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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555353 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/12/2024 |
| NAME OF PROVIDER OR SUPPLIER Villa Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 8965 Magnolia Avenue Riverside, CA 92503 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p>45555</p> <p>Based on record reviews, interviews, and facility document and policy review, the facility failed to ensure the accuracy of Minimum Data Set (MDS) assessments for 1 (Residents #37) of 5 sampled residents reviewed for unnecessary medications and 1 (Resident #17) of 4 sampled residents reviewed for accidents. Specifically, the facility failed to ensure Resident #37's use of psychotropic medications and Resident #17's fall event was accurately coded on their MDS assessments.</p> <p>Findings included:</p> <p>A review of a facility policy titled Resident Assessments, revised in September 2023, revealed, 8. All persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information. 9. All resident assessments completed within the previous 15 months are maintained in the resident's active clinical record. The results of the assessments are used to develop, review, and revise the resident's comprehensive care plan.</p> <p>1. A review of Resident #37's Admission Record indicated the facility admitted the resident on 10/20/2023 with diagnoses that included alcoholic cirrhosis of the liver with ascites (abnormal fluid buildup in the abdominal cavity), mood disorder due to known physiological condition and anxiety disorder.</p> <p>A review of Resident #37's quarterly MDS, with an Assessment Reference Date (ARD) of 01/26/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. The MDS revealed active diagnoses that included anxiety disorder, mood disorder due to known physiological condition, and alcoholic cirrhosis of the liver with ascites. Further review revealed the MDS was inaccurately coded to indicate the resident had taken an antipsychotic medication during the seven-day assessment period. The MDS did not include Resident #37's use of antianxiety or hypnotic medication.</p> <p>A review of Resident #37's care plan revealed a Focus area, initiated on 10/20/2023, that indicated the resident used antianxiety medications related to the diagnosis of anxiety disorder. The care plan revealed interventions included staff instructions to administer medication, lorazepam (an antianxiety medication), as ordered. Further review of Resident #37's care plan revealed a Focus area, initiated on 12/20/2023, that indicated the resident had a sleep pattern disturbance. The care plan revealed interventions included staff instructions to administer the medication Ambien (a hypnotic medication used for sleep) to promote sleep.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of Resident #37's Order Summary Report for active orders as of 04/12/2024 revealed an order dated 12/20/2023 for Ambien 10 milligrams (mg) with instructions to give one tablet by mouth at bedtime and an order dated 12/18/2023 for lorazepam 2 mg with instructions to give one tablet by mouth at bedtime. The Order Summary Report revealed it did not include an order for an antipsychotic medication.</p> <p>A review of the January 2024 Medication Administration Record [MAR] for the timeframe from 01/01/2024 through 01/31/2024 revealed staff documented Resident #37 received Ambien 10 mg every night at 8:00 PM and received lorazepam 2 mg every night at 9:00 PM. The MAR revealed the medications were documented as administered during the quarterly MDS assessment period. The MAR revealed it did not include a transcription of an order for an antipsychotic medication.</p> <p>During an interview on 04/12/2024 at 10:17 AM, the MDS Coordinator stated she got the information for the MDS through interviews, record reviews of the MARs, and treatment administration records (TARs). She stated if the resident was taking the medication during the assessment period, then it should be captured on the MDS and if they were not taking the medication, then it should not be coded.</p> <p>During a follow-up interview on 04/12/2024 at 10:32 AM, the MDS Coordinator confirmed that Resident #37's MDS was coded incorrectly.</p> <p>During an interview on 04/12/2024 at 1:09 PM, the Director of Nursing (DON) stated Resident #37 was on an antipsychotic medication when the resident was admitted , but it had been discontinued.</p> <p>31524</p> <p>2. A review of Resident #17's Admission Record revealed the facility originally admitted the resident on 05/06/2019 and readmitted the resident on 10/03/2022. The Admission Record revealed the resident had diagnoses that included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness or partial paralysis of one side of the body) following non-traumatic intracerebral hemorrhage (blood pooling in the tissue of the brain) affecting the right dominant side, Huntington's disease, and cognitive communication deficit.</p> <p>A review of Resident #17's quarterly MDS, with an Assessment Reference Date (ARD) of 01/13/2024, revealed Resident #17 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. Per the MDS, Resident #17 had no falls since admission.</p> <p>A review of Resident #17's IDT [Interdisciplinary Team] - Incident Review, dated 11/04/2023, indicated staff found Resident #17 on the floor next to the door of their room, and their bed was in the lowest position at the time. The document indicated that staff assessed the resident and discovered no injuries, assisted the resident back to bed, and applied a bed alarm and bilateral landing pads.