

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Asistencia Villa Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1875 Barton Road 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 four residents (Resident 4) was unsupervised and fell on the floor.</p> <p>This failure contributed to Resident 4 falling and hitting his head and sustaining a subdural hematoma (a collection of blood between the covering of the brain after an injury to head).</p> <p>Findings:</p> <p>During a review of Resident 4 ' FACE SHEET (general demographics) on May 16, 2024, the document indicated Resident 4 was originally admitted to the facility on [DATE], with diagnoses that include repeated falls, seizures (a condition that causes a sudden uncontrolled body movements and changes in the brain), dementia (a condition with the loss of thinking, remembering and reasoning) and other abnormalities of gait and mobility (a condition that causes abnormal walking and balance).</p> <p>A review of Resident 4 ' s History and Physical dated, October 13, 2023, indicated, . Other . CAPACITY: This resident does NOT have the capacity to understand and make decisions.</p> <p>A review of Resident 4 ' s care plan dated October 13, 2023, indicated, At risk for fall r/t (related to): Dementia with behavior ., poor safety ., Approaches/plan: . Maintain safe environment .</p> <p>A review of Departmental Notes dated, May 1, 2023, indicated, 1000 hrs. (hours) resident was sitting at the nurses ' station on wheelchair when CNA reported an unwitnessed fall, patient was sitting against trash can . Patient reported that his head was hurting and felt dizzy. He was transferred to Redlands Hospital ED (Emergency Department) .</p> <p>During an interview on May 16, 2024, at 12:20 AM with Resident 3, Resident 3 stated, My roommate was usually up and talking even though I did not understand his language. He was very active few weeks ago. He used to get up every day and moved around in his wheelchair. Something happened two weeks ago, and he went to the hospital and has changed since.</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>During an interview on May 16, 2024, at 12:30 PM, with Certified Nursing Assistant 1 (CNA 1), who was assigned to Resident 4, CNA 1 was asked about Resident 4. CNA 1 stated, Before few weeks ago, he (Resident 4) was up in his wheelchair every day and went for activities. He has not been getting up since the fall.</p> <p>During an interview on May 16, 2024, at 12:35 PM, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 was asked about Resident 4. LVN 1 stated, He (Resident 4) fell two weeks ago, and he has not been talking or eating by mouth since.</p> <p>A review of Resident 1 ' s clinical record, dated May 1, 2024, indicated, CT (computed tomography) SCANNING .CT/CT HEAD W/O (without) contrast . IMPRESSION: 1. Bilateral subdural hematomas .</p> <p>During a review of the facility ' s policy and procedure (P&amp;P), titled, Accident and Resident Safety Reporting, dated, November 21, 2017, the P&amp;P indicated, POLICY The facility will: a. Protect the resident ' s environment to remain as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents . c. Provide an environment that is free as possible from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents .</p> <p>During a review of the facility ' s P&amp;P, titled, Safety and Supervision of Residents, dated, July 20, 2017, the P&amp;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> <p>During a concurrent phone interview and record review on May 22, 2024, at 3:30 PM, with the Assistant Director of Nurse (ADON), the facility P&amp;Ps titled, Accident and Resident Safety Reporting, dated, November 21, 2017, was reviewed. The P&amp;P indicated, POLICY The facility will: a. Protect the resident ' s environment to remain as free of accident hazards as possible; and each resident receives adequate supervision and assistance devices to prevent accidents . c. Provide an environment that is free as possible from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents . The ADON acknowledged the facility did not follow the facility policy by providing supervision for Resident 4, and stated, There should have been more supervision for the resident.</p> <p>During a concurrent phone interview and record review on May 22, 2024, at 3:30 PM, with the ADON, the facility P&amp;Ps titled, Safety and Supervision of Residents, dated, July 20, 2017, was reviewed. The P&amp;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 . The ADON acknowledged the facility did not follow the facility policy by providing supervision for Resident 4, and stated, There should have been more supervision for the resident.</p>		