

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  7509 N Laurel Ave Fontana, CA 92336	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42615</p> <p>Based on interview and record review the facility failed to ensure one of four clinically compromised residents (Resident 1) was provided transportation for his dialysis treatment appointment.</p> <p>This failure had the potential to result in a delay of treatment that could adversely affect and further compromise Resident 1 ' s health.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s ADMISSION RECORD (general demographics) on May 23, 2024, the document indicated Resident 1 was originally admitted to the facility on [DATE], with diagnoses that include diabetes mellitus (a condition that affects the way the body process blood sugar), end stage renal dialysis (a condition that cause the kidney to cease working), hypertension (a condition with blood pressure that is higher than normal), congestive heart failure (a condition that occurs when the heart muscle does not pump blood as well as it should) and hyperparathyroidism (a condition where the thyroid does not create and release enough thyroid hormone into the bloodstream).</p> <p>A review on May 23, 2024, at 2:40 PM, of Resident 1 ' s document, titled, PHYSICIAN HISTORY &amp; PHYSICAL dated, 05/10/2024, indicated, . PAST MEDICAL HISTORY . History This is an [AGE] year-old male past medical history significant for end-stage renal disease on HD [(Hemodialysis) a way to clean the blood if the kidneys are no longer working properly] .</p> <p>During a review of the Physician Orders on May 23, 2023, the order dated May 10, 2024, indicated, DIALYSIS CENTER: DAVITA [NAME] RANCH ADDRESS &amp; CONTACT INFOR: 7223 CHURCH ST. UNIT A14 [NAME], CA 92346 (909) [PHONE NUMBER] DIALYSIS DAYS: T, TH, S (Tuesdays, Thursdays, Saturday) NEPHROLOGIST: DR. [NAME] TRANSPORTATION AND CONTACT INFO: [SPECIFY] SPECIAL INSTRUCTIONS: TIME 12:15 PM.</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review on May 23, 2024, at 2:40 pm, of Resident 1 ' s COC (Change of Condition)/INTERACT ASSESSMENT FORM (SBAR) (Situation Background Assessment Recommendation) v1.4 dated, May 9, 2024, indicated, 7:00 AM . Res (Resident) noted in bed ready for dialysis, with paperwork and sacks lunch. 12.00 PM CNA (Certified Nursing Assistant) notified charge nurse of transportation not arriving. Chains of command followed. Transportation was called. Transportation claims to not have known about routine scheduled pick up for resident. MD (Medical Director) notified, family aware. 1300 PM we were able to get in touch with dialysis center to reschedule extra chair time for resident for following day (5/10/24 @ (at) 7:15 AM. Transportation notified. MD notified, family made aware. Orders to monitor res for fluid overload r/t (related to) missed dialysis .</p> <p>During an interview May 23, 2024, at 4:25 PM, with the Director of Nursing (DON), the DON was asked about the missed dialysis treatment on May 9, 2024, for Resident 1. The DON stated, The resident should not have missed his dialysis treatment. She further stated, The staff should have called and notified the transportation services for pick up for dialysis, upon his return from the hospital.</p> <p>During a concurrent interview and review on May 23, 2024, at 4:25 PM, with the Administrator (Admin) the facility ' s policy and procedure (P&amp;P), titled, Transportation, Social Services, dated, December 2008, was reviewed. The P&amp;P indicated, Our facility shall help arrange transportation for residents as needed . 2). Social services will help the resident as needed to obtain transportation . The Admin stated, The staff did not follow the facility policy. The resident should not have missed his dialysis treatment on May 9, 2024. The Admin further stated, The staff should have called for transportation for dialysis treatment for the resident when he returned from the hospital.</p>		