

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Carmel Mountain Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11895 Avenue of Industry San Diego, CA 92128	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46980</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision for one resident, Resident 3, sampled for falls.</p> <p>This failure had the actual outcome of Resident 3 suffering two fractured ribs.</p> <p>Findings:</p> <p>On 8/26/2019 Resident 3 was admitted to the facility with diagnoses that included hemiplegia (total or partial paralysis of one side of the body that results from disease of, or injury to the nervous system) and hemiparesis (muscle weakness on one side of the body) following cerebral infarction (disrupted blood flow to the brain which causes part of the brain to die), epilepsy (disorder of the brain characterized by repeated seizures), tremor (a medical condition that includes shaking movement of part of the body), history of falling, fracture of rib on right side 12/29/2015, right clavicle fracture (a bone that connects the breastbone to the shoulder blades, also called collarbone) 4/12/2016, shoulder dislocation (a separation of two bones where they meet at a joint) 8/1/2020, generalized muscle weakness and osteoporosis (a condition that causes the bones to become weak and break more easily).</p> <p>On 7/23/24 a facsimile was sent to the State Agency (SA) from the facility. The facsimile indicated, Resident fell from a wheelchair on 7/22/24 while being assisted to activity. Resident was sent to (hospital name) emergency department for evaluation and returned to facility at 1915 (7:15 P.M.) with an x-ray result of right first and second acute rib fracture.</p> <p>On 7/26/24 an interview was conducted with the Director of Nursing (DON) who stated the Physical Therapy Progress Report dated 1/3/24 indicated Resident 3 required supervision or touching assistance to propel 150 feet in her wheelchair.</p> <p>On 7/26/24 a concurrent record review of Resident 3 ' s fall risk evaluation dated 6/26/24 was conducted with the DON. The evaluation indicated Resident 3 had a high risk for falls.</p> <p>On 7/26/24 a concurrent record review of Resident 3 ' s Physical Therapy Progress Report dated 1/3/24 was conducted with the DON. The report indicated, High fall risks due to poor upright posture and cognitive deficit.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/29/24 at 12:35 P.M. an interview was conducted with the DON who stated diagnoses that could increase fall risk included cerebrovascular accident, hemiplegia, hemiparesis on the resident ' s right side, epilepsy, history of falling, scoliosis (an abnormal curvature of the spine), congenital malformation of the spine (a disorder that develops before birth), osteoporosis, dislocation of the shoulder, and right knee meniscus injury (a tough flexible tissue in the knee). The DON stated Resident 3 was taking multiple black box medications (a warning intended to bring attention to the major risks of a medication) which could increase fall risk and the medication regimen review (a thorough evaluation of the medication ordered for a patient with the goal of minimizing risk) prior to the fall indicated no recommendations and no new orders. The DON further stated Resident 3 had a Brief Interview for Mental Status (BIMS, a tool used to identify the cognitive condition of a patient) score of 10 which indicated moderate cognitive impairment. The DON stated Resident 3 fell when a Certified Nursing Assistant (CNA) was pushing her down a facility hallway in her personal wheelchair. The DON stated Resident 3 did not use a footrest on the right side of her wheelchair due to her right leg paralysis. The DON stated Resident 3 fell forward out of the wheelchair and landed on her right side which caused two broken ribs near the area of her armpit.</p> <p>On 7/29/24 at 3:15 P.M. an interview was conducted with the Registered Physical Therapist (RPT) who stated Resident 3 ' s right leg was not paralyzed and that her strength was 3+/5 (fair strength). The RPT stated Resident 3 did not need a footrest on her right side because she was able to move her leg and foot.</p> <p>On 7/30/24 at 11:10 A.M. an observation and interview were conducted with Resident 3 in her wheelchair in her room. The wheelchair did not have a high back or leg rests and did have high arm rests on both sides. Resident 3 was sitting centered all the way back in her wheelchair and was not leaning to the side. Upon request, Resident 3 slowly lifted her right arm to the level of her chest and her right leg approximately 6 inches off of the floor. Resident 3 ' s arm and leg had a tremor when she moved them. Resident 3 ' s right foot demonstrated foot drop (the inability to lift the front of the foot toward the knee) and toeing in (toes pointing inward instead of straight ahead). Resident 3 complained of pain with movement of her right arm. Resident 3 stated, I fell against my bed.</p> <p>On 7/30/24 at 10:45 A.M. an interview was conducted with CNA 1 who stated, I had both hands on the wheelchair and I was looking ahead. (Resident 3 ' s) right arm was completely straight down, inside of the arm rest, when I transferred her into the wheelchair. There was a sudden stop and then a fast fall. (Resident 3) landed on her right side. (Resident 3) fell straight forward and landed on her right side. (Resident 3) is about 4 foot 9 inches and I was looking over her head, I wasn ' t looking at her feet. I don ' t recall anything from my peripheral vision.</p> <p>On 7/31/24 a review of facility training of CNA 1 ' s dated 6/6/24 entitled Accident/ Fall indicated Purpose - To provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs.Supervision of residents.</p> <p>On 7/31/24 a review of the facility CNA job description signed by CNA 1 on 4/30/24 indicated, Assist in transporting residents to/from appointments, activity and social programs.Follow established safety precautions in the performance of all duties.</p> <p>On 7/31/24 a review of medication regimen reviews by the facility consultant pharmacist dated 3/1/24 through 7/2/24 indicated Resident 3 ' s medication regimen was reviewed but did not require any recommendations.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/31/24 a review of the facility assessment dated [DATE] indicated, Resident support/ care needs. 2.1 Below is a list of the services and care we provide for our residents on a routine basis. Our staff is highly qualified to take care of the needs of our residents so they can reach their goals they set when they enter our facility. Mobility and fall/ fall with injury prevention.</p> <p>On 7/31/24 a review of the undated facility policy entitled Nursing - Fall Management System indicated, Each resident is assisted in attaining or maintaining their highest practicable level of function through providing the resident adequate supervision, assistive devices and functional programs as appropriate to prevent accidents. On admission, each resident is assessed using the Fall Risk Assessment to determine his/her risk for sustaining a fall. Residents with a Falls Risk Assessment score of 10 or above are considered high risk and will have an individualized care plan developed that includes measurable objectives and timeframes.</p>