

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 05/23/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>37683</p> <p>Based on record reviews, document review, and interviews, the facility failed to ensure timely completion of comprehensive Minimum Data Set (MDS) assessments for 3 (Residents #16, #69, and #79) of 8 sampled residents reviewed for resident assessments.</p> <p>Findings included:</p> <p>A facility policy titled, MDS Completion and Submission Timeframes, revised in January 2022, revealed, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. Per the policy, 2. Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.</p> <p>The Centers for Medicare & Medicaid Services (CMS)'s Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, revealed The Annual assessment is a comprehensive assessment for a resident that must be completed on an annual basis unless an SCSA [significant change in status assessment] or an SCPA [significant correction to prior assessment] has been completed since the most recent comprehensive assessment was completed. Per the manual, The MDS completion date must be no later than 14 days after the ARD [assessment reference date]. This date may be earlier than or the same as the CAA(s) [care area assessment] completion date, but not later than.</p> <p>1. An Admission Record revealed the facility admitted Resident #16 on 04/20/2022.</p> <p>Resident #16's annual MDS, with an ARD of 03/25/2024, revealed the MDS was not signed as being completed.</p> <p>2. An Admission Record revealed the facility admitted Resident #69 on 12/03/2023.</p> <p>Resident #69's annual MDS, with an ARD of 04/11/2024, revealed the MDS was not signed as being completed.</p> <p>3. An Admission Record revealed the facility admitted Resident #79 on 04/22/2022.</p> <p>Resident #79's annual MDS, with an ARD of 04/16/2024, revealed the MDS was not signed as being completed.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/22/2024 at 8:02 AM, MDS Coordinator #2 stated it was the responsibility of the MDS staff to ensure the MDS assessments were completed; however, the Director of Nursing (DON) signed the MDS assessment to indicate their completion. MDS Coordinator #2 acknowledged that Residents #16, #69, and #79 annual MDS assessments had not been signed as completed and were overdue.</p> <p>During an interview on 05/23/2024 at 8:21 AM, the DON stated she signed the MDS assessments to indicate they were complete. The DON stated she was aware that there were some late MDS assessments.</p> <p>During an interview on 05/23/2024 at 8:49 AM, the Administrator stated he deferred all questions related to MDS assessments to nursing. Per the Administrator, the nurses were responsible, but ultimately the DON was responsible for signing the MDS to indicate the assessments were complete.</p> <p>During an interview on 05/23/2024 at 9:54 AM, MDS Coordinator #3 confirmed there were late MDS assessments as they had not been signed by the DON. MDS Coordinator stated she did not know what happened, and explained the MDS assessments just did not get signed.</p>

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>37683</p> <p>Based on record reviews, document review, and interviews, the facility failed to ensure timely completion of quarterly Minimum Data Set (MDS) assessments for 3 (Residents #58, #96, and #109) of 8 sampled residents reviewed for resident assessments.</p> <p>Findings included:</p> <p>A facility policy titled, MDS Completion and Submission Timeframes, revised in January 2022, revealed, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. Per the policy, 2. Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.</p> <p>The Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2023, revealed The Quarterly assessment is an OBRA [Omnibus Budget Reconciliation Act] non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous OBRA assessment of any type. It is used to track a resident's status between comprehensive assessment to ensure critical indicators of gradual change in a resident's status are monitored. Per the manual, The MDS completion date must be no later than 14 days after the ARD [assessment reference date].</p> <p>1. An Admission Record revealed the facility admitted Resident #58 on 10/15/2020.</p> <p>Resident #58's quarterly MDS, with an ARD of 04/09/2024, revealed the MDS was not signed as being completed.</p> <p>2. An Admission Record revealed the facility admitted Resident #96 on 06/27/2023.</p> <p>Resident #96's quarterly MDS, with an ARD of 03/26/2024, revealed the MDS was not signed as being completed.</p> <p>3. An Admission Record revealed the facility admitted Resident #109 on 12/28/2023.</p> <p>Resident #109's quarterly MDS, with an ARD of 03/28/2024, revealed the MDS was not signed as being completed.</p> <p>During an interview on 05/22/2024 at 8:02 AM, MDS Coordinator #2 stated it was the responsibility of the MDS staff to ensure the MDS assessments were completed; however, the Director of Nursing (DON) signed the MDS assessment to indicate their completion. MDS Coordinator #2 acknowledged that Residents #58, #96, and #109 quarterly MDS assessments had not been signed as completed and were overdue.</p> <p>During an interview on 05/23/2024 at 8:21 AM, the DON stated she signed the MDS assessments to indicate they were complete. The DON stated she was aware that there were some late MDS assessments.</p> <p>(continued on next page)</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/23/2024 at 8:49 AM, the Administrator stated he deferred all questions related to MDS assessments to nursing. Per the Administrator, the nurses were responsible, but ultimately the DON was responsible for signing the MDS to indicate the assessments were complete.