

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Ramona Rehabilitation and Post Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  485 W. Johnston Avenue Hemet, CA 92543	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for one of three sampled residents, (Resident 2).</p> <p>This failure had the potential to result for Resident 2's needs being unmet, and the inability to call for help.</p> <p>Findings:</p> <p>On June 25, 2024, at 10:36 a.m., an unannounced visit to the facility was conducted to investigate a complaint regarding quality of care issue</p> <p>On June 25, 2024, at 12:59 p.m., observed Resident 2 lying in bed on his back, with eyes closed, respirations even and unlabored. Resident 2's call light was observed on the left side of his bed on the ground, not within resident's reach.</p> <p>On June 25, 2024, at 1:05 p.m., a concurrent observation and interview were conducted with the Certified Nursing Assistant (CNA). The CNA observed Resident 2's call light on the floor, on the left side of the bed. The CNA picked up the call light up and placed it on the left side of Resident 2's bed. The CNA stated that call lights should be within reach and Resident 2's call light was not within reach, when it was on the floor.</p> <p>A review of Resident 2's medical records indicated he was admitted to the facility on [DATE], with diagnoses of encounter for surgical aftercare following surgery on the genitourinary system, chronic kidney disease, stage four, (the kidneys are severely damaged and unable to filter waste), atrial fibrillation, (irregular heart beat), pressure ulcer of sacral region, stage 2, bilateral primary osteoarthritis, (a progressive disorder of the joints caused by gradual loss of cartilage and resulting in the development of bony spurs and cysts at the margins of the joints) of knee, Alzheimer's disease, (progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain), and vascular dementia, (a decline in thinking skills caused by conditions that block or reduce blood flow to various regions of the brain).</p> <p>Resident 2's History and Physical dated June 9, 2024, indicated he did not have the capacity to understand and make decisions.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Care Plan dated June 9, 2024, indicated Focus .has an alteration in musculoskeletal status r/t (related to) .OA, (osteoarthritis), of knees Be sure call light is within reach and respond promptly .</p> <p>A review of the facility's policy and procedure titled Call System revised November 2022, indicated .2. Make sure call cords are placed within the resident's reach at all times .</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the Treatment Nurse (TN), followed infection control guidelines when she did not perform hand hygiene after removing contaminated gloves and prior to donning clean gloves for during wound care for one of three residents, (Resident 5).</p> <p>This failure had the potential to contaminate the TN's hands and the resident's wounds.</p> <p>Findings:</p> <p>On June 25, 2024, at 2:18 p.m., the Treatment Nurse, (TN) was observed providing skin care to Resident 5. The TN placed a sterile drape with Triamcinolone Acetonide External Cream 0.1% (a topical steroid that helps lessen skin rash and irritations) in a medicine cup on Resident 5's overbed table, located on the left side of Resident 5's bed. The TN donned clean gloves, removed Resident 5's socks, used a body wipe to clean under Resident 5's breasts, groin, and abdominal fold, changing gloves between each area. The TN applied the cream to these areas and to Resident 5's buttocks and sacral area after assisting the resident to turn. The TN removed her gloves, discarded the sterile drape, and left the room. The TN was not observed performing hand hygiene in between glove changes.</p> <p>On June 25, 2024, at 2:26 p.m., an interview was conducted with the TN. The TN stated that she should have performed hand hygiene after removing her gloves and before donning clean gloves.</p> <p>On June 25, 2024, at 2:45 p.m., an interview was conducted with the Infection Preventionist, (IP). The IP stated that the TN should have performed hand hygiene with alcohol-based hand rub before donning clean gloves.</p> <p>A review of Resident 5's medical record indicated she was admitted to the facility on [DATE], with diagnoses cellulitis, (infection of the skin and the tissues beneath the skin), of right and left lower limb, fracture, (broken bone) of second and third lumbar (lower back) vertebra, and chronic obstructive pulmonary disease, (COPD - a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>A review of Resident 5's History and Physical dated June 7, 2024, indicated she had the capacity to make decisions.</p> <p>A review of Resident 5's Order Summary Report dated June 6, 2024, indicated:</p> <p>Cleanse redness with Normal Saline, pat dry. Apply Triamcinolone Acetonide External Cream 0.1% every shift for Left Groin. AND every shift for Right Groin. AND every shift for Peri area. AND every shift for Left inner Thigh. AND every shift for Right inner Thigh</p> <p>Cleanse MASD, (Moisture-associated skin damage - occurs when skin is repeatedly exposed to various sources of bodily secretions), with Normal Saline, pat dry. Apply Triamcinolone Acetonide External Cream 0.1%, every shift for Sacrococcyx. (tail bone) AND every shift for Left Buttock. AND every shift for Right Buttock.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure titled Dressings, Dry/Clean revised September 2013, indicated . 6. Put on clean gloves. Loosen tape and remove soiled dressing .7. Pull glove over dressing and discard into plastic or biohazard bag . 8. Wash and dry your hands thoroughly .9. Open dry, clean dressing(s) by pulling comers of the exterior wrapping outward, touching only the exterior surface . 12. Wash and dry your hands thoroughly. 13. Put on clean gloves. 14. Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage. 15. Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward). 16. Use dry gauze to pat the wound dry. 17. Apply the ordered dressing and secure with tape or bordered dressing per order. (Note: Use non-allergenic tape as indicated.) Label with date and initials to top of dressing. 18. Discard disposable items into the designated container. 19. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly .</p> <p>A review of the Centers for Disease Control and Prevention's guidelines titled Clinical Safety: Hand Hygiene for Healthcare Workers updated FEBRUARY 27, 2024, indicated . If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings. Always clean your hands after removing gloves . When to change gloves and clean hands . If moving from work on a soiled body site to a clean body site on the same patient or if a clinical indication for hand hygiene occurs .</p>		