

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 05/24/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615</p> <p>Based on interview and record review the facility failed to follow their policy when staff did not notify the physician and alternative physician promptly for a change of condition for one of four sampled residents (Resident 1).</p> <p>This failure had the potential to result in a delay of treatment for redness, swelling and tender to touch of the left foot of Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (general demographics) on May 22, 2024, the document indicated Resident 1 was last admitted to the facility on [DATE], with diagnosis that included type 2 diabetes mellitus (a condition of that occurs when the sugar in the blood is too high), osteoporosis (a condition that causes bones to become weak and more likely to break), hypertension, rheumatoid arthritis (a condition of joint swelling and pain), contracture of muscle left lower leg (a condition that occurs when the muscles, tendons, joints and tissues tighten or shorten).</p> <p>During a review on May 22, 2024, at 10:00 am, of Resident 1 ' s document, COC (Change of Condition)/INTERACT ASSESSMENT FORM (SBAR) (Situation Background Assessment Recommendation) v1.4 dated, May 14, 2024, at 11:47 am, the document indicated, .0900 alerted by cna (Certified Nursing Assistant) that pt is complaining of L. (left foot) pain. 0915 resident assessed. All vitals WNL (within normal limit) redness and swelling noted to L. foot tender to touch .0920 dr (Doctor) [Name of physician] notified, picture attached. No response . 1435 dr [Name of physician] updated, no response this shift. endorsing to next shift. daughter contacted and no response, message left .</p> <p>A review on May 22, 2024, at 10:00 am, of Resident 1 ' s Progress Notes, dated, May 14, 2024, at 9:47 pm, indicated, MD made aware of resident noted with edema and discoloration to left ankle and foot. MD order for CBC (complete blood count) AND XRAY TO LEFT FOOT AND ankle. Resident made aware .</p> <p>A review on May 22, 2024, at 10:00 am of Resident 1 ' s Progress Notes, dated, May 15, 2024, at 2:28 am, indicated, RECEIVED NEW ORDER FROM DR. [Name of physician]. MAY TRANSFER RESIDENT TO ACUTE HOSPITAL TO RULE OUT DVT (deep vein thrombosis) due to left leg swelling discoloration .</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on May 22, 2024, at 1:48 PM, with the Registered Nurse Supervisor (RNS), the RNS was asked about a change of condition of Resident 1. The RNS stated, Usually, we call to report to the physician immediately any change of condition and follow new orders if any. The RNS further stated, Usually, another call is made shortly to follow up with the physician if there is not an immediate response.</p> <p>A review of the facility ' s policy and procedure (P&P), titled, Change of Condition dated, March14, 2024, indicated, Purpose: TO ENSURE PROPER ASSESSMENT AND FOLLOW-THROUGH FOR ANY RESIDENT WITH A CHANGE OF CONDITION . CONTENT: A. ALL CHANGES OF CONDITION IN A RESIDENT SHALL BE HANDLED PROMPTLY . C. Upon a Change in Condition for any reason, nursing staff members are to take the following actions . b. PHYSICIAN SHALL BE CALLED PROMPTLY . If for some reason physician cannot be reached, alternative physician shall be contacted. If alternate cannot be reached, Medical Director is to be contacted. All contacts or attempt to contact shall be documented and include the correct time of the activity .</p> <p>During a concurrent interview and record review on May 22, 2024, at 1:55 PM, with the Administrator (Admin), the P & P titled, Change of Condition dated, March14, 2024, was reviewed. The Admin. acknowledged that nursing staff did not follow facility policy for promptly notifying the physician of a change in condition of Resident 1. The Admin. further stated, The staff should have called and notified an alternative physician or the Medical Director.</p>		