

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	

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** 42615</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate supervision was provided to prevent avoidable accidents when one of seven residents (Resident 1) noted to have swelling of the left thigh and knee.</p> <p>This failure contributed to Resident 1 sustaining an acute distal femur shaft fracture (sudden break in the long part of the thigh bone).</p> <p>Findings:</p> <p>During an observation on May 20, 2024, at 4:15 PM, Resident 1 was lying in bed awake and did not respond verbally.</p> <p>During a review of Resident 4 ' Admission Record (general demographics) on May 20, 2024, the document indicated Resident 1 was originally admitted to the facility on [DATE], with diagnoses that include traumatic hemorrhage of cerebrum (a condition brain injury), respiratory failure (a condition that makes it difficult to breathe on your own, asthma, seizures (a condition that causes sudden shaking or stiffness), hypertensive (a condition of high blood pressure, and gastrostomy status (a tube inserted through the wall of the abdomen directly into the stomach).</p> <p>A review of Resident 1 ' s care plan dated September 9, 2023, indicated, . has an alteration in musculoskeletal status r/t (related to): bilateral knee contracture. Goal: The resident will remain free of injuries or complications related to contractures .</p> <p>A review of Progress Notes dated, May 15, 2024, at 05:25, indicated, .Outcomes of Physical Assessment . During positioning this morning CN (Charge Nurse) and CNA (Certified Nursing Assistant) noted left thigh/knee appeared to move abnormal and felt odd around kneecap/joint with popping felt. Possible slight swelling to thigh area, hard to determine as resident is contracted at knees to BLE (bilateral lower extremities) .</p> <p>A review of Resident 1 ' s Radiology Result Report, dated May 20, 2024, indicated, . Knee 1 or 2 Views Interpretation: Reason for Study: .Localized swelling, mass and lump, left lower limb . Findings: No comparison study is available. Acute distal femur shaft fracture with displacement seen . Conclusion: Acute distal femur shaft fracture .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	
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>During an interview on June 5, 2024, at 2:10 PM, with the Registered Nurse Supervisor (RNS), the RNS stated, Staff are expected to check on residents to provide assistance and supervision every two hours and as needed.</p> <p>During an interview on June 5, 2024, at 4:00 PM, with the Administrator, the Administrator indicated staff was not sure of what happened to the Resident 1. He stated, There is no incidents or accidents reported by staff.</p> <p>During a review of the facility ' s P&P, titled, Safety and Supervision of Residents, dated, July 20, 2017, the P&P indicated, Policy Statement Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities .</p>		