

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 10/01/2024
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 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** 41422</p> <p>Based on observation, interview, and record review, the facility failed to follow orders for enhanced barrier precautions, (EBP - the use of gown and gloves for residents that have chronic wounds, or indwelling devices during high-contact procedures to prevent the spread of multi-drug resistant organisms in nursing homes) for one of three residents (Resident 7), during wound care.</p> <p>This failure had the potential for the spread of multi-drug resistant organisms.</p> <p>Findings:</p> <p>On September 5, 2024, at 10:26 a.m., an unannounced visit to the facility on a complaint investigation was initiated.</p> <p>On September 5, 2024, at 2:22 p.m., observed a sign on the outside of Resident 7's room indicating Enhanced Barrier Precautions. The Treatment Nurse (TN) was observed preparing for Resident 7's dressing change and wound observation. While the TN donned gloves, she was not observed wearing a gown during wound care for Resident 7.</p> <p>On September 5, 2024, at 2:47 p.m., an interview was conducted with the TN. The TN stated that she should have worn a gown while providing wound care to Resident 7.</p> <p>A review of Resident 7's medical records indicated he was admitted on [DATE], with diagnoses of ORTHOSTATIC hypotension, (a sudden drop in blood pressure upon standing from a sitting or lying position), chronic kidney disease, (the gradual loss of kidney 's ability to filter wastes and excess fluids from the blood), Parkinson's disease, (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement), malignant neoplasm of colon, (a cancerous tumor), encounter for palliative care, (an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex, and terminal illnesses), and type 2 diabetes mellitus, (a chronic condition that affects the way the body uses sugar. The body either resists the effects of insulin - a hormone that regulates the movement of sugar into the cells - or doesn't produce enough insulin to maintain normal sugar levels).</p> <p>.A review of Resident 7's History and Physical dated March 17, 2024, indicated he was capable of making 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 056214	If continuation sheet Page 1 of 2

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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 Resident 7's Order Summary Report dated July 1, 2024, indicated .Enhanced Barrier Precautions (EBP) - staff to wear gloves and a gown for high-contact resident care activities. Ensure signage at door. every shift .</p> <p>A review of the facility's policy and procedure titled Enhanced Barrier Precautions (EBP) undated indicated . Specifies that staff need to use gloves and gown with certain residents during high-contact resident care activities .Applies to residents with open wounds .When .During high-contact resident care activities .wound care .</p>