

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Medical Center Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 467 E Gilbert St San Bernardino, CA 92404	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44841</p> <p>Based on observation, interview, and record review, the facility failed to ensure their restorative nursing services (RNS; also known as RNA program; nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible; generally initiated when a resident is discharged from formalized rehabilitation therapy) policies and procedures were being implemented for one of three residents reviewed for position and mobility (Resident 61) when Resident 61 was not placed on the RNS program after his Physical Therapy (PT- medical treatment that uses physical techniques to help people regain movement and function after an injury or disease) treatment was completed.</p> <p>This failure had the potential for Resident 61 to be at risk for falls, further decline in ambulation, and a loss of independence.</p> <p>Findings:</p> <p>During a review of Resident 61's health record, the Admission Record (which contains demographic and medical information) indicated that Resident 61 was admitted to the facility on [DATE], with diagnoses which included a history of amputation (when a limb or part of a limb that surgically removed) of the right great toe and type 2 diabetes mellitus (body does not use insulin effectively or does not produce enough insulin) with foot ulcer (open sore or wound on the foot that does not heal properly).</p> <p>During an observation on February 3, 2025, at 10:36 AM, Resident 61 was in his room, sitting on the edge of his bed. Resident 61 was wearing a Controlled Ankle Motion boot (CAM boot- orthopedic device designed to support and immobilize the foot and ankle) on his right foot.</p> <p>During a follow up observation and concurrent interview, with Resident 61, on February 6, 2025, at 12:30 PM, Resident 61 was able to stand from his wheelchair using a grab bar, which was built into the wall along the hallway. Resident 61 stated he has not been able to walk since the PT treatment was completed, and no one comes to walk with him anymore. He further stated he used to be able to walk using the grab bars on both sides in the therapy room with the assistance of the therapist. Resident 61 further stated I'm scared of falling if I try to walk alone because I have a sore on my right foot and I don't want to hurt my left leg.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 61's PT discharge summary, dated January 4, 2025, it indicated . Objective progress/functional comparison with goal . Patient will safely ambulate . for correct hand/foot placement . for maintaining WB [weigh bearing is Supporting your body weight on a limb, like standing or walking] .for correct use of AD [Assisted device is a tool or piece of equipment that helps people to walk] and for safety while turning . to reduce risk for loss of balance . Discharge (1/2/25 [January 2, 2025]). Distance level surface [ambulate] 40 feet . Tests/measures and outcome . Gait. 1. Mobility with assisted device but erratic [something that is unpredictable or inconsistent]/unsafe . D/C [discharged] location: Patient discharged to reside in this LTC [long term care] facility . Prognosis to maintain CLOF [Current Level of Function] = Good with consistent staff follow through . discharged Recommendation: Assisted device for safe functional mobility .</p> <p>During a concurrent interview and record review, with the Director of Nursing (DON), on February 6, 2025, at 12:55 PM, the DON reviewed Resident 61's health records and was not able to find documented evidence to indicate RNS was recommended for Resident 61 after his PT treatment was completed. The DON stated, I was not aware that the resident [Resident 61] PT was completed without the RNS program.</p> <p>During a concurrent interview and record review, with the Director of Rehab (DOR), on February 6, 2025, at 1:20 PM, the DOR reviewed the facility's policy and procedure (P&P) titled Restorative Nursing Services, dated revised July 2017, which indicated, Policy Statement. Residents will receive restorative nursing care as needed to help promote optimal safety and independence. Policy Interpretation and Implementation 1. Restorative nursing care consists of nursing interventions . 2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care. 3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care . The DOR stated she should have placed Resident 61 on the RNS program to maintain his ability to ambulate and ensure his safety during ambulation, but she did not. The DOR further stated the facility policy was not followed.