

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER University Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2278 Nice Street Mentone, CA 92359	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</p> <p>Based on observation, interview, and record review, the facility failed to adhere to its safety and supervision of resident ' s policy when one of the three sampled residents (Resident 1) left the facility without the staff ' s knowledge.</p> <p>This failure resulted in Resident 1 eloping for a duration of approximately 6 hours and traveling a distance of about 17 miles away from the facility, posing a potential safety risk to the clinically compromised resident (Resident 1).</p> <p>Findings:</p> <p>During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted on [DATE] with a diagnosis that included unspecified dementia (a general term for a group of symptoms that affect a person ' s ability to think, remember, and reason, and can interfere with their daily life), Alzheimer ' s disease (a general term for memory loss and other cognitive abilities serious enough to interfere with daily life).</p> <p>During a review of the clinical record for Resident 1 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated 7/05/2024, indicated, Resident 1 ' s score was a 4 which indicated Resident 1 had severe cognitive impairment.</p> <p>During an interview on 9/25/2024, at 11:00 a.m. with Assistant Director of Nursing (ADON) 1, ADON 1 mentioned that Resident 1 left the facility unnoticed by the staff around lunchtime and was located approximately 17 miles away at 4:30 PM on the same day.</p> <p>During a review of the facility documented titled 5 Day Look Back/Follow-up, dated 9/16/2024, the document indicated Resident 1 was reported missing from the facility around lunchtime and was later found at an acute general hospital at 4:30 PM. Upon further review, it was revealed that Resident 1 was interviewed regarding the incident. According to Resident 1, she travelled to her previous residence by taking the bus.</p> <p>During a telephone interview on 10/03/2024, at 9:59 a.m. with the Director of Nursing (DON) 1, DON 1 indicated Resident 1 went missing on 9/16/2024, approximately around lunch time, without any of the staff noticing. Upon expressing concern that the facility ' s safety and supervision policy for residents was not followed, DON 1 did not provide a specific response.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the undated facility provided policy and procedure (P&P) titled, Safety and Supervision of Residents, the P&P indicated, Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident 's assessed needs and identified hazards in the environment.</p>		