STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555522	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Hospital of San Bernardino Dp Snf	1805 Medical Ctr Dr. San Bernardino, CA 92411

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement a fall care plan intervention for one of four sampled residents (Resident 1).This failure resulted in Resident 1 falling off the bed, placing his safety at risk.Findings:During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), it indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included respiratory failure (life-threatening condition which causes shortness of breath) and cardiac arrest (medical emergency where the heart suddenly stops beating).During a review of the Resident 1's Fall Care Plan, initiated on June 14, 2024, it indicated an intervention of Assess for need for side rails or any.During a review of Resident 1's Minimum Data Set (MDS - a standardized clinical assessment tool), under 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 April 2, 2026, the MDS Section GG indicated, Resident 1 was dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity: Or, the assistance of 2 or more helpers is required for the resident to complete the activity) for Toileting Hygiene Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring: in/out of tub/shower.During a review of Resident 1's Nurse's Notes, dated April 20, 2026, at 10:28 AM, it indicated LVN [Licensed Vocational Nurse] reported pt [resident] had unwitnessed fall on 4/20/2026 @ [at] 9:30 AM, went to room, found pt[resident] lying on floor facing up next to his bed, head on top of IV (Intravenous) - pole side (right side side-rail down) .During an interview on May 4, 2026, at 10:25 AM, with Certified Nursing Assistant (CNA), CNA stated she was responsible for Resident 1 when he fell on April 20, 2026. She stated it occurred while she was preparing Resident 1 for a shower. CNA stated she forgot to lock or secure Resident 1's bedside rails when she went out to get the shower bed. CNA further stated she was only gone for a few seconds, but when she returned, she saw Resident 1 had already fallen on the floor.During a concurrent interview and record review on May 4, 2026, at 10:45 AM, with the Facility Administrator (Admin), the Admin reviewed and acknowledged the facility's policy and procedures (P&P) titled, Fall Prevention Program dated April 2005, which indicated .An individualized interdisciplinary fall prevention/reduction plan of care will be developed and implemented for each resident identified as a fall risk. The Admin stated it was not followed.

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