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46917</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper management and disposal of expired medications was being implemented when:</p> <ol style="list-style-type: none"> 1. One expired bisacodyl (used to treat constipation- when a person cannot poop) suppository (solid form of medications that dissolve inside the body) was found in the medication storage room and was available for use. 2. One expired alginate dressing (absorbent wound care product) was found in the treatment cart and was available for use. <p>These failures had the potential for the dressing and medication to not be effective or safe for resident use in 71 highly susceptible medically compromised residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview, with Licensed Vocational Nurse (LVN 5), on February 2, 2025, at 10:37 AM, the medication storage room was inspected. One bisacodyl suppository dated January 2025 was found inside the medication refrigerator. (One month expired) LVN 5 confirmed it was expired and stated it should not have been available for use. 2. During a concurrent observation and interview, with LVN 4, on February 2, 2025, at 11:51 AM, the treatment cart (contains supplies for wound care) was inspected. On the top drawer of the cart, one alginate dressing was found dated April 2023. (One year and 10 months expired.) LVN 4 confirmed it was expired and stated it should not have been in the cart available for use. <p>During a concurrent interview and record review, with the Director of Nursing (DON), on February 6, 2025, at 11:16 AM, the facility's policy and procedure (P&P) titled, Disposal/Destruction of Expired or Discontinued Medications dated revised January 2015 was reviewed. The P&P indicated, . 4. Facility should place all discontinued or outdated medications in a designated, secure location which is solely for discontinued medications . 10. Facility should dispose of . outdated medications . The DON stated the policy was not followed.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>44841</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy to store food in a way that conserves nutritive value, flavor, and appearance, when cups of pudding, which were designated to be used during medication pass (process of delivering and administering medications to residents at scheduled times) were not accurately dated to reflect when it was prepared.</p> <p>This failure had the potential for staff to serve outdated pudding to residents, which could lead to dissatisfaction. (Each day, two residents receive pudding as a snack, while 68 residents potentially receive pudding during the medication pass.)</p> <p>Findings:</p> <p>During a concurrent observation and interview, with the Dietary Supervisor (DS), on February 3, 2025, at 8:05 AM, in the kitchen, a tray containing 18 cups of 4-ounce (oz- unit of measurement) servings of pudding was inside the kitchen refrigerator. A piece of paper taped on the tray indicated, 2/2/25 [February 2, 2025]. The individual cups of pudding were not dated. The DS explained the date on the tray indicates when an item was prepared or opened. She stated the cups of pudding were designated for medication pass by the nurses and would be labeled with today's date [February 3, 2025], as nurses preferred not to use pudding cups labeled with a previous date [February 2, 2025]. The DS acknowledged that proper practice required putting a date on the cups of pudding with the actual preparation date.</p> <p>During an observation on February 3, 2025, at 9:18 AM, three cups of pudding, dated 2/3 (February 3), was on top of each medication cart (a wheeled, mobile storage unit used in healthcare settings to safely transport and store medications) during medication pass.</p> <p>During an interview on February 3, 2025, at 2:45 PM, with the Director of Nursing (DON), the DON stated that when the nurses request the pudding to be dated with today's date, they were not referring to the actual date, instead they wanted to ensure the pudding was prepared on the same day so that it remained fresh for the medication pass. The DON explained that since the pudding was prepared by mixing milk, it can get spoiled over time.</p> <p>During further interview with the DON, on February 3, 2025, at 2:55 PM, the DON stated the date serves as an indication that the pudding was still fresh, as this prevents the growth of bacteria that could cause illness. The DON further stated that is why nurses preferred to serve freshly prepared pudding to maintain good quality for the residents during the medication pass.</p> <p>During a follow-up observation and interview on February 3, 2025, at 4:05 PM, with Licensed Vocational Nurse (LVN 1), one cup of pudding was on top of Station A's medication cart. It was kept inside a clear iced container and was dated 2/3 (February 3). LVN 1 stated that her understanding was the date on the pudding reflected the day it was made.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a follow-up observation and interview on February 3, 2025, at 4:05 PM, with LVN 2, one cup of pudding was on top of Station B's medication cart. It was kept inside a clear iced container and was dated 2/3 (February 3). LVN 2 stated that her understanding was the date on the pudding reflected the day it was made.</p> <p>During a follow-up observation and interview on February 3, 2025, at 4:05 PM, with LVN 3, one pudding cup was on top of medication cart station C. It was kept inside a clear iced container and was dated 2/3 (February 3). LVN 3 stated that her understanding was the date on the pudding reflected the day it was made.</p> <p>During an interview on February 3, 2025, at 4:25 PM, with the DS, the DS stated she did not prepare any pudding today (February 3, 2025). She further stated she had prepared the pudding on February 2, 2025, but placed today's date (February 3, 2025) on the cups of pudding to satisfy the nurses' preference, without considering the reasoning behind the nurse's request and being aware that the pudding was prepared by mixing it with milk. The DS further stated that she should date the pudding the same day as it was prepared.