

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Centinela Grand Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2225 North Perris Boulevard Perris, CA 92571	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure an injury of unknown origin was reported immediately, but not later than 2 hours to the State Survey Agency (SSA) and to the Long-Term care (LTC) Ombudsman for one of three sampled residents (Resident 1). The facility was made aware of Resident 1 ' s right arm fracture on May 23, 2025.</p> <p>This failure had the potential for state agencies and the LTC Ombudsman not to be able to advocate for the residents in protecting their rights to be free from abuse and neglect.</p> <p>Findings:</p> <p>On June 9, 2025, at 10:35 a.m., during a concurrent observation and interview, Resident 1 was observed with right arm in a blue sling with right hand contracted. Resident 1 was attempted to be interviewed but only responded with a mumble.</p> <p>A review of Resident 1 ' s admission record indicated the resident was admitted to the facility on [DATE], with diagnoses which included cognitive communication deficit and muscle weakness. Further review of the record indicated the resident was transferred to the hospital on May 23, 2025, for a fracture on the right arm.</p> <p>A review of Resident 1 ' s nursing notes dated May 23, 2025, indicated, .Relayed x-ray result to Right forearm w/ (with) conclusion: Osteopenia w/ flexion contracture, displaced fracture of Olecranon w/ margins appearing chronic .ordered to Transfer to (name of hospital) for further evaluation and treatment .</p> <p>A review of Resident 1 ' s progress notes, did not indicate documentation of how the patient sustained the right arm fracture.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 9, 2025, at 12:34 p.m., during a concurrent interview and record review with the Assistant Director of Nursing (ADON), the ADON verified Resident 1 was transferred to the hospital for a higher level of care on May 23, 2025, and the Ombudsman was notified only of the transfer via fax transmittal on May 23, 2025. The ADON verified there was no documented evidence the facility notified the Ombudsman and SSA of Resident 1 ' s fracture of unknown origin. The ADON further stated there was no documented evidence the facility performed an investigation of Resident 1 ' s fracture of unknown origin. The ADON stated the Ombudsman and SSA should have been notified of Resident 1 ' s fracture of unknown origin and the facility should have investigated of Resident 1 ' s fracture of unknown origin.</p> <p>On June 9, 2025, at 1:34 p.m., during a concurrent interview and record review with the Social Worker (SW), the SW verified that the transfer notice for a higher level of care for Resident 1 was dated May 23, 2025, and only a copy of the transfer notice was sent to the Ombudsman on May 23, 2025. The SW verified there was no documented evidence the facility reported Resident 1 ' s fracture of unknown origin to the Ombudsman and CDPH. The SW further stated the Ombudsman and CDPH should have been notified of Resident 1 ' s fracture of unknow origin.</p> <p>A review of the facility policy and procedure titled, Abuse, Neglect and Exploitation, not dated, indicated . Identification of Abuse, Neglect .The facility will consider factors indicating possible abuse, neglect of residents .the following possible indicators .physical injury of resident unknown source .an investigation is immediately warranted .once the resident is cared for and initial reporting has occurred an investigation should be conducted .anyone in the facility can report suspected abuse .When abuse, neglect is suspected the licensed should respond to resident .notify Director of Nursing .initiate an investigation immediately .notify physician .contact the State Agency and the local Ombudsman office to report the alleged abuse .</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to investigate what could have caused one of three sampled residents ' (Resident 1) right arm fracture. The facility did not witness the source of the fracture, and the resident could not explain the source of the right arm fracture.</p> <p>This failure had the potential to delay provision of corrective action to ensure Resident 1 is free from potential abuse, neglect, and mistreatment.</p> <p>Findings:</p> <p>On June 9, 2025, at 10:35 a.m., during a concurrent observation and interview, Resident 1 was observed with right arm in a blue sling with right hand contracted. Resident 1 was attempted to be interviewed but only responded with a mumble.</p> <p>A review of Resident 1 ' s admission record indicated the resident was admitted to the facility on [DATE], with diagnoses which included cognitive communication deficit and muscle weakness. Further review of the record indicated the resident was transferred to the general acute care hospital (GACH) on May 23, 2025, for a fracture of right arm.</p> <p>A review of Resident 1 ' s nursing notes dated May 23, 2025, indicated, .Relayed x-ray result to Right forearm w/ (with) conclusion: Osteopenia w/ flexion contracture, displaced fracture of Olecranon w/ margins appearing chronic .ordered to Transfer to (name of hospital) for further evaluation and treatment .</p> <p>A review of Resident 1 ' s progress notes, did not indicate documentation of how the patient sustained the right arm fracture.</p> <p>A review of Resident 1 ' s medical record indicated no documented evidence the facility investigated Resident 1 ' s injury of unknown origin on the right arm.</p> <p>On June 9, 2025, at 12:34 p.m., during a concurrent interview and record review with the Assistant Director of Nursing (ADON), the ADON verified Resident 1 was transferred to the GACH for a higher level of care on May 23, 2025. The ADON verified there was no documented evidence the facility performed an investigation of Resident 1 ' s fracture of the right arm, which was of unknown origin. The ADON stated the facility should have investigated Resident 1 ' s fracture of the right arm.</p> <p>On June 9, 2025, at 1:34 p.m., during a concurrent interview and record review with the Social Worker (SW), the SW verified that the transfer notice for a higher level of care for Resident 1 was dated May 23, 2025. The SW verified there was no documented evidence the facility investigated Resident 1 ' s fracture of unknown origin. The SW further stated the facility should have been investigated Resident 1 ' s fracture of unknown origin.</p> <p>(continued on next page)</p>		

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