

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5800 West Wilson Street Banning, CA 92220	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on interview and record review, the facility failed for one of three residents reviewed for discharges (Resident 1) to provide a complete written notice of transfer/discharge that included the discharge location.</p> <p>This failure had the potential for Resident 1 to experience stress, and confusion due to lack of information about their future living arrangements.</p> <p>Findings:</p> <p>On August 08, 2024, at 1:25 PM, Resident 1 was interviewed. Resident 1 stated that he was issued a discharge noticed and he appealed. He added that he couldn't read the notice due to his poor eyesight and did not know where he was being discharged to.</p> <p>Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus (high blood sugar), and essential hypertension (high blood pressure).</p> <p>A review of Resident 1's Progress Notes, dated June 28, 2024, indicated, Resident was issued a 30-day notice and refused to sign stated he was told by the Ombudsman and CDP not to sign it, just to appeal the notice, will follow up as needed</p> <p>A review of Resident 1's Notice of Proposed Transfer/ Discharge, dated June 28, 2024, indicated, .Effective Date of Transfer/ Discharge .blank (no entry) .Transfer/ Discharge to Name & address .Blank (no entry) .</p> <p>On August 23, 2024, at 9:05 a.m., a concurrent interview and review of Resident 1's Notice of Proposed Transfer/Discharge, form were conducted with the Director of Nursing (DON). The DON stated the Social Service Director provided the Notice of Proposed Transfer/ Discharge form to the resident. The DON stated the form was incomplete, with the discharge location and the date of discharge left blank. The DON stated the Social Service Director should have completely filled out the form.</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: 555309
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On August 23, 2024, at 11:51 a.m., a concurrent interview and review of Resident 1 ' s Notice of Proposed Transfer/ Discharge form were conducted with the Social Service Director (SSD). The SSD stated she left the discharge date and transfer/discharge location blank because Resident 1 had not decided whether he was going to a board and care or assisted living.</p> <p>A review of the facility's policy and procedure titled, Admission, Transfer and Discharge Register, dated June 2008, indicated, . our facility maintains an Admission, Transfer, and discharge register .this register contains, as a minimum, the following data .the place to which the resident was transferred/ discharged .</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44505</p> <p>Based on interview, and record review the facility failed to ensure a follow-up ophthalmology consult was provided for one of three sampled residents (Resident 1).</p> <p>This failure increased the risk of the resident not receiving the necessary care to address their medical condition and had the potential to result in the progression of resident's altered visual functioning.</p> <p>Findings:</p> <p>On August 15, 2024, at 1:30 PM, Resident 1 was interviewed. Resident 1 stated that he needs to see an ophthalmologist, but the facility has not done anything for him.</p> <p>Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses that included: Type II Diabetes Mellitus (high blood sugar), and Essential Hypertension (high blood pressure).</p> <p>Resident 1's History and Physical Examination (H & P), dated July 12, 2024, indicated the resident has the capacity to understand and make decisions.</p> <p>A review of Resident 1's document titled, Order Summary Report, dated July 1, 2024, indicated the .Eye health and vision consult with follow up treatment as indicated .</p> <p>The document titled, Care Plan, dated February 6, 2024, indicated, .Eye health and vision consult with follow up treatment as indicated .</p> <p>The document titled, Ophthalmology Consultation, dated February 12, 2024, .Physician's orders for eye health consult .</p> <p>Further review of Resident 1's progress notes from February 2024 to August 2024, indicated there was no documentation of a follow-up by the Social Service Director (SSD) for a consult with an optometrist (trained to examine eyes, diagnose vision problems) or ophthalmologist (specialize in eye and vision care).</p> <p>On August 23, 2024, at 9:05 a.m., the Director of Nursing (DON) was interviewed. The DON stated, the SSD should have followed-up to make a re-appointment if the resident refused the initial consult. The DON if the resident needed to be seen by an ophthalmologist, the SSD should have ensured the followed-up and scheduled the appointment.</p> <p>On August 23, 2024, at 11:51 a.m., the Social Service Director was interviewed. The SSD stated, she did not make a follow-up on Resident 1's consult with the optometrist or ophthalmology.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility job description, titled, Social Service Director, dated March 2017, indicated, .Assist residents in achieving the highest practicable level of self-care, independence and well-being .Provide medically related social services so that the highest practicable physical, mental and psychosocial well being of each resident is attained or maintained .</p>		