

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 09/18/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on interview and record review the facility failed to ensure that the resident and/or the family member (FM) were notified of the grievance investigation findings and result after a complaint, for one of one sampled resident (Resident 1).</p> <p>This failure had the potential for Resident 1's FM to be unaware if the complaint was investigated and addressed, which could lead to ongoing dissatisfaction.</p> <p>Findings:</p> <p>On September 18, 2024, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included muscle wasting (loss of muscle strength) and atrophy (thinning of muscles).</p> <p>A review of Resident 1's Minimum Data Set (an assessment tool) dated June 10, 2024, indicated Resident 1 ' s Brief Interview for Mental Status (tool to assess cognitive function in residents) score was 6 (six) (severe cognitive impairment).</p> <p>A review of facility Email Receipts, indicated the following:</p> <ul style="list-style-type: none"> - Dated December 12, 2023, indicated, .My name is (Resident 1 ' s FM name) the son of (Resident 1 ' s name) .I was alarmed to hear her inform me of an incident that recently occurred .My mother states that within the last couple days, she was bathe in a manner not conducive to elderly treatment .She was rudely placed in the shower, propped-up with no support and left unattended in cold running water .I am asking your establishment to please consider reviewing this matter .Feedback regarding your findings would greatly be appreciated . - Dated December 19, 2023 at 12:09 p.m., indicated, ,(Social Service Director (SSD) name), I released a previous email .requesting answers .I have not received a response .Can you please provide an update to the inquiry . - Dated December 19, 2023 at 3:20 p.m., from the SSD, indicated, .Hi all received this email can you please answer him with your investigation outcome (name of Director of Staff Development (DSD) and (name of Director of Nursing (DON) . <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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NAME OF PROVIDER OR SUPPLIER Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5800 West Wilson Street Banning, CA 92220	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident 1's medical records, indicated there was no documented evidence Resident 1 ' s FM, who filed the grievance, was notified of the findings and result of the grievance investigation.</p> <p>On September 18, 2024 at 8:55 a.m., during a concurrent interview and review of Resident 1 ' s medical records with the DON, she stated Resident 1 ' s FM had sent an email to the facility on [DATE], regarding a complaint that Resident 1 was rudely placed in the shower and was left unattended. The DON further stated, the Quality Assurance nurse (QAN), which was the previous DSD, had investigated the complaint.</p> <p>On September 18, 2024 at 9:45 a.m., during a concurrent interview and review of Resident 1 ' s medical records with the QAN, she stated she investigated Resident 1 ' s FM complaint on December 14, 2024. The QAN stated she did not document the investigation on a grievance form, and she did not notify Resident 1 ' s FM of the result of the investigation. The QAN further stated she should have documented the investigation and discussed the findings with Resident 1 ' s FM.</p> <p>On September 18, 2024 at 1:20 p.m., during a concurrent interview and review of Resident 1 medical records with the DON, she stated the process for handling grievances is that when the facility receives a written or verbal concern, it is investigated, documented, and the result of the investigation is discussed with the complainant. The DON further stated Resident 1 ' s FM email was considered a formal grievance.</p> <p>The DON stated the QAN should have documented the investigation and notified Resident 1's FM of the result. The DON further stated it is important to notify the complainant of the grievance findings and results to ensure the resolution is acceptable to the complainant. The DON stated documenting grievance investigations is important to demonstrate that the grievance was investigated, addressed, and or resolved. The DON further stated the facility did not follow the grievance policy.</p> <p>The facility's Policy and Procedures titled, Grievances/Complaints, Filing, dated 2021, indicated, .Upon receipt of a grievance and/or complaint, the grievance officer will review and investigate the allegations and submit a written report of such findings .within 5 working days of receiving a grievance and/or complaint .The person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and in writing) of the findings of the investigation .</p>		