

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  11/14/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35314</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure the residents' fingernails were clean and trimmed for 2 (Resident #2 and Resident #136) of 3 sampled residents reviewed for activities of daily living (ADLs).</p> <p>Findings included:</p> <p>A facility policy titled, Activities of Daily Living (ADLs), Supporting, revised 03/2023, revealed, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. The policy specified, 2. Appropriate care and services will be provided for resident's who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a hygiene (bathing, dressing, grooming, and oral care.)</p> <p>1. An Admission Record revealed the facility admitted Resident #2 on 11/20/2007. According to the Admission Record, the resident had a medical history that included diagnoses of contracture of the right and left knee, personal history of transient ischemic attack, age-related osteoporosis, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and dementia.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/16/2024, revealed Resident #2 had a Staff Assessment for Mental Status (SAMS), which indicated the resident was severely impaired in cognitive skills for daily decision making. The MDS indicated that Resident #2 was dependent on staff for all ADLs.</p> <p>Resident #2's care plan, included a focus area initiated 11/27/2018, that indicated the resident required assistance with ADLs because of a history of dementia and cognitive impairment. Interventions directed staff to assist with grooming and trimming of the resident's fingernails.</p> <p>During an observation on 11/12/2024 at 8:19 AM, Resident #2's fingernails were black and curled under.</p> <p>During an interview on 11/13/2024 at 9:32 AM, Certified Nurse Aide (CNA) #1 stated the trimming of a resident's fingernails was done by the restorative nurse aide (RNA). CNA #1 stated Resident #2's fingernails needed to be trimmed and that she noticed this a few weeks ago. According to CNA #1, she told a nurse, but she did not remember who, and the nurse stated she would direct the RNA to trim the resident's fingernails.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/13/2024 at 9:47 AM, Registered Nurse (RN) #3 stated the aides were allowed to trim the fingernails of residents who were not diabetic or at risk for infection of complications.</p> <p>During a concurrent follow-up interview and observation on 11/13/2024 at 10:22 AM, RN #3 stated she was not notified that Resident #2 needed their fingernails trimmed. RN #3 observed Resident #2's fingernails and stated eight of the resident's 10 fingernails needed to be trimmed.</p> <p>During an observation on 11/13/2024 at 10:24 AM, RN #3 stated Resident #2's fingernail in the middle of their left hand was black, long, and curled over.</p> <p>2. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/28/2024, revealed the facility admitted Resident #136 on 10/23/2024. Per the MDS, the resident had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS indicated Resident #136 required partial/moderate assistance with personal hygiene. According to the MDS, the resident had active diagnoses to include other fracture, atrial fibrillation, hypertension, and abnormal posture,</p> <p>Resident #136's care plan, included a focus area initiated 10/26/2024, that indicated the resident required assistance with ADLs because of a history of displaced fracture of lateral malleolus of left fibula. Interventions directed staff to assist with grooming and trimming of the resident's fingernails.</p> <p>During an observation on 11/13/2024 at 10:06 AM, Resident #136's fingernails were long and black in color underneath.</p> <p>During an interview on 11/13/2024 at 10:07 AM, Resident #136 stated they would like to have their fingernails cut, but that has not happened for them.</p> <p>During an interview on 11/13/2024 at 9:47 AM, Registered Nurse (RN) #3 stated the aides were allowed to trim the fingernails of residents who were not diabetic or at risk for infection of complications.</p> <p>During a concurrent interview and observation on 11/13/2024 at 10:10 AM, Restorative Nurse Aide (RNA) #5 stated CNAs and RNAs could trim the fingernails of residents who were not diabetic. RNA #5 stated Resident #136's nails were long, dirty, and needed to be cut.</p> <p>During a concurrent follow-up interview and record review on 11/13/2024 at 10:15 AM, RNA #5 stated Resident #136 was a newly admitted resident and that was why their nails had not been cleaned or trimmed. RNA #5 reviewed Resident #136's medical record and stated the resident admitted to the facility on [DATE].</p> <p>During a concurrent follow-up interview and observation on 11/13/2024 at 10:22 AM, RN #3 stated Resident #136 had been in the facility for three weeks and the resident should have had their fingernails trimmed. RN #3 stated Resident #136's fingernails were dirty and needed to be trimmed. Per RN #3, seven of the resident's 10 fingernails need to be trimmed and had black/brown stains underneath the fingernails.