</p> <p>During an interview on 05/23/2024 at 9:54 AM, MDS Coordinator #3 confirmed there were late MDS assessments as they had not been signed by the DON. MDS Coordinator stated she did not know what happened, and explained the MDS assessments just did not get signed.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>46133</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to change oxygen tubing weekly as ordered by the physician and store respiratory equipment when not in use as directed by the facility's policy for 1 (Resident #188) of 1 sampled resident reviewed for respiratory care.</p> <p>Findings included:</p> <p>A facility policy titled, Policy and Procedures on Oxygen Therapy, dated August 2017, revealed, 8. When not in use, nasal cannula shall be placed and secured in a clean plastic bag to avoid contamination.</p> <p>An Admission Record revealed the facility readmitted the resident on 03/22/2024, with diagnoses to include chronic obstructive pulmonary disease (COPD), heart failure, and pleural effusion (fluid build-up around the lungs).</p> <p>A 5-day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/29/2024, revealed Resident #188 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident used oxygen therapy.</p> <p>Resident #188's care plan, initiated on 03/25/2024, revealed the resident used oxygen for shortness of breath and a potential for respiratory distress related to a diagnosis of COPD.</p> <p>Resident #188's Order Summary Report, with active orders as of 05/22/2024, revealed an order dated 03/22/2024, that directed staff to change the nasal cannula/mask every seven days and as needed when soiled and change oxygen tubing every week on every day shift on Fridays and as needed. The resident also had an order dated 03/23/2024, that specified the resident may use CPAP from home.</p> <p>During a concurrent observation and interview on 05/20/2024 at 10:08 AM, the surveyor noted Resident #188's CPAP mask was uncovered on the floor beside the resident's bed and the resident's oxygen tubing had a date on it of 05/17/2024. Resident #188 stated they wore the CPAP mask at night.</p> <p>During an interview on 05/21/1024 at 3:23 PM, the Infection Preventionist stated the staff placed CPAP masks in bags when the masks were not in use.</p> <p>During an observation on 05/21/2024 at 3:27 PM, Resident #188 was not present in their room; however, the resident's nasal cannula was uncovered and lying on top of a disposable pad on the resident's bed. The nasal prongs of the cannula were exposed and touched the resident's mattress pad. The resident's oxygen tubing was noted to have a date on it of 05/17/2024.</p> <p>During an observation on 05/22/2024 at 7:21 AM, Resident #188's CPAP mask was uncovered and hung on the side of the resident's bed.</p> <p>During an interview on 05/22/2024 at 8:20 AM, Certified Nursing Assistant (CNA) #7 stated a resident's nasal cannula should be stored in a plastic bag when not in use.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/22/2024 at 8:36 AM, License Vocational Nurse (LVN) #9 stated when a resident's CPAP mask and nasal cannula were not being used, they should be stored in a bag. LVN #9 stated nasal cannula tubing should be changed every Friday.</p> <p>During a follow-up interview on 05/22/2024 at 8:55 AM, the IP stated both masks and tubing should be stored in a bag when not in use. The IP stated a resident's nasal cannula tubing should be changed every Friday and as needed. According to the IP, all CNAs, LVNs, and respiratory therapy staff are responsible to ensure masks and tubing are stored properly.</p> <p>During an interview on 05/23/2024 at 8:12 AM, the Director of Nursing (DON) stated nasal cannula tubing was changed weekly on Fridays and as needed. The DON stated a resident's nasal cannula and mask should be stored in a bag when not in use. Per the DON, the Respiratory Therapist was responsible for the daily cleaning of the masks and nasal cannula.</p> <p>During an interview on 05/23/2024 at 8:27 AM, the Administrator stated he expected weekly changes of a resident's nasal cannula. Per the Administrator, the nasal cannula should also be changed when they become dirty. According to the Administrator, a nasal cannula and mask should be stored in a plastic bag when not in use. The Administrator stated he deferred to the nursing department for any answers regarding oxygen equipment.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>31524</p> <p>Based on interviews, record review, and facility policy review, the facility failed to indicate the duration of an as-needed anti-anxiety medication for 1 (Resident #20) of 5 sampled residents reviewed for unnecessary medications.</p> <p>Findings included:</p> <p>A facility policy titled, Policy and Procedure on Psychotropic Medications, dated October 2014, revealed, The facility shall use a psychotherapeutic drug or chemical restraint on residents only as part of a plan to eliminate or modify symptoms for which the drug is prescribed, and only on the written order of a physician that specifies the duration of the use of the medication and the circumstances under which the medication is to be used and only if the resident, or his/her surrogate decision maker has given consent to the use of the medication Per the policy, 4. When a decision is reached and made by the interdisciplinary team and the physician that the resident needs the psychotropic medication/chemical restraint, a written physician's order that specifies the duration of the use of the medication and the circumstances under which medication is to be used shall be obtained.</p> <p>An Admission Record revealed the facility admitted Resident #20 on 12/14/2023, with diagnoses that included major depressive disorder and anxiety.