

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Brookside Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Terracina Blvd. Redlands, CA 92373	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45240</p> <p>Based on interview and record review the facility failed to follow their policy and procedure to ensure call lights were answered in timely manner to provide care and services for three of three sampled residents (Resident 1,2, 3).</p> <p>This failure had the potential to place a clinically compromised Residents (Resident 1,2, 3) health and safety at risk. When resident's needs were not met in a timely manner.</p> <p>Findings:</p> <p>During review of Residents 1's (R1) Admission Record (general demographics), the document indicated R1 was admitted to the facility on [DATE], with diagnoses to include hemiplegia and hemiparesis (weakness/paralysis on one side of body), intracerebral hemorrhage (a ruptured vessel causes bleeding inside the brain), generalized muscle weakness (decrease in muscle strength), and aphasia (is a language disorder that makes it hard for you to read, write and say what you mean to say), hypertension (high blood pressure), and hyperlipidemia (abnormally high levels of lipids, or fats , in the blood).</p> <p>During interview with R1 on July 10, 2024, at 12:20 PM. R1 stated that most of the time, night shift never answers call lights, we wait between 1 to 2 hours.</p> <p>During review of Residents 2's (R2) Admission Record (general demographics), the document indicated R2 was admitted to the facility on [DATE], with diagnoses to include wedge compression fracture if 2nd Lumber Vertebrae (occurs when the bone actually collapses and the front part of the vertebral body forms a wedge shape), Cervical disc disorder with myelopathy (spinal cord injury caused severe compression), muscle weakness (decrease in muscle strength) spinal stenosis (spaces inside the bones of the spine get too small, Type 2 diabetes mellitus (body has trouble controlling blood sugar and using it for energy), Opioid dependence (unable to control the use of opioids), Quadriplegia (form of paralysis that affects all four limbs).</p> <p>During interview with R2 on July 10, 2024, at 12:35 PM, R2 stated Call lights can be a while, sometimes, I wait between 1 to 3 hours, and it is unacceptable. We shouldn't have to wait that long for someone to come and respond to the call.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During review of Residents 3's (R3) Admission Record (general demographics), the document indicated R3 was admitted to the facility on [DATE], with diagnoses to include traumatic subdural hemorrhage (results of severe head injury), chronic kidney disease, stage 3 (mild to moderate damage to the kidneys), hypertensive heart disease (heart conditions that can develop over many years in people with high blood pressure), type 2 diabetes mellitus (body has trouble controlling blood sugar and using it for energy), Cardiomyopathy (hard for the heart to pump blood).</p> <p>During interview with R3 on July 10, 2024, at 1:00 PM, R3 stated Call lights sometimes take a while, it can take up to 1 hour and mostly at night shift .</p> <p>During an interview on July 10, 2024, at 2:55 PM with the Director of Nursing (DON), DON stated that she has not had any complaints regarding call lights from the residents or family member.</p> <p>During a review of the facility's policy and procedure titled, Call light , the policy and procedure indicated, It is the policy of this facility to provide the resident a means of communication with nursing staff . 1. Answer the light/bell within a reasonable time.</p>