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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555134 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/05/2024 |
| NAME OF PROVIDER OR SUPPLIER Mount Miguel Covenant Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 325 Kempton St. Spring Valley, CA 91977 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49330</p> <p>Based on observation, interview, and record the review the facility failed to revise the comprehensive care plan for one of 3 residents (Resident 1) reviewed for falls.</p> <p>This failure had the potential to result in Resident 1 ' s not attaining their highest practicable well-being.</p> <p>Findings:</p> <p>According to the Admission Record, Resident 1 was admitted on [DATE] with diagnoses which included cerebral palsy (a disorder that affects body movement and muscle coordination) and generalized muscle weakness.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, an assessment tool), dated 6/1/24, the MDS indicated, The ability to transfer to and from a bed to a chair (or wheelchair) .Partial/moderate assistance-Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort .</p> <p>A review of Resident 1 ' s Clinical Notes, dated 4/28/24 at 10:57 P.M. indicated, Resident 1 had .an Assisted/Witnessed fall on 4/14/24 at 14:30 (2:30) pm . The Clinical Note further indicated, Care plan was updated: Remind staff to follow care plan and care guide kiosk: Use of hoyer lift (a machine used to transfer patients from one place to another) when transferring patient to prevent further fall incidents if patient is weak/sleepy/tired. Use hoyer lift (transfers) or Easy stand (using the toilet) for transfer if patient is weak/sleepy/tired. Remind staff to check care guide kiosk for resident to know her transfer capacity .</p> <p>A review of Resident 1 ' s Clinical Notes, dated 8/22/24 at 7:21 P.M. indicated, (Resident 1) had an Assisted/Witnessed fall on 8/19/24 at 9:30 PM . The note further indicated, (Resident 1) has similar incident [sic] in the past where .both legs/knees buckles/give out during transfers . (Resident 1) had previous history of falls . The DON stated Resident 1's care plan should have been updated with new interventions. There was no documented evidence Resident 1 ' s care plan for falls was revised or updated.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 9/5/24 at 12:24 P.M., a joint interview and record review was conducted with the Director of Nursing (DON). The DON stated there was no new care plan intervention implemented after Resident 1 ' s fall on 8/19/24. The DON stated There ' s nothing new written as far as interventions . The DON stated care plans were important because .if something happens (to a resident), that is your guide moving forward to prevent the incident from happening again .for safety .</p> <p>A review of the facility ' s policy titled Care Plans, Comprehensive Person-Centered, revised March 2022, indicated, .Assessments of residents are ongoing and care plans are revised as information about the residents and the residents ' conditions change .The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident ' s condition; b. when the desired outcome is not met .</p> | | |