STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555642	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Redlands Comm Hosp D/P Snf	350 Terracina Blvd. 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47360 Based on observation, interview, and record review, the facility failed to ensure residents were treated with respect and dignity in an environment that enhances quality of life for two of five sampled residents (Residents 55 and 56) when lunch was served in a plastic bag with disposable plastic container and utensils and no placemat, tray or plate were provided. This failure resulted in Residents 55 and 56 not having a place to set their food when eating and having to place some items on the table when preparing their meal to eat which had the potential to negatively impact the residents' mental and psycho-social well-being. Findings: 1a. During a review of Resident 55's History and Physical (H&P-contains resident's medical history, physical examination and reason for admission to the facility), the H&P indicated, Resident 55 was admitted on [DATE], for physical therapy (PT-a treatment method where physical methods as massage, heat treatment and exercise are used rather than by drugs or surgery) and occupational therapy (OT-a treatment method where daily life activities are performed) after sustaining a right humerus (bone in the upper arm) fracture (broken bone). During a concurrent observation and interview on November 5, 2024, at 12:12 PM, in Resident 55's room, Certified Nurse Assistant (CNA) delivered Resident 55's lunch in a plastic bag, there was no placemat, tray or plate provided. The plastic lunch bag included the sandwich Resident 55 ordered, served in a plastic clam container (small container that can only accommodate a sandwich) cut in half and stacked. Packets of condiments (mustard and mayonnaise) provided along with a bag of plastic utensils. Resident 55 stated, she had not received any of her meals on a plate or tray since being admitted . Resident 55 further stated, meals were provided similar to how you would get takeout. During a concurrent observation and interview on November 6, 2024, at 8:53 AM, in Resident 55's room, Resident 55 was sitting in her chair finishing up breakfast which was served on a plate with a tray. Resident 55 stated, she was surprised when her breakfast was served on a plate with metal utensils as this was the first time, she had received her meal this way and wanted to know what the surveyor did to get this kind of service. Resident 55 further stated, it was nice to have a plate with metal utensils and room to eat because it was challenging with her previous meals since she can not use her right arm because of the fracture. Resident 55 stated, having a space to eat and a sturdy plate and utensils made her breakfast better. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1b. During a review of Resident 56's H&P, the H&P indicated, Resident 56 was admitted on [DATE], for PT and OT after sustaining a left hip fracture. During an interview on November 5, 2024, at 12:10 PM, with the Director of Dietary Services (DDS), the DDS stated, residents will receive a plastic bag with disposable food container or clam shell and disposable utensils if they are on any type of isolation precautions (barriers that help prevent the spread of germs). The DDS stated, if a patient has an order for precautions at 0600 AM they will receive all food on disposable items so that no contaminated items return to the cafeteria, it has been this way since pandemic. The DDS further stated, if there is an order to remove a resident from isolation precautions placed after 6:00 AM, food service will continue on disposable items for that day. During a concurrent observation and interview on November 5, 2024, at 12:20 PM, in the dining room, CNA delivered Resident 56's lunch in a plastic bag, there was no placemat, tray or plate provided. Resident 56's sandwich was served in a small clam shell container and packets of condiments were provided along with a paper bag of plastic utensils. Resident 56 prepared her sandwich with condiments which required stacking the lettuce and onion on the corner of the container, with the lettuce making contact with the surface of the table. Resident 56 stated, most meals come served this way, or in a foam container with disposable utensils and cups. During a concurrent interview and record review on November 7, 2024, at 9:57 AM, with the Director of Skilled Nursing (DSN) and Nurse M anager (NM), Resident 55's and 56's Order Summary dated November 5, 2024, was reviewed. The NM stated, there was no documented evidence Resident 55 and 56 had an order for isolation precautions since admission. The NM could not explain why these two resident's lunches were served in a plastic bag. During review of the facility policy and procedure (P&P) titled, Resident Rights dated May 2024, the P&P indicated, .A. Dignity: the facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect .E. Accommodation of Needs: A resident has the right to 1. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences .H. Environment: 1. A safe, clean, comfortable, and homelike environment .

