

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 01/23/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45240</p> <p>Based on interview and record review, the facility failed to ensure proper care was provided to prevent a pressure ulcer/injury (injury to skin/tissue from prolonged pressure on the skin) for one of three sampled residents (Resident 1).</p> <p>This failure resulted on resident 1 acquired pressure ulcer to coccyx left and right buttocks (lower back/spine) developed while in the facility.</p> <p>Findings:</p> <p>During review of Residents 1 ' s Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included metabolic encephalopathy (problem in brain caused by chemical imbalance in blood), down syndrome (a genetic disorder causing developmental and intellectual delays), sepsis (a life threatening complication of an infection), osteomyelitis of right hand (bone infection) and cellulitis of right finger (bacterial skin infection).</p> <p>During a concurrent interview and record review of Resident 1 ' s clinical records with Treatment Nurse 1 on January 6, 2025, at 2:30 PM, the Treatment Nurse 1 reviewed and verified the following:</p> <ol style="list-style-type: none"> 1. Comprehensive Admission Skin assessment dated [DATE], at 7:20 PM, the assessment indicated, Body parts: Coccyx area Clear. 2. Braden Scale (a tool use for predicting pressure sore risk) dated September 18, 2024, at 11:15 PM, it indicated Resident 1 ' score was 18 - Low Risk (Score of 15-18 Low Risk). 3. Nursing Notes dated November 8, 2024, at 3:00 PM stated Resident 1 placed on COC (Change of Condition) for redness on left and right buttocks. Doctor notified. New treatment orders noted and carried out. 4. Physician Wound Progress Notes, dated November 11, 2024, indicated, Site 1: Right Buttock - Stage 2 Pressure Ulcer. Size: 1.7cm X 1.2 cm X 0.1cm. Site 2: Left Buttock- Stage 2 Pressure Ulcer. Size: 1.0 cm X 0.7 cm X 0.1 cm. 5. Physician Wound Progress Notes, dated November 18, 2024, indicated, Site 1: Right Buttock- RESOLVED. Site 2: Left Buttock Pressure Ulcer, Size: 1.2cm X 1.5cm X 0.1 cm. <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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. Physician Wound Progress Notes, dated November 25, 2024, indicated, Site 1: RESOLVED. Site 2: Left Buttock Pressure Ulcer, Size 4.1cm X 4.0 cm X 0.2cm.</p> <p>Treatment nurse 1 stated We already had a wound doctor to see the resident when it was only at Stage 1. After the wound developed on November 11, 2024, the Low air flow mattress was also put into placed.</p> <p>During a review of the facility ' s policy and procedure on January 6, 2025 at 3:00 PM titled, Pressure Ulcers revised August 22, 2017, the policy and procedure indicated: In accordance with state and federal regulations, the facility shall ensure that a) A resident who enters the facility without pressure ulcers does not develop pressure ulcers, unless such resident ' s clinical conditions places him/her at a high risk to develop pressure ulcers, hence determining that the development of pressure ulcer is unavoidable.</p>