</p> <p>During an interview on 04/12/2024 at 10:17 AM, the MDS Coordinator stated she reviewed the resident's medical record over the previous quarter when completing the MDS. The MDS Coordinator further stated that Resident #17's fall in November 2023 should have been captured on the 01/13/2024 assessment, but it was not.</p> | | |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>35314</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to ensure pressure injury interventions ordered by the physician were implemented for 1 (Resident #12) of 1 sampled resident reviewed for pressure injury prevention.</p> <p>Findings included:</p> <p>A review of a facility policy titled, Prevention of Pressure Injuries, revised in September 2023, revealed, Select appropriate support surfaces based on the resident's risk factors, in accordance with current clinical practice.</p> <p>A review of an Admission Record revealed the facility most recently admitted the resident on 06/19/2023 with diagnoses that included type two diabetes mellitus and hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness affecting one side of the body) following cerebral infarction (stroke).</p> <p>A review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/23/2024, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment. According to the MDS, the resident had no pressure ulcers or injuries at the time of the assessment but was at risk for the development of pressure ulcers or injuries, and treatment included a pressure-reducing device for their bed.</p> <p>A review of Resident #12's Care Plan revealed a Focus area, initiated on 06/19/2023, that indicated the resident was at risk for the development of skin breaks/pressure injury related to decreased mobility, poor safety awareness, and incontinence.</p> <p>A review of Resident #12's Order Summary Report, listing active orders as of 04/11/2024, revealed an order dated 06/19/2023 that directed staff to float the resident's heels off the bed with pillows every shift.</p> <p>An observation on 04/10/2024 at 10:43 AM revealed Resident #12 was in bed with the resident's heels lying against the mattress.</p> <p>An observation on 04/10/2024 at 2:17 PM revealed Resident #12 was in bed asleep. The resident's heels were not floated off the bed with pillows.</p> <p>A concurrent interview and observation with the Treatment Nurse on 04/11/2024 at 3:47 PM in Resident #12's room revealed the resident's heels were not being floated with a pillow as ordered. During a search of Resident #12's room, the Treatment Nurse located a pillow behind the resident's bed. Observation of the resident's heels with the Treatment Nurse revealed no skin breakdown. The Treatment Nurse stated she did not know how long the pillow had not been underneath the resident's heels.</p> <p>During an interview on 04/11/2024 at 4:04 PM, Licensed Vocational Nurse (LVN) #7 stated she had seen Resident #12 earlier in the shift; however, she did not know if the pillow was in place as ordered.</p> <p>(continued on next page)</p> |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 04/12/2024 at 7:56 AM, Certified Nurse Aide (CNA) #9 stated a pillow should be placed under Resident #12's feet throughout the day. CNA #9 confirmed she had not seen the pillow underneath the heels of Resident #12.</p> <p>During an interview on 04/12/2024 at 1:39 PM, the Director of Nursing (DON) stated Resident #12 should have their heels offloaded, using a pillow and that the nurses should have been checking to ensure the pillow remained in place.</p> <p>During an interview on 04/12/2024 at 2:06 PM, the Administrator stated facility staff should follow the physician's orders.</p> | | |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>45555</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to ensure the medication error rate was less than 5 percent (%). The facility had 2 medication errors out of 36 opportunities, affecting 1 (Resident #19) of 9 residents reviewed during the medication administration task, resulting in a medication error rate of 5.56%.</p> <p>Findings included:</p> <p>A review of a facility policy titled, Administering Medications, revised in April 2023, revealed, 4. Medications are administered in accordance with prescriber orders, including any required time frame. The policy further indicated, 11. The following information is checked/verified for each resident prior to administering medications: a. Allergies to medications; and b. Vital signs, if necessary.</p> <p>A review of an Admission Record revealed the facility admitted Resident #19 on 03/13/2020 with diagnoses that included hypertension (high blood pressure).</p> <p>A review of Resident #19's Order Summary Report, listing active orders as of 04/12/2024, revealed an order dated 11/29/2022 for amlodipine 5 milligrams (mg) with instructions to administer one tablet by mouth two times a day and to hold the medication if the resident's systolic blood pressure (maximum blood pressure during contraction of heart ventricles, the top number on a blood pressure reading) was less than 110 or their heart rate was less than 60 beats per minute. The Order Summary Report also reflected an order dated 10/30/2023 for MiraLAX powder (laxative) with instructions to give 17 grams by mouth two times a day mixed with 120 milliliters (mL) of water.