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident’s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47360 Based on interview and record review, the facility failed to ensure the quarterly Resident Assessment Instrument/Minimum Data Set (RAI/MDS- a facility assessment and care planning process used by nursing home staff as required by the Centers of Medicare and Medicaid Services [CMS]) was completed and submitted to CMS in accordance with federal submission timeframes, for one of six reviewed for resident assessment (Resident 1). This failure resulted in inadequate monitoring of progress or decline for Resident 1 and the lack of resident specific information to CMS for payment and quality measure monitoring. Findings: During a review of Resident 1's History and Physical (H&P -contains resident's medical history, physical examination and reason for admission to the facility), the H&P indicated, Resident 1 was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus (a disease that causes your blood sugar to be too high), end stage renal disease (ESRD - kidney failure) and osteomyelitis (an infection inside a bone) to the left foot. During a concurrent interview and record review on November 7, 2024, at 10:40 AM, with the MDS Nurse (MDSN), Resident 1's MDS assessment data was reviewed. The quarterly MDS assessment, that was due September 18, 2024, was not submitted (36 days past due). The MDSN stated, the MDS assessment was not completed and was not submitted because CMS was updating the system. The facility policy and procedure (P&P) was requested related to the MDS assessment. The MDSN stated, the facility does not have a policy regarding MDS assessments, and that the facility follows the MDS RAI manual. The MDSN agreed that the MDS assessment should have been submitted on October 2, 2024. During a review of CMS's Resident Assessment Instrument Version 2.0 Manual (RAI), the RAI indicated, Chapter 2 .Assuming the resident does not have any significant changes in status or is not discharged from the facility, the next assessment in the [MDS] assessment schedule is the Quarterly assessment. The Quarterly assessment is to be completed within 92 days of the R2b (signed completion) date of the Admission assessment. The [MDS] schedule would continue with another Quarterly assessment to be completed within 92 days of the R2b of the previous Quarterly . During a review of facility Job Description (JD) titled, MDS Coordinator/DSD, RN, dated July 1, 2024, was reviewed. The JD indicated, .Position Specific Responsibilities .Resident Assessment .Conducts and coordinates the development and completion of the resident assessment (MDS) in a timely manner in accordance with current rules, regulations and guidelines .Assigns assessment reference date and starts the schedule of assessments for all residents with the interdisciplinary team .

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 47360

Based on observation, interview and record review, the facility failed to follow policy and procedure (P&P) for four of five residents when:

1. Staff failed to perform hand hygiene during medication administration and having direct contact with three residents (Resident 55, 56, and 106).

2. Intravenous (IV-into the vein) tubing was not used according to standards of practice for one resident (Resident 57) when the facilities policy and procedure (P&P) for IV therapy was not updated.

These failures had the potential to place patients at a greater risk for spreading of infection from cross-contamination (the transfer of harmful bacteria) causing a preventable bloodstream infection, and negatively impact residents' health and safety.

Findings:

1a. During a review of Resident 106's Admitting Form (a demographic data about the resident), the Admitting Form indicated, Resident 106 was admitted to the facility on [DATE], for physical therapy (PT-a treatment method where physical methods as massage, heat treatment and exercise are used rather than by drugs or surgery) and occupational therapy (OT-a treatment method where daily life activities are performed).

During an observation on November 6, 2024, at 8:48 AM, Licensed Vocational Nurse 1 (LVN 1) was observed leaving Resident 106's room without hand washing. LVN 1 went to the Omnicell (a medication dispensing system) and got Norco (a combination of hydrocodone and acetaminophen to treat pain) 7.5 milligrams (mg-unit dosing medication) and 325 mg. LVN 1 came back to Resident 106's room and administered Norco to Resident 106 without hand washing and sanitizing (kill germ) the medication cart.

1b. During a review of Resident 55's History and Physical (H&P -contains resident's medical history, physical examination and reason for admission to the facility), the H&P indicated, Resident 55 was admitted on [DATE], for PT and OT after sustaining a right humerus (bone in the upper arm) fracture (broken bone).

During an observation on November 6, 2024, at 8:57 AM, in Patient 55's room, LVN 1 left Patient 55's room to get a pain medication from the Omnicell. LVN 1 did not perform hand washing or hand sanitizing upon returning to the room with the pain medication and did not perform hand hygiene before giving Patient 55 her medication.

1c. During a review of Resident 56's H&P, the H&P indicated, Resident 56 was admitted on [DATE], for PT and OT after sustaining a left hip fracture.