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/14/2024, revealed Resident #20 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident had not received an anti-anxiety medication in the last seven days of the assessment period.</p> <p>Resident #20's care plan, with an initiated date of 12/18/2023, revealed the resident had periods of anxiety manifested by an inability to relax and Xanax medication use. Interventions directed staff to administer medications as ordered, to monitor and record episodes of behavior per their psychotropic policy, and for the pharmacist to review the drug regime monthly.</p> <p>Resident #20's Order Summary Report, with active orders as of 05/22/2024, revealed an order dated 02/29/2024, for Xanax oral tablet 0.5 milligram, give one tablet by mouth for anxiety manifested by the inability to relax twice a day as needed.</p> <p>During an interview on 05/22/2024 at 9:45 AM, the Pharmacist stated he always asked facilities to keep the duration of as needed psychotropics to 14 days and then the physician needed to re-evaluate the need for the medication. The Pharmacist stated as needed order for Xanax needed to include an end date so the physician could then re-evaluate the resident for continued use.</p> <p>During an interview on 05/23/2024 at 8:04 AM, the Director of Nursing (DON) stated the use of as needed psychotropic medications was limited to 14 days and needed to be re-evaluated by the physician for continued use. The DON stated she did not know why Resident #20 had an as needed Xanax order.</p> <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/23/2024 at 8:14 AM, the Administrator stated he deferred to nursing on as needed psychotropic use in the facility.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37683</p> <p>Based on observation, interviews, and facility policy review, the facility failed to properly store and date foods items in 1 (Unit 1 and Unit 2) of 2 nourishment refrigerators in the facility.</p> <p>Findings included:</p> <p>A facility policy titled, Foods Brought by Family and Visitors / Food Storage, revised in January 2022, revealed, 5. Family and other visitors can bring food to be consumed by the resident. a. Non-perishable foods and food appropriate to store at room temperature will be stored in resident room in re-sealable containers. These foods will be discarded on or before the use by' date. If no, use by date is provided, item will be labeled with a use by date 3 days from when the item was received. b. Perishable foods from outside must be consumed, discarded or taken home with visitors on same day the food is brought. Refrigeration is not available for resident's food/leftovers. Intact family prepared meals are okay to be stored for 3 days. c. Intact fresh fruit may be stored unsealed.</p> <p>During an observation of the Unit 1 and Unit 2 nourishment refrigerator on 05/22/2024 at 9:45 AM, the surveyor observed a stack of three to four cold pizza in a resealable bag labeled for Resident #16 and dated 05/09/2024, an undated resealable container of prunes with a resident's room number on it, two pears in an undated resealable plastic bag with a resident's room number on it, and an unlabeled and undated container of sprouts. There was sign on the outside of the refrigerator that specified resident food items must be discarded within three days.</p> <p>During an interview on 05/22/2024 at 9:47 AM, Licensed Vocational Nurse (LVN) #4 stated food items in the refrigerator were labeled and dated by whomever placed the food item in the refrigerator. Per LVN #4, food items were kept in the refrigerator for only two to three days. Per LPVN #4, the housekeeping staff was responsible for cleaning of the nourishment refrigerators.</p> <p>During a concurrent observation and interview on 05/22/2024 at 9:58 AM, Housekeeper #5 stated the housekeeping staff checked the nourishment refrigerators daily, and cleaned them every Sunday. Housekeeper #5 stated food was only supposed to be in the refrigerator for three days before it was discarded. Housekeeper #5 confirmed the presence of pizzas in a Ziploc bag dated 05/09/2024, an undated container of prunes, an undated and unlabeled container of sprouts, and an undated Ziploc bag of pears in the Unit 1 and Unit 2 nourishment refrigerator. According to Housekeeper #5, there was no way to know how long the undated food items had been in the nourishment refrigerator.</p> <p>During an interview on 05/22/2024 at 10:14 AM, Certified Nursing Assistant #6 stated items placed in the refrigerator should be labeled and dated.</p> <p>During an interview on 05/22/2024 at 2:15 PM, the Housekeeping Supervisor stated the nursing staff labeled and dated food items in the nourishment refrigerator and the housekeeping staff maintained the cleanliness of the nourishment refrigerators. According to the Housekeeping Supervisor, the housekeeping staff was supposed to check the nourishment refrigerators in the morning and discard items within three days. According to the Housekeeping Supervisor, someone must have forgotten to check the refrigerator and discard the items.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/23/2024 at 8:21 AM, the Director of Nursing (DON) stated housekeeping was responsible for cleaning the nourishment refrigerators. Per the DON, food items should be discarded after 72 hours, unless the items was unopened. According to the DON, the nursing staff was responsible for ensuring food items in the nourishment refrigerator are labeled and dated.</p> <p>During an interview on 05/23/2024 at 8:49 AM, the Administrator stated he did not know who maintained the nourishment refrigerators, who was responsible for labeling and dating the food items, or how long leftover food could be left in the refrigerator before being discarded.</p>