloves. TN 2 further stated that if staff entered Resident 355's room and touched any of Resident 355's belongings, including a cellphone, donning PPEs were required, and hand hygiene must be performed prior to the exit of Resident 355's room.</p> <p>During an interview on 3/5/25 at 8:55 a.m. with Registered Nurse (RN) 1, RN 1 verified Resident 355 was on Contact Isolation and stated the expectation prior to entering the room was to perform hand hygiene and don PPEs and prior to exiting of the room was to remove PPEs and perform hand hygiene. RN 1 stated the importance of hand hygiene and following the infection control protocol for a resident in isolation, was to prevent spread of infection, organism, and bacteria.</p> <p>During a concurrent interview and record review with the DSD on 3/7/25 at 8:52 a.m., the facility's policy and procedure titled, Handwashing/Hand Hygiene, revised August 2019, indicated .7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: . b. before and after direct contact with residents; .l. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; .n. Before and after entering isolation precaution settings . The DSD verified the facility's hand hygiene policy and stated staff must adhere and follow the policy as mentioned above.</p> <p>44529</p> <p>(continued on next page)</p>		

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 03/07/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. During a concurrent observation and interview on 3/3/25 at 10:40 a.m. with LVN 3, LVN 3 was observed attending to Medication Cart 3. There was a sharps container attached to the side of the medication cart that was filled past the full line indicator. LVN 3 stated whoever was assigned to the cart is responsible for changing and disposing sharps container when it is full, further stating the container on Medication Cart 3 should have been replaced because the contents were past the full line indicator.</p> <p>During a concurrent observation and interview on 3/5/25 at 9:02 a.m. with LVN 2, LVN 2 was observed attending to Medication Cart 2. The sharps container attached to the side of the medication cart was observed filled past the full line indicator. LVN 2 stated whoever was assigned to the cart is responsible for changing and disposing sharps container when it is full, further stating the container on Medication Cart 2 should have been replaced because the contents were past the full line indicator.</p> <p>During a concurrent interview and record review with the Quality Assurance (QA) Nurse , on 3/7/25, at 11:10 a.m., of the facility's P&P, titled, Sharps Disposal, revised January 2012, indicated, .The facility shall discard contaminated sharps into designated containers .Policy Interpretation and Implementation .3 .c. Designated individuals will be responsible for sealing and replacing containers when they are 75% to 80% full to protect employees from punctures and/or needlesticks when attempting to push sharps into the container . The QA Nurse stated they did not follow their policy.</p>		