

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  11/19/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40000</p> <p>Based on interview and record review, the facility failed to ensure an allegation of physical abuse was reported to California Department of Public Health (CDPH) immediately, but not later than two (2) hours after the allegation was made. The facility was made aware of the alleged physical abuse of a facility staff (Certified Nursing Assistant [CNA] 1) to a resident (Resident 1) on October 28, 2024.</p> <p>This failure had the potential to cause a delay in the investigation of the alleged abuse and to expose residents in the facility to further abuse.</p> <p>Findings:</p> <p>On November 18, 2024, at 10:15 a.m., an unannounced visit was conducted at the facility to investigate an abuse allegation.</p> <p>On November 18, 2024, Resident 1's medical record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which include pulmonary fibrosis (scar tissue in the lungs), chronic respiratory failure (difficulty breathing on your own), and anxiety (excessive and persistent worry). Resident 1's Minimum Data Set (MDS - an assessment tool), dated September 2, 2024, had a Brief Interview for Mental Status (BIMs - assessment to monitor cognitive status) score of 11, which indicated mild impairment.</p> <p>On November 18, 2024, at 12:07 p.m., during an interview with CNA 2, he stated he was at the nurse ' s station across Resident 1 ' s room, when he saw CNA 1 come out of the room with food and fluid on the front of her clothes. CNA 2 stated he heard Resident 1 screaming that CNA 1 was hitting her and choking her. CNA 2 stated she assisted another CNA to clean up Resident 1 and did not observe any scratch marks or discoloration on the resident's neck or body area, and there was little food on the resident's bed.</p> <p>On November 18, 2024, at 1:57 p.m., during an interview with the Administrator (ADM), the ADM stated the allegation of abuse by CNA 1 to Resident 1 was first reported to him by the Assistant Director of Nursing (ADON) on October 28, 2024, at 1:00 p.m. The ADM also stated he reported the allegation of abuse to CDPH on October 31, 2024. The ADM further stated he did not report to the state and should have reported it within the required time frame.</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>A review of the facility ' s policy and procedure titled, Resident Abuse-Preventing, Reporting, and Investigating, dated October 2022, indicated .All alleged violations of abuse .shall be reported to the Administrator of the facility .in accordance with State and Federal law through the following procedures: Upon any allegation of abuse the facility will-WITHIN 2 HOURS OF THE ALLEGATION: *Phone call to the Dept. of Public Health/Licensing .</p>		