STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555135	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Springs Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure, for one of four residents reviewed (Resident 1), was free from injury from an unwitnessed fall, when Resident 1's bed alarm was not responded to timely.This failure has the potential to place Resident 1 at risk for further falls.Findings:On April 20, 2026, at 11:03 a.m., an unannounced visit to the facility to investigate quality of care issue.On April 20, 2026, during a review of Resident 1's medical records indicated the resident was originally admitted to the facility on [DATE], discharged on April 5, 2026, and readmitted on [DATE], with diagnoses of displaced fracture of base of neck of left femur, (broken hip bone), type 2 diabetes, (abnormal blood sugar), atrial fibrillation (irregular heart beat), 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), and benign prostatic hyperplasia, (BPH - enlargement of the prostate gland).A review of Resident 1's History and Physical, dated April 11, 2026, indicated resident could not make decisions.A review of Resident 1's Progress Notes, dated April 5, 2026, at 4:30 a.m., indicated At around 0420 am (a.m.) today I heard alarm went on to room [room number] , I ran to check it out but its (sic) too late already, I found resident laying on the bathroom door, (sic) I found resident laying on his left side facing to his bed with head on the floor and resident is leaning to his left arm and left lower extremities, I called for help to the staff to help resident back to bed with head supported, I asked the resident what was his trying to do, resident stated that he went to the bathroom and on the way back to his bed, he lost his balance and end up on the floor. Body assessment initiated, no injury observed upon assessment, resident can move both upper and lower extremities, I ask resident if he got some (sic) pain, resident stated he got (sic) pain on his left leg, 5/10, pain medication given to the resident but resident refused to take it, attempt (sic) three times but resident keep pushing my hand, risk and benefits explained. All vitals obtained and recorded, no respiratory distress observed upon assessment, normal breathing noted. MD made aware. Made aware the family, spoke with [name of family member] at around 0453 am. Notify the family that we will transfer resident to [name of hospital] as soon as the transportation arrive and that we will notify her for the outcome. We will put resident on 72 hours monitoring for the un-witnessed fall with neuro check for 72 hours as well. Will endorse to morning nurse and to RN supervisor.A review of Resident 1's IDT (Interdisciplinary Team - a group of healthcare professional) - Narrative., dated April 6, 2026, at 2:15 p.m., indicated, .IDT met and discussed resident fall on 4/5/26 (April 5, 2026) @ (at) 420H (4:20 a.m.).Resident requires set up assist with sit to stand, supervision during bed mobility and toilet transfer.Frequently incontinent in bowel and bladder elimination.with impulsive behavior of getting unassisted, resistive to care.IDT recommends to move patient closer to the nurses (sic) station.place bed at its lowest position, whellchair and bed alarm to alert staff during unassisted getting up.bilateral floor mats.toileting plan - anticipate toileting need upon waking up and as needed. A review of Resident 1's Progress Notes dated April 5, 2026, at 8 a.m., indicated Resident was picked up at approx. (approximately) 0745am (sic) and transferred to [name of hospital] via gurney by [name of transportation company] accompanied by 2 EMTs [emergency medical (continued on next page)

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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