

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Highland Springs Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1441 Michigan Avenue Beaumont, CA 92223	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure two of eleven sampled residents' (Resident 4 and Resident 5) call lights were within reach.</p> <p>This failure has the potential for Resident 4 and Resident 5 to have unmet needs due to inability to be able to call for assistance.</p> <p>Findings:</p> <p>On August 22, 2024, at 11:20 a.m., an unannounced visit to the facility was conducted for the investigation of two Facility Reported Incidents and one complaint.</p> <p>On August 22, 2024, at 12:48 p.m., a concurrent observation and interview was conducted with Resident 4. Resident 4 was sitting on the right side of her bed in her wheelchair. Resident 4 ' s call light was hanging above the right side of the head of the bed. Resident 4 stated she needed help to be changed and was not able to call for help. Resident 4 stated she was unable to reach her call light.</p> <p>On August 22, 2024, at 12:59 p.m., observed Resident 5 sitting in her wheelchair on the right side of the foot of Resident 4 ' s bed. Resident 5 ' s call light was sitting in the center of the bed, out of her reach.</p> <p>On August 22, 2024, at 12:59 p.m., an interview was attempted with Resident 5. Resident 5 was unable to answer questions.</p> <p>On August 22, 2024, at 1:05 p.m. an interview was conducted with the Certified Nursing Assistant (CNA). The CNA stated that while residents are sitting in their rooms in a wheelchair their call lights should be within reach. The CNA stated Resident 4 and Resident 5 were unable to reach their call lights.</p> <p>A review of Resident 4 ' s medical records indicated she was admitted on [DATE], with diagnoses of diabetes mellitus type 2 (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), osteoarthritis (a progressive disorder of the joints caused by gradual loss of cartilage and resulting in the development of bony spurs and cysts at the margins of the joints), and peripheral vascular disease (condition in which arteries outside the heart become narrowed or blocked).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555135
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 4 ' s History and Physical dated November 17, 2023, indicated she had fluctuating capacity to make decisions.</p> <p>A review of Resident 4 ' s Care Plan revised December 27, 2022, indicated Focus: Resident has self care deficits: Extensive assistance . related to . muscular weakness, poor balance, poor safety awareness, unsteady gait .Interventions . Call light within reach and attend needs promptly .</p> <p>A review of Resident 5 ' s medical record indicated she was admitted on [DATE], with diagnoses of dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning), diabetes mellitus type 2, major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (a chronic condition characterized by an excessive and persistent sense of apprehension), and history of falling.</p> <p>A review of Resident 5 ' s History and Physical dated May 17, 2024, indicated she could not make decisions.</p> <p>A review of Resident 5 ' s Care Plan dated July 11, 2024, indicated Focus . Resident has self care deficits: Extensive assistance . related to: cognitive deficits, communication deficits, muscular weakness, poor balance, poor safety awareness, unsteady gait . intervention Call light within reach and attend needs promptly .</p> <p>A review of the facility ' s policy and procedure titled Call Lights dated September 2022, indicated .1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities, and from the floor .</p>		