</p> <p>Observations on 04/11/2024 at 4:21 PM revealed Licensed Vocational Nurse (LVN) #3 entered Resident #19's room and obtained their blood pressure and heart rate. The resident's heart rate was 57 beats per minute. LVN #3 then administered the resident's amlodipine, despite having a physician's order that specified to hold the medication if the resident's heart rate was less than 60 beats per minute. At 4:38 PM, LVN #3 administered the resident's MiraLAX powder with 120 mL of cranberry juice. The MiraLAX powder was not completely dissolved, and after the resident drank the juice, medication remained in the bottom of the cup.</p> <p>During an interview on 04/11/2024 at 4:56 PM, LVN #3 stated she should have held the amlodipine due to the resident's heart rate. LVN #3 stated Resident #19's heart rate was frequently in the 50s, so she thought it would be okay. LVN #3 also stated she should have ensured the MiraLAX powder was completely dissolved before administering it to the resident. LVN #3 said she noticed halfway through the resident drinking the MiraLAX, that it was not all mixed, and she did not know what to do at that point. She stated by not mixing it thoroughly, the resident did not get the full dose of the medication.</p> <p>During an interview on 04/12/2024 at 1:09 PM, the Director of Nursing (DON) stated if a resident's vital signs were outside of parameters in which an order specified to hold a medication, then the nurse should hold the medication.</p> <p>(continued on next page)</p> | | |

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| F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | During an interview on 04/12/2024 at 1:29 PM, the Administrator stated he expected medications to be given according to physician's orders and professional standards. | | |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that residents are free from significant medication errors.</p> <p>45555</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure no significant medication errors occurred for 1 (Resident #19) of 9 residents reviewed during the medication administration task. Specifically, staff failed to hold Resident #19's amlodipine when the resident's heart rate was outside the parameters specified by the physician's order.</p> <p>Findings included:</p> <p>A review of a facility policy titled, Administering Medications, revised in April 2023, revealed, 4. Medications are administered in accordance with prescriber order, including any required time frame. The policy further indicated, 11. The following information is checked/verified for each resident prior to administering medications: a. Allergies to medications; and b. Vital signs, if necessary.</p> <p>A review of an Admission Record revealed the facility admitted Resident #19 on 03/13/2020 with diagnoses that included hypertension (high blood pressure).</p> <p>A review of an annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/10/2024, revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. The MDS indicated Resident #19 had active diagnoses that included hypertension.</p> <p>A review of Resident #19's Care Plan revealed a Focus area, initiated on 03/13/2020, that indicated the resident was at risk for decreased cardiac output secondary to hypertension. Interventions directed staff to monitor the resident's blood pressure as ordered and notify the physician if out of designated parameters.</p> <p>A review of Resident #19's Order Summary Report, listing active orders as of 04/12/2024, revealed an order dated 11/29/2022 for amlodipine 5 milligrams (mg) with instructions to administer one tablet by mouth two times a day and to hold the medication if the resident's systolic blood pressure (maximum blood pressure during contraction of heart ventricles, the top number on a blood pressure reading) was less than 110 or their heart rate was less than 60 beats per minute.</p> <p>Observation on 04/11/2024 at 4:21 PM revealed Licensed Vocational Nurse (LVN) #3 entered Resident #19's room and obtained the resident's blood pressure and heart rate. The resident's heart rate was 57 beats per minute. LVN #3 then administered the resident's amlodipine, despite having a physician's order that specified to hold the medication if the resident's heart rate was less than 60 beats per minute.</p> <p>During an interview on 04/11/2024 at 4:56 PM, LVN #3 stated she should have held the amlodipine due to the resident's heart rate. LVN #3 stated Resident #19's heart rate was frequently in the 50s, so she thought it would be okay.</p> <p>(continued on next page)</p> | | |

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| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of Resident #19's February 2024 Medication Administration Record (MAR) revealed documentation that indicated LVN #3 also administered amlodipine to the resident on 02/06/2024 at 5:00 PM with a documented heart rate of 56, on 02/26/2024 at 5:00 PM with a documented heart rate of 56, and on 02/27/2024 at 5:00 PM with a documented heart rate of 56.</p> <p>A review of Resident #19's April 2024 MAR revealed documentation that indicated LVN #3 also administered amlodipine to the resident on 04/03/2024 at 5:00 PM with a documented heart rate of 58.</p> <p>During an interview on 04/12/2024 at 3:48 PM, the Physician Assistant stated if amlodipine were given when the heart rate was less than 60 it could cause the heart rate to drop into the 40s and could be detrimental to the resident. He stated amlodipine was a cardiac medication, not just a blood pressure medication. He stated he had not been notified of the resident's heart rate being low and he stated the medication should not have been given if the heart rate was less than 60.</p> <p>During an interview on 04/12/2024 at 1:09 PM the Director of Nursing (DON) stated if a resident's vital signs were outside of parameters in which an order specified to hold a medication, then the nurse should hold the medication.</p> <p>During an interview on 04/12/2024 at 1:29 PM, the Administrator stated he expected medications to be given according to physician's orders and professional standards.</p> | | |