</p> <p>During a phone interview, on February 3, 2025, at 5:05 PM, with the Registered Dietitian (RD), the RD admitted it was the DS's mistake for dating the pudding with today's date instead of the date it was made. The RD explained the facility's practice was to date both the tray and individual pudding cups on the day it was prepared to ensure food safety and maintain good quality. The RD further stated proper dating was crucial to ensure the pudding was fresh and safe to eat, reducing the risk of spoilage and foodborne illness. The RD added the correct date for the pudding should have been February 2, 2025, but this was not done.</p> <p>During concurrent interview and record review, on February 3, 2025, at 5:20 PM, with the DON, the DON reviewed the facility's undated policy and procedure (P&P) titled, Labeling and Dating of Food, which indicated, Policy: All food items in the storeroom, refrigerator, and freezer need to be labeled and dated. Procedure: . All prepared food need to be covered, labeled and dated. Items can be dated individually or in bulk . if going to be used for meal service . The DON stated all prepared food needed to be labeled and dated but the food items prepared for meals had the option to date it in bulk. The DON further stated the facility did not follow the policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44841</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper and safe infection control practices were followed when:</p> <ol style="list-style-type: none"> 1. In the laundry room, two dryers were set below the facility policy requirement of 180 degrees Fahrenheit (F- unit of measurement), to comply with infection control, on February 5, 2025. 2. Resident 192's Intravenous (IV- flexible tube used to give fluids, medicine, or nutrients through a vein) tubing was not dated as per facility policy. <p>These failures had the potential to result in cross-contamination (the transfer of harmful bacteria) causing a preventable infection to 71 highly vulnerable residents whose health conditions are already compromised.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation on February 5, 2025, at 2:45 PM, with the Maintenance Director (MD), in the laundry room, the facility's two dryers were inspected. Both dryers were set to a medium setting (range of 140 F to 170 F). The temperature of each dryer was measured using an infrared thermometer (also known as a thermometer gun- handheld device that displays temperature readout after scanning portions of an object or area with a built-in laser), and it read 155 F for each dryer. On the bulletin board across from the dryers, there was an undated form titled Drying Guidelines pinned in both English and Spanish, which indicated . 3. Drying times are based on recommended drying capacity . <p>During an interview on February 5, 2025, at 2:50 PM, with the Laundry Staff (LS), the LS stated she only set the dryer to two settings: medium for sheets/pillowcases and polyester.</p> <p>During a review of an undated facility form titled Drying Guidelines, it indicated the following: .Items: Sheets/pillowcases. Heat Setting: Medium. Drying Time: 12-15 minutes. Cool Time: 2-4 minutes. Dry Time Temperature Range: 160 F - 170 F.</p> <p>Items: Table napery (100% polyester, 50/50 blend). Heat Setting: Medium. Drying Time: 8-12 minutes or 12-16 minutes. Cool Time: 2-4 minutes. Dry Time Temperature Range: 140 F - 160 F .</p> <p>During a concurrent interview and record review on February 5, 2025, at 3:30 PM, with the Administrator and the Infection Control Preventionist (ICP) Nurse, the facility's Policy and Procedure (P&P) titled Policy and Procedure on Water Temperature, dated revised December 2014, was reviewed. The P&P indicated, The facility ensures that the health and safety of the residents are taken care of . When it comes to the dryer, it should not be below 180 degrees Fahrenheit. In this way, infection control can be complied with . The Administrator stated the facility should have an updated system to ensure the laundry system follows the facility policy. The ICP Nurse confirmed that the policy was not followed to minimize the growth of harmful microorganisms.</p> <p>46917</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. During a review of Resident 192's Admission Record (contains medical and demographic information), it indicated Resident 192 was admitted to the facility on [DATE], with the diagnoses which included endocarditis (infection of the lining of the heart), weakness, and chronic obstructive pulmonary disease (COPD- chronic lung disease that makes it difficult to breathe).</p> <p>During an observation on February 3, 2025, at 9:29 AM, in Resident 192's room, Resident 192 was lying in bed while receiving an antibiotic (medications that inhibit germs) IV medication. The IV tubing was inspected. It did not have a label.</p> <p>During a follow-up observation and concurrent interview on February 3, 2025, at 9:37 AM, in Resident 192's room, with Registered Nurse (RN 1), RN 1 confirmed there was no date on Resident 192's IV antibiotic tubing. RN 1 further stated she missed it.</p> <p>During a concurrent interview and record review on February 6, 2025, at 11:15 AM, with the Director of Nursing (DON), the facility's undated P&P titled, Policy and Procedures for I.V. was reviewed. The P&P indicated, .III. Basic Procedures .12. Apply the appropriate label to the set, including a). Date b). Time c). Nurse's initials . The DON stated the policy was not followed.</p>