

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Foothill Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 14662 Newport Avenue Tustin, CA 92780	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</p> <p>Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to provide the necessary care and services for one of two sampled residents (Resident 1).</p> <p>* The facility failed to implement their P&P to conduct an hourly rounding, neurological, skin, and body assessments for Resident 1 after she had sustained a fall on 11/2/24.</p> <p>* The facility failed to thoroughly investigate the fall incident for Resident 1.</p> <p>These failures had the potential to negatively affect the resident's health condition and well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Change of Condition: Reporting revised 9/2023 showed when a licensed staff member identifies a change of condition or becomes aware of any incident involving the care of a resident, a change of condition report is to be filled out on the shift report. This entry is in addition to the usual and customary documentation of the resident medical record which includes injuries, even minor to a resident. The director will maintain electronic records of all report investigations. The director will be responsible for the ongoing monitoring and reporting of change of condition changes on the pediatric sub-acute services unit.</p> <p>Review of the facility's P&P titled Fall Prevention Program revised 2/2023 showed all the patients will be assessed upon admission, each shift for the risk of falling, on change of condition, and upon transfer by the receiving unit as per assessment and reassessment policy and procedure. Fall prevention strategies shall include but is not limited to, hourly rounding by nursing staff including checking for the three P's (pain, potty, and personal needs). All the patients' falls will be investigated by unit manager/director, or designee and tracked and trended by the risk manager. Post fall management includes immediately upon identification of a patient fall, the patient will be assessed for any injury prior to moving the patient. The vital signs will be obtained including a neurological assessment. Ensure fall risk measures are implemented if not previously identified as a fall risk.</p> <p>Medical record review for Resident 1 was initiated on 11/15/24. Resident 1 was admitted to the facility on [DATE]. Resident 1 had diagnoses including chronic respiratory failure/ventilator dependence, and gastrostomy tube dependence.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Foothill Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 14662 Newport Avenue Tustin, CA 92780	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's Nursing Narrative dated 11/2/24, showed at 1920 hours, the bedside nurse reported the resident fell when the CNA was lowering the siderail to take the resident's vital signs. The note showed Resident 1 jumped to the CNA, and the CNA was not able to catch Resident 1. The resident fell on the floor and hit the forehead. The resident's physician wanted the resident to be seen in the acute care hospital emergency department. The transfer team had picked up Resident 1 at 2250 hours.</p> <p>Review of Resident 1's Assessment and Care document dated 11/2/24 at 1948 and 2000 hours, failed to show the neurologic assessments were conducted to assess the resident's level of consciousness, mentation, behavior, PERRLA, head, and neck assessments. The document further failed to show the skin and body assessments were completed.</p> <p>On 11/15/24 at 1508 hours, an interview was conducted with LVN 1. When asked if Resident 1 had a change of condition, LVN 1 stated they were informed Resident 1 jumped to CNA 4 and went over the CNA's shoulder and CNA 4 was not able to catch her. When asked about the process after a fall, LVN 1 stated a neurological assessment would be conducted for 24 hours. LVN 1 verified there was no documentation on Resident 1's skin and body and neurological assessments for three and one-half hours.</p> <p>On 11/27/24 at 1005 hours, an interview was conducted with CNA 4. CNA 4 stated she went to the Resident 1's room on 11/2/24. Resident 1's bed had the bumper pads along the crib. As CNA 4 was attempting to unlatch the crib with one hand, the bumper pads got stuck, and she used her other hand to push the bumper pads down. Resident 1 was sitting in front of her then leaned into CNA 4. CNA 4 stated her instinct was to hold the resident but Resident 1 went over her right shoulder, hit the floor and started crying. CNA 4 stated she picked up Resident 1 and put her back into her in the crib. When asked how Resident 1 landed, CNA 4 stated she did not know but only heard her hit the floor.