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| <p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31524</p> <p>Based on observations, interviews, and facility document and policy review, the facility failed to ensure all multiple-resident bedrooms provided at least 80 square feet (sq ft) per resident for 16 (Rooms 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 21, 22, 23, 24, and 25) of 22 resident rooms observed.</p> <p>Findings included:</p> <p>A review of a facility policy titled, Room measurement, revised in July 2023, revealed, Policy: it is the policy of this facility to ensure that resident is comfortable with the living space in his/her room. - The required room measurement is [sic] least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. The policy further indicated, - Facility will assess an adverse effect on the resident's health and safety or if it impedes the ability of any resident in that room to attain his or her highest practicable well-being. - Resident will be offered for [sic] room change if the room size affects resident's comfort level.</p> <p>A review of a form titled, Client Accommodations Analysis (CDPH 709), dated 04/12/2024, revealed a list of rooms with less than 80 sq ft per resident when at maximum capacity. The form reflected the following room measurements, square footage, and the approved maximum capacity for each room:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 7 inches (in) by (X) 19 ft - 220 sq ft - 73.3 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 5 in X 19 ft - 216 sq ft - 72 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 6 in X 19 ft - 218 sq ft - 72.7 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 6 in X 19 ft - 218 sq ft - 72.7 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 5 in X 19 ft - 216 sq ft - 72 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 6 in X 19 ft - 218 sq ft - 72.7 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 5 in X 19 ft - 216 sq ft - 72 sq ft per resident at maximum capacity; - room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 5 in X 19 ft - 216 sq ft - 72 sq ft per resident at maximum capacity; <p>(continued on next page)</p> |

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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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 6 in X 19 ft - 218 sq ft - 72.7 sq ft per resident at maximum capacity;</p> <p>- room [ROOM NUMBER] (two-bed approved capacity) - 11 ft X 13 ft 2 in - 144 sq ft - 72 sq ft per resident at maximum capacity;</p> <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 6 in X 19 ft - 218 sq ft - 72.7 sq ft per resident at maximum capacity;</p> <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 4 in X 19 ft - 215 sq ft - 71.7 sq ft per resident at maximum capacity;</p> <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 4 in X 19 ft - 215 sq ft - 71.7 sq ft per resident at maximum capacity;</p> <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 6 in X 19 ft - 218 sq ft - 72.7 sq ft per resident at maximum capacity;</p> <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 5 in X 19 ft - 216 sq ft - 72 sq ft per resident at maximum capacity; and</p> <p>- room [ROOM NUMBER] (three-bed approved capacity) - 11 ft 8 in X 19 ft - 221 sq ft - 73.7 sq ft per resident at maximum capacity.</p> <p>During the recertification survey dated 04/10/2024 through 04/12/2024, the above listed rooms were observed at various times of the day. Observation of the care and services provided to the residents residing in the listed rooms was conducted. The room sizes was not observed to restrict the provision of care to the residents residing in Rooms 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 21, 22, 23, 24, and 25.</p> <p>During the resident screening process on 04/10/2024 from 9:00 AM to 2:00 PM, the residents residing in Rooms 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 21, 22, 23, 24, and 25 did not voice any problems or concerns related to their space or room size. There were no adverse effects identified that impacted the quality of life of the residents who resided in these rooms.</p> <p>During an interview on 04/12/2024 at 8:40 AM, Maintenance Staff #12 stated he measured the square footage of the residents' rooms the previous day and the smallest room was room [ROOM NUMBER] but said the room only had one resident assigned to it at the time of survey.</p> <p>During an interview on 04/12/2024 at 9:26 AM, the Director of Nursing (DON) stated the facility had a room size waiver for the rooms that had less than the required square footage. The DON further stated that even with smaller room sizes, she expected staff to respect resident privacy when providing care and to ensure each resident's comfort.</p> <p>During an interview on 04/12/2024 at 12:54 PM, the Administrator stated the facility had a room size waiver for the rooms that had less than the required square footage. The Administrator further stated staff were mindful of equipment needs and the comfort of the residents to ensure the size of their rooms did not impact their quality of life.</p> | | |