

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/17/2024
NAME OF PROVIDER OR SUPPLIER  Knolls West Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  16890 Green Tree Blvd Victorville, CA 92395	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45240</b></p> <p>Based on observation, interview and record review, facility failed to follow their policy by not following physician ' s order to provide physical therapy five times a week for one of three sampled residents (Resident 1).</p> <p>This failure had the potential to cause contractures (a condition of shortening and hardening of muscles, tendons, or other tissues, often leading to deformity and rigidity of joints) and decreased mobility to Resident 1, by negatively affecting his physical health, mental and psychosocial well-being.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (general demographics), the document indicated Resident 1 was last admitted to the facility on [DATE], with diagnoses that included, wedge compression fracture of first lumbar vertebra (fracture occurs when the actually collapses to the front part of the vertebra and form a wedge shape), polyneuropathy( damage to multiple nerves outside of the brain and affects several nerve in different parts of the body at the same time), hypertension ( High blood pressure), acute on chronic systolic congestive heart failure (Is a type of heart failure that occurs when a patient has active symptoms of heart failure that develops on top of a long term condition), hyperlipidemia (high levels of fat particles in the blood), cardiomegaly (enlarge heart), chronic pulmonary edema ( a condition where fluid builds up in the lungs over time and making it difficult to breath), myocardial infarction, type 2 ( a heart attack caused by imbalance between the heart muscle oxygen supply and demand without the presence of a ruptured atherosclerotic plaque), major depressive disorder ( loss of interest in activities, causing significant impairment in daily life).</p> <p>During a concurrent record review of service matrix log and interview on December 18, 2024, at 12:45 PM with the Physical Therapy Director (PT 1), when asked about Resident 1 ' s frequency of physical therapy services, PT 1 stated, Physical therapy was ordered five times a week and according to our service matrix log, we are doing it only 3 times per week and some are 4 times per week . It is primarily due to staff calling in sick. When HFEN asked PT1 if that was an acceptable practice, PT 1 stated it is not acceptable.</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 record review of physician ' s phone order dated August 15, 2024, at 6:18PM on December 18,2024 at 1:20PM, it stated Physical Therapy Clarification Order: PT Eval and Tx. See patient QD 5x/wk. X 4 wks. Tx. Approaches may include: TherEX, Ther/Acts, NMRE, Gait training, Manual PT. Orthotic training, Group TherActs, Wheelchair mobility training and modalities as needed.</p> <p>During a phone interview on December 22, 2024, at 2:35 PM with the Administrator (ADM), ADM stated Physical therapy should be performed per physician ' s order. If the order states 5 times a week, then it should be done 5 times per week.</p> <p>During a concurrent record review and interview on December 22, 2024, at 2: 40 PM with the ADM, the facility ' s policy, and procedure (P&amp;P) titled, Physician ' s Orders dated October 2014 was reviewed. The P&amp;P indicated, It shall be this facility ' s policy to provide care and services to the resident in accordance with physician orders .1. All aspect of resident ' s care, including but not limited to the following shall only be provided if ordered by the physician: Rehabilitation Services.</p> <p>During a concurrent record review and interview on December 22,2024 at 2:42PM with the ADM, the facility ' s P&amp;P titled, Medication and Treatment Administration dated October 2014 was reviewed. The P&amp;P indicated, It is the policy of this facility to administer medication or treatment, upon order of a person lawfully authorized to give such orders, and within the scope of professional standards of practice .2. Medications and Treatments shall be administered as prescribed</p>		