</p> <p>On 11/27/24 at 1039 hours, a concurrent interview and medical record review was conducted with RN 1. RN 1 stated a fall would indicate a COC. RN 1 stated the process for a fall incident would include to alert the team, assess the resident, follow the fall protocol, and set up transportation for further evaluation. When asked to show Resident 1's neurological assessments, RN 1 stated well there are none. RN 1 stated the hourly rounding documentation was inconsistent and undocumented. RN 1 verified there were no documentation of Resident 1's skin, body, and neurological assessments. RN 1 stated, yeah that's weird that it wasn't urgent send out, who is to say there was no injury until you know.</p> <p>On 12/3/24 at 1222 hours, a concurrent interview, medical record review, and facility document review was conducted with the CNO. When asked if the nurses were to monitor the resident post falls with possible head injury, the CNO stated yes. When asked if the nurses conducted the hourly rounding, the CNO stated yes, rounding would be conducted every 15 minutes for the first hour, then every 30 minutes thereafter. When asked if the assessment and hourly rounding were documented, the CNO stated no. When asked what the investigation process was for a fall incident, the CNO stated, talking to the employee on what had happened. When asked to show the witness statement interview from CNA 4, the CNO stated she did not have a documented statement from CNA 4.</p> <p>On 12/3/24 at 1510 hours, the CNO and Director of QA acknowledged the above findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Foothill Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 14662 Newport Avenue Tustin, CA 92780	
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49348</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to ensure the medical record for one of two sampled residents (Resident 1) was complete and accurate.</p> <p>* The facility failed to accurately document Resident 1's Fall Risk Assessment post fall on 11/7, 11/11, and 11/17/24. This failure had the potential for the resident's care needs not being met.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Fall Prevention Program revised 2/2023 showed if the patient is assessed to be at risk and/or has a total score greater than 45, the Fall Prevention Program will be implemented. All patients shall be assessed utilizing the Fall Precautions Criteria/Risk Factors (Morse Fall Scale).</p> <p>According to the Agency for Healthcare Research and Quality dated 7/2023 the Morse Fall Scale is a tool can be used to identify risk factors for falls in hospitalized patients. The total score may be used to predict future falls, but it is more important to identify risk factors using the scale and then plan care to address those risk factors. The Morse Fall Scale scoring chart showed that a history of falls would add 25 points. The total of all risk factors would be added up indicating the severity risk for falls. A score 25-45 would indicate a moderate risk for falls. A score greater than 45 would indicate a high risk for falls.</p> <p>Medical record review for Resident 1 was initiated on 11/15/24. Resident 1 was admitted to the facility on [DATE]. Resident 1 sustained a fall on 11/2/24. Resident 1 had diagnoses including chronic respiratory failure, tracheostomy dependent, and gastrostomy tube dependent.</p> <p>Review of Resident 1's Assessment and Care flow sheet dated 11/2/24, showed the resident had a Morse Fall Scale score of 55, indicating the resident was high risk for falls.</p> <p>Review of Resident 1's Assessment and Care flow sheets dated 11/7, 11/11, and 11/17/24 showed the following documentation under the Morse Fall Scale:</p> <ul style="list-style-type: none"> -on 11/7/24, score was blank -on 11/11/24, score was 30, indicating moderate risk for falls -on 11/17/24, score was blank <p>On 11/15/24 at 1402 hours, an interview was conducted with CNA 2. CNA 2 stated Resident 1 had a recent fall. CNA 2 stated Resident 1 was quick and active, and learned how to manipulate the crib rails.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Foothill Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 14662 Newport Avenue Tustin, CA 92780	
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 11/15/24 at 1620 hours, an interview was conducted with CNA 3. CNA 3 stated Resident 1 had been very active for a long time and has the tendency to lunge forward when you open the crib, and stated it was very risky as she can fall very easily.</p> <p>On 12/3/24 at 1222 hours, a concurrent interview and medical record was conducted with the CNO. The CNO stated the fall risk assessment score would include the resident's history of falls, secondary diagnosis, and mental status. The CNO stated Resident 1's fall score was increased to 55 due to her recent fall on 11/2/24, and the secondary diagnosis indicating a high risk. The CNO stated the Morse Fall Scale was lowered by removing the history of falls, secondary diagnosis, and mental status. The CNO stated given Resident 1's age, anyone was a fall risk. The CNO verified Resident 1's Morse Fall Scale were blank and inaccurate on 11/7, 11/11, and 11/17/24.</p>		