

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Mountains Community Hosp Dp/Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 29101 Hospital Road Lake Arrowhead, CA 92352	
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)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to ensure residents' comprehensive care plan (person centered, individualized roadmap used to outline specific care interventions for a nursing home resident) was updated to address psychotropic (chemical that affects how the brain works, changing a person mood) medications for one of two sampled residents (Resident 13) .This failure had the potential to result in inconsistent implementation of care, missed monitoring for effectiveness, adverse side effects (harmful, unintended reactions to medications), lapses on non-pharmacological interventions (evidence-based non-drug methods used to prevent or manage symptoms), and individualized approaches to care. Findings:During a review of Resident 13's LTC (Long term care) History & Physical (contains medical information), dated July 18, 2025, the LTC History & Physical indicated, .she [Resident 13] has a long h/o [history of] depression [mood disorder causing persistent feelings of sadness] .During a review of Resident 13's Medication List, dated July 28, 2026, the Medication List indicated, .Bupropion HCL [hydrochloride- antidepressant medication- used to treat depression] ER [extended release] 450 mg [milligram-unit of measurement] PO [by mouth] daily. and .Venlafaxine HCl [antidepressant medication] 225 mg PO Daily.During a concurrent interview and record review on July 29, 2026, at 1:16 PM, with the Minimum Data Set Licensed Vocational Nurse (MDS LVN), Resident 13's Care Plan, dated July 18, 2025, was reviewed. The Care Plan indicated, Problem. Medication Side Effects . Intervention . Monitor for s/s [signs and symptoms] medication side effects . Review medications for dose reductions. Problem . Behavior Crying and Anxious . Interventions . Encourage involvement in self care. Problem . Depression: Mood state. The MDS LVN verified and confirmed Resident 13's care plan did not contain Resident 13's current condition with psychotropic medications. The MDS LVN stated, the care plan should have been developed and updated to reflect Resident 13's specific condition. The MDS LVN further stated, she should have updated Resident 13's care plan to include Bupropion and Venlafaxine medications.During a concurrent interview and record review on July 30, 2026, at 10:25 AM, with the Director of Nursing (DON) the facility's policy and procedure (P&P) titled, Resident Assessment and Care Planning (Policy) - Skilled Nursing Facility, dated November 20, 2025, was reviewed. The P&P indicated, .to establish a method.to develop and implement person-centered care that promotes quality of life. 6. Use of Assessment in Care Planning. b. The plan is updated every 90 days. The DON stated she did not check Resident 13's care plan to ensure it was updated.		

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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