

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2025
NAME OF PROVIDER OR SUPPLIER  Rancho Mesa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  9333 LA Mesa Drive Alta Loma, CA 91701	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on interviews, and record reviews, the facility failed to follow its policy and procedure for activities of daily living (ADL) to provide care and services for residents who are unable to carry out ADLs independently for one of four sampled residents. This failure has the potential to put clinically compromised resident (Resident 1) health and safety at risk when Resident 1 ' s request for a diaper change was approximately delayed for 3 hours.</p> <p>During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted on [DATE], with diagnoses that hemiplegia ( is a condition that causes paralysis or weakness on one side of the body) and hemiparesis (weakness or the inability to move on one side of the body, making it hard to perform everyday activities like eating or dressing).</p> <p>During a review of the clinical record for Resident 1 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated February 5, 2025, indicated, Resident 1 ' s score was a 11, which indicated Resident 1 had moderate cognitive (ability to think, learn, remember and make decisions) impairment.</p> <p>During a review of the Minimum Data Set (MDS) section GG-Functional Abilities (focuses on a resident ' s functional abilities and goals, specifically assessing self-care and mobility performance to capture the level of assistance needed), dated February 5, 2025, indicates Resident 1 scored a 1 in toileting hygiene, reflecting complete dependence and inability to maintain personal hygiene independently.</p> <p>During an interview with Resident 1 on March 18, 2025, at 9:35 AM, Resident 1 stated on one occasion, she had requested a diaper change with her assigned certified nursing assistant (CNA 1), to which CNA 1 responded that she only perform diaper changes once per shift.</p> <p>During a telephone interview with CNA 1 on March 18, 2025, at 11:16 AM, CNA 1 stated she changed Resident ' s 1 diaper around 5:00 PM and again at around 10 PM during her shift, when Resident 1 asked for another diaper change, CNA 1 stated she did not fulfill Resident 1 ' s request because it was already 11:00 PM and her shift had ended.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on March 18, 2025, at 12:09 PM, with the certified nursing assistant (CNA 2) assigned to Resident 1 following CNA 1 ' s shift. CNA 2 stated she did not see who the outgoing CNA (CNA 1) was, who worked the 3:00 PM to 11:00 PM shift. CNA 2 stated she remembers changing Resident 1 ' s diaper twice during her shift, once at around 2:00 AM and again at around 5:00 AM.</p> <p>During a review of Resident 1 ' s care plan, initiated on June 4, 2024, it was noted that Resident 1 has a care plan addressing bowel incontinence related to immobility, as well as a separate care plan for bladder incontinence also related to impaired mobility. Both care plans include interventions to provide peri-care (refers to cleaning and maintenance of the genital and anal areas) following episodes of incontinence.</p> <p>During a concurrent interview and record review on March 18, 2025, at 12:16 PM, with the Director of Nursing (DON), the DON was informed about CNA 1 not changing the diaper of Resident 1 and failing to communicate this to CNA 2, as a result, Resident 1 ' s request for diaper change was delayed for approximately three hours. The DON stated it should have been communicated properly and that she would investigate the matter.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Activities of Daily Living (ADLs), Supporting, dated April 2018, the P&amp;P indicated, .Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, . The DON acknowledged that this policy was not followed.</p>