During an observation on November 6, 2024, at 9:07 AM, after exiting Patient 55's room, LVN 1 entered Patient 56's room without performing hand washing or hand sanitizing. Hand hygiene was not performed by LVN 1 prior to administering Patient 56's medication.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on November 6, 2024, at 9:11 AM, with LVN 1, LVN 1 stated, she washes her hands when entering a resident's room and there is no need for washing or sanitizing her hand after she gets her medicines from the Omnicell. LVN 1 further stated, hand hygiene needed to be performed in-between each patient when performing patient care. During an interview on November 8, 2024, at 9:20 AM, with the Infection Preventionist Nurse (IPN), The IPN stated, staff are expected to wash hands after administering medication and after each resident care. The IPN further stated, staff should also wash hands after touching any objects and before caring for residents to prevent the spread of infection. During a concurrent interview and record review on November 8, 2024, at 9:30 AM, with the Director Skilled Nursing (DSN), the facility's policy and procedure (P&P) titled, Medication Administration Using Electronic Medication Administration Record (e MAR)/BMV and Infection Control, dated April 23, 2024, was reviewed. The P&P indicated, PURPOSE 1. To prevent contamination and spread of microorganism. PROCEDURE A. Five key areas to be disinfected after each patient use :1. Keyboard 2. Mouse 3. Screen 4. Scanner 5. Countertop/Handle B. Standard Precautions for all patient.1. Wash your hands or sanitize with alcoholic gel . 5. dispose of trash and wash or sanitize the hands. 6. Put on the gloves and wipe the five key areas of the cart with the hospital approved disinfectant.7. Wash your hands or sanitize with alcohol gel . The DSN stated, as you have the direct observation with the staff, staff is supposed to wash her hands as per policy, so policy was not followed. During a concurrent interview and record review on November 8, 2024, at 9:32 AM, with the DSN, the facility's policy and procedure P&P titled, Hand Hygiene, dated April 23, 2024, was reviewed. The P&P indicated, PURPOSE 1. Hand hygiene reduces the risk of infection from patient to patient and from patient to health care provider .3. Hand Hygiene minimizes counts of both transient and resident skin flora. 4. Hand Hygiene is generally considered the single most important procedure for preventing hospital acquired infections . The DSN stated, staff is expected to wash hands to prevent spread of infection. 2. During a review of Resident 57's H&P, the H&P indicated, Resident 57 was admitted on [DATE], for an infected left knee and continued intravenous antibiotic (medication used to treat an infection) with PT and OT. During an observation on November 5, 2024, at 9:59 AM, in Patient 57's room, Ceftriaxone (an antibiotic) 2 Grams (gm - unit of measurement) was hanging from the IV pole with the IV tubing dated November 2, 2024. The IV was not connected to Patient 57, the end of the IV tubing was circled around on self and connected to the IV tubing's medication port. There was no cap noted to the end of the IV. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on November 5, 2024, at 11:30 AM, with the DSN and Nurse Manager 2 (NM2), the facility's P&P titled, Intravenous Administration, dated October 2024, was reviewed. The P&P indicated, .3. Aseptic technique/standard precautions will be used in all IV insertion and maintenance .13. Tubing will be changed every 96 hours or PRN (as needed) . The NM2 stated, IV tubing needs to be replaced every 96 hours per the policy and does not differentiate between how the tubing is used, such as intermittent (tubing that is disconnected after infusion and reconnected for the next dose). The DSN stated, there was no mention of how to cap the IV tubing during intermittent IV medication administration in the facility policy. The DSN further stated, the staff will loop around the end of the tubing and secure to the medication port between doses, this practice is not included in the P&P. The DSN stated, the facility does not have sterile caps for intermittent IV tubing. During a concurrent interview and record review on November 8, 2024, at 10:00 AM, with the IPN, the facility's P&P titled Intravenous Administration, dated October 2024, was reviewed. The P&P referenced Infusion Nurses Society Standard as the resource for this P&P. The current Infusion Nurses Society Standard dated January/February 2024 indicated, .standards of practice . intermittent IV tubing should be changed every 24 hours . If the tubing is to be reused within 24 hours, it should be covered with a sterile covering device . The IPN stated, the facility Intravenous Administration P&P was not updated with the current stands of practice per the reference cited in the P&P. The IPN further stated, the purpose of updating P&P's to current standards of practice is to prevent infection. 47394