

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/16/2024
NAME OF PROVIDER OR SUPPLIER  Blythe Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 285 West Chanslor Way Blythe, CA 92225	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>46145</p> <p>Based on observation, interview and record review, the facility failed to treat Resident 1's possessions with respect for one of four sampled residents (Resident 1), when facility did not store resident's electric wheelchair in a manner which would keep it clean and damage free.</p> <p>The failure had the potential to damage Resident 1's electric wheelchair, while in storage.</p> <p>Findings:</p> <p>On July 01, 2024, at 8:20 a.m., an unannounced visit was made to the facility for a Quality-of-Care issue.</p> <p>On July 01, 2024, at 10:57 a.m., an interview was conducted with Resident 1, who stated, her electric chair was being stored at the facility, while not in use.</p> <p>On July 16, 2024, at 10:42 a.m., a concurrent interview with the Maintenance Supervisor (MS), and observation of Resident 1's electric wheelchair in the storage room were conducted. The MS stated, Resident 1's electric wheelchair was being stored in the maintenance/supply office. The MS stated, Resident 1's wheelchair was not protected with any type of cover, and a large roll of silver window insulation was sitting on top of the wheelchair. The MS stated, the roll of silver window insulation belonged to the facility, not Resident 1. The MS further stated, she was not instructed by the facility to cover the chair for protection.</p> <p>On July 16, 2024, at 4:25 p.m., a concurrent interview with the Director of Nursing (DON) and observation of Resident 1's electric wheelchair in storage were conducted. The DON stated, she would expect a resident's wheelchair to be protected with a cover, and no equipment (no belonging to resident) stored on top of it. The DON stated, Resident 1's electric wheelchair was not protected with a cover, and facility belongings (roll of silver window insulation) were stored on top of it. The DON stated, it was a bit disrespectful.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Policy &amp; Procedure, titled, revised on, stated, . A facility Policy &amp; Procedure (P&amp;P), titled, Resident Rights, revised, December 2016, was reviewed, which indicated, . Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. (Be) treated with respect, kindness, and dignity; h. be supported by the facility in exercising his or her rights; p. participate in, his or her care planning and treatment .</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</b></p> <p>Based on observation and interview, the facility failed to provide for one of five sampled residents (Resident 2), services within reasonable accommodation of the resident's needs and preferences:</p> <ol style="list-style-type: none"> <li>1. The facility did not have a working electric Hoyer lift, preferred by Resident 2 for transfer assists; and</li> <li>2. The facility has one large Geri-chair which was unavailable for use by the resident because it was shared among multiple residents.</li> </ol> <p>These failures had the potential to exclude Resident 2 from being transferred out of bed, and sitting comfortably in a chair, while out of bed.</p> <p>Findings:</p> <p>On July 16, 2024, at 8:45 a.m., an unannounced visit was made to the facility to investigate a quality-of-care issue.</p> <p>On July 16, 2024, at 10:20 a.m., a concurrent observation of Resident 2 and interview was conducted. Resident 2 was observed lying in bed, watching t.v. with a disheveled appearance, as his hair appeared uncombed. Resident 2 stated, he relies on staff to transfer him via a Hoyer lift (A lift device used by caregivers to safely transfer residents). Resident 2 stated, he prefers staff to use the electric versus the manual Hoyer lift, during transfers, as he feels safer and more comfortable in it. Resident 2 stated, the electric Hoyer lifts were broken, and unavailable for transfers, leaving only the manual lift for use. Resident 2 further stated, when he is transferred out of bed, he prefers to sit in the large Geri-chair (a large, padded chair, that reclines, designed to help residents with limited mobility), instead of a wheelchair, as it's more comfortable. Resident 2 stated, the facility only has one large Geri-chair, shared by multiple residents.</p> <p>A review of Resident 2's medical records, titled, Face Sheet, indicated, resident was admitted to the facility on [DATE], with a diagnosis of left sided muscle weakness following a cerebral infarction (Stroke) - decreased blood flow to the brain, which can cause loss of muscle control).</p> <p>Further review of Resident 2's Minimum Data Set (an assessment tool) dated April 22, 2024, indicated, Resident 2 had a Brief Interview of Mental Status (BIMS) - an assessment of cognitive intactness) score of 15 (cognitively intact).</p> <p>On July 16, 2024, at 11:05, an interview was conducted with the Maintenance Supervisor (MS), who stated, the facility has one large Geri-chair, shared by multiple residents, and 2 electric Hoyer lifts, but both lifts are currently unavailable, because the batteries are dead. The MS further stated, the Administrator (Admin) ordered a new large Geri-chair, and new batteries for the electric Hoyer lifts, but neither had arrived. The MS stated he was not sure when they would be delivered.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On July 16, 2024, at 12:45 p.m., an interview was conducted with Certified Nurses Assistant (CNA) 1, who stated, Resident 2 prefers the electric Hoyer lift for transfers. CNA 1 stated the facility did not have an electric Hoyer lift because it was broken. CNA 1 stated, resident had refused showers in the past because the electric Hoyer lift was not available for the transfer. CNA 1 also stated, Resident 2 prefers to sit in a large Geri-chair, when he is out of bed. CNA 1 stated, the facility has one large Geri-chair, which is shared by multiple residents, and Resident 2 does not have a dedicated Geri-chair for daily use.</p> <p>On July 16, 2024, at 4:25 p.m., an interview was conducted with the Director of Nursing (DON), who stated, Resident 2 prefers to sit in a large Geri-chair, because the Geri-chair was more comfortable to sit in than a regular wheelchair. The DON stated, the facility has one large Geri-chair, shared by multiple residents, and if Resident 2 wanted to get out of bed, and sit in the Geri-chair, while it was being used by another resident, the facility would not be able to accommodate Resident 2's preference until it was available. The DON further stated, the facility did not currently have a working electric Hoyer lift available to transfer residents. The DON stated, she was not sure of the status of the electric Hoyer lifts.</p> <p>On July 16, 2024, at 5:15 p.m., an interview was conducted with the Admin, who stated, the facility is currently waiting for a new one. The Admin. further stated, the electric Hoyer lifts are not available for use, due to dead, batteries, and an order for new batteries had been placed on July 15, 2024.</p> <p>A facility Policy &amp; Procedure (P&amp;P), titled, Resident Rights, revised, December 2016, was reviewed, which indicated, . Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. (Be) treated with respect, kindness, and dignity; h. be supported by the facility in exercising his or her rights; p. participate in, his or her care planning and treatment .</p>		