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/14/2024 at 8:39 AM, the Director of Nursing stated she expected the residents' fingernails to be clean and trimmed.</p> <p>During an interview on 11/14/2024 at 9:26 AM, the Administrator stated the residents' fingernails should be checked daily and their fingernails should be trimmed and cleaned regularly.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>51682</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident's catheter was secured using a securement device for 1 (Resident #52) of 2 sampled residents reviewed for urinary catheters.</p> <p>Findings included:</p> <p>A facility policy titled, Catheter Care, Urinary, revised 08/2022, indicated 4. Ensure that the catheters remains secured with a securement device to reduce friction and movement at the insertion site.</p> <p>An Admission Record indicated the facility admitted Resident #52 on 07/22/2022. According to the Admission Record, the resident had a medical history that included diagnoses of chronic kidney disease, benign prostate hypertrophy with lower urinary symptoms, obstructive and reflex uropathy, and urinary tract infection.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/04/2024, revealed Resident #52 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS revealed Resident #52 had an indwelling catheter.</p> <p>Resident #52's Order Summary Report, which contained active orders as of 11/13/2024, revealed an order dated 09/07/2024, that directed staff to secure the resident's indwelling catheter tubing with anchor, every shift to minimize dislodgement of the catheter.</p> <p>During catheter care observation on 11/12/2024 at 11:07 AM, Resident #52's indwelling care was not secured with a securement device.</p> <p>During an interview on 11/12/2024 at 11:13 AM, Licensed Vocational Nurse (LVN) #6 stated a resident's securement device for an indwelling catheter should be checked daily. LVN #6 stated she did not know why Resident #52 did not have a securement device, but there should be one.</p> <p>During an interview on 11/12/2024 at 11:49 AM, the Director of Nursing (DON) stated a leg band or anchor device should be in place for all residents with a catheter to ensure the catheter was kept in place. According to the DON, nurses were to ensure the device was in place at all times.</p> <p>During an interview on 11/14/2024 at 9:48 AM, the Administrator stated he expected the nurse aides to verify a resident's securement device was in place every shift and notify the nurse if it was not, so that it could be replaced.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35314</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the kitchen refrigerator temperature was maintained at 40 degrees Fahrenheit (F) or lower. This deficient practice had the potential to affect all residents who received food from the kitchen.</p> <p>Findings included:</p> <p>An undated facility policy titled, Refrigerator/Freezer Storage revealed, 3. If temperatures are not within appropriate range, dietary staff will notify the dietary supervisor and / or Maintenance Supervisor and Administrator: Refrigerator Temperature 40 degrees F or lower.</p> <p>During an observation of the kitchen on 11/11/2024 at 8:35 AM, 8:43 AM, and 10:06 AM, the refrigerator temperature was noted as 45 degrees F.</p> <p>During a concurrent observation and interview on 11/11/2024 at 1:45 PM, the Dietary Supervisor (DS) checked the thermometer inside the refrigerator and stated the temperature was 45 degrees F. The DS stated a temperature reading of 45 degrees F could impact the food. The DS stated the temperature of the refrigerator should not be above 41 degrees F.</p> <p>During an observation on 11/11/2024 at 2:00 PM, the internal thermometer of the refrigerator temperature was listed as 49 degrees F.</p> <p>During an interview on 11/ 11/2024 at 2:45 PM, the Regional Dietician stated it was not okay for the refrigerator temperature to be 45 degrees F because dependent on how long it was 45 degrees F, it could cause a food-borne illness.</p> <p>During an interview on 11/14/2024 at 8:32 AM, the Director of Nursing (DON) stated she would not know the temperature, but expected staff to follow the food code regulations. The DON stated she believed that food should not be served if it was in the danger zone as bacteria loved heat.</p> <p>During an interview on 11/14/2024 at 9:31 AM, the Administrator stated the refrigerator temperature should be 41 degrees F or lower and acknowledged the facility policy indicated a temperature of 40 degrees of F or less. According to the Administrator, the refrigerator temperature should be maintained at 41 degrees F to ensure the prevention of food-borne illnesses.</p>		