

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555915	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 25924 Jackson Ave Murrieta, CA 92563	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43396</b></p> <p>Based on interview and record review, the facility failed to ensure for one three residents (Resident A) was free from verbal abuse when a Certified Nursing Assistant (CNA) was witnessed to have used explicit words towards Resident A in the hallway.</p> <p>This failure resulted in a verbal abuse from CNA towards Resident A and had the potential to have a negative effect on the psychological, behavioral, or psychosocial outcomes to maintain or improve resident's overall well-being.</p> <p>Findings:</p> <p>On April 10, 2024, at 10 a.m., an unannounced visit to the facility to investigate an incident of verbal abuse was conducted.</p> <p>On April 10, 2024, at 10:10 a.m., an interview was conducted with the Assistant Administrator (AADM). The AADM stated CNA 1 reported she overheard CNA 2 told Resident A, Fuck you, you are a grown woman, why are you acting like this? in the hallway. The AADM stated the facility had completed their investigation and confirmed by multiple witnesses that CNA 1 indeed verbally abused Resident A on the alleged incident date. The AADM further stated CNA 1 was no longer working in the facility as he has been terminated.</p> <p>On April 10, 2024, at 11:06 a.m., Resident A was observed lying in bed, asleep. Resident A was observed calm, but easily awoken. No physical injuries noted on Resident A.</p> <p>On April 10, 2024, Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included dementia (a disease that causes inability to remember, think, make decisions that interferes with doing everyday activities), anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness), psychotic disorder (a collection of symptoms that affect the mind, where there has been some loss of contact with reality), and mood disorder.</p> <p>A review of Resident A's Minimum Data Set (MDS- an assessment tool), dated January 4, 2024, indicated Resident had a BIMS (Brief Interview of Mental Status) of 3 (severe cognitive impairment).</p> <p>A review of Resident A's Progress Notes for the following dates indicated:</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- March 28, 2024, at 4:30 a.m.; .Patient increasingly confused, agitated, aggressive toward staff, swinging at staff and continuously yelling hysterically help, in the hallways .</p> <p>- March 28, 2024, 3:18 p.m.; .At approx. (approximately) 12 pm DON/DSD (Director of Nursing/ Director of Staff Development) received report from staff member that she overheard another staff member tell the resident Fuck you, you're a grown woman, why are you behaving this way at approx 3-4 am .</p> <p>On April 11, 2024, at 12:40 p.m., an interview was conducted with CNA 1. CNA 1 stated while she was in the room with another resident, she overheard Resident A in the hallway, screaming and yelling, as her normal behavior on March 28, 2024, at around 4:30 a.m She further stated she overheard CNA 2 yelled back at Resident A and told her Shut the fuck up, you are a grown woman, why are you acting like that?</p> <p>On April 11, 2024, at 1:32 p.m. an interview was conducted with CNA 3. CNA 3 stated while he was in another room caring for another resident, he heard commotion between Resident A and CNA 2 in the hallway on March 28, between 4 a.m. to 4:30 a.m. CNA 3 stated he remembered hearing Resident A calling CNA 2 the devil. CNA 3 stated that as he was walking in the hallway, he saw Resident A next to CNA 2 near Resident A's room. At this time, CNA 3 stated he heard CNA 2 told Resident A, Shut the fuck up.</p> <p>On April 11, 2024, at 2:21 p.m., an interview was conducted with CNA 4. CNA 4 stated while she was at the nursing station, she overheard CNA 2 yelled at Resident A in the hallway and stated Shut the fuck up. on March 28, 2024, at around 4:30 a.m.</p> <p>On April 15, 2024, at 2:10 p.m., a follow up interview was conducted with the AADM. The AADM stated the incident of alleged verbal abuse on March 28, 2024, from CNA 2 towards Resident A indeed occurred and has been substantiated through their abuse investigation. The AADM stated all resident should be free from any verbal abuse from staff.</p> <p>A review of the facility's policy and procedure titled Abuse Prohibition and Prevention Program, dated November 2017, indicated, .The facility has policies and procedures for screening and training employees, protection of residents and for the prevention .of abuse .To provide staff guidelines to ensure protection for the health, welfare and rights of each resident residing in the facility; and to assure the facility is doing all that is within its control to prevent occurrences of abuse .PREVENTION .The facility strives to provide an environment which prohibits and prevents abuse .of resident .Supervision of staff to identify inappropriate behaviors, such as using derogatory language .The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as resident with history of aggressive behaviors .</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43396</p> <p>Based on interview and record review, the facility failed to ensure for one three residents (Resident A), an incident of verbal abuse from a Certified Nursing Assistant (CNA) towards Resident A was reported to California Department of Public Health (CDPH) within two hours.</p> <p>This failure resulted to a delay in the reporting and investigation of a verbal abuse and potentially placed Resident A and/or other residents at risk for further abuse.</p> <p>Findings:</p> <p>On April 10, 2024, at 10 a.m., an unannounced visit to the facility to investigate an incident of verbal abuse was conducted.</p> <p>On April 10, 2024, at 10:10 a.m., an interview was conducted with the Assistant Administrator (AADM). The AADM stated on March 28, 2023, at around 11:30 a.m., the Director of Staff Development (DSD) received report from CNA 1 of an alleged verbal abuse towards Resident A. The AADM stated CNA 1 reported that on March 28, 2024, between 4 a.m. to 5 a.m., she overheard CNA 2 told Resident A, Fuck you, you are a grown woman, why are you acting like this? in the hallway. The AADM stated after further investigation and confirmed by multiple staff who had worked with CNA 2 on the day of the alleged incident, CNA 2 indeed verbally abused Resident A in the hallway. The AADM stated CNA 2 was terminated. The AADM stated LVN 1 who was in charge of the unit and had knowledge of incident was also terminated due to failure to report an abuse towards Resident A. The AADM stated the alleged verbal abuse was not reported timely to the CDPH. The AADM stated any alleged abuse towards resident must be reported to CDPH within two hours from the time alleged abuse was known.</p> <p>On April 10, 2024, Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included dementia (a disease that causes inability to remember, think, make decisions that interferes with doing everyday activities), anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness), psychotic disorder (a collection of symptoms that affect the mind, where there has been some loss of contact with reality), and mood disorder.</p> <p>A review of Resident A's Minimum Data Set (MDS- an assessment tool) dated January 4, 2024, indicated Resident had a BIMS (Brief Interview of Mental Status) of 3 (severe cognitive impairment).</p> <p>A review of Resident A's Progress Notes for the following dates indicated:</p> <p>- March 28, 2024, at 4:30 a.m.; .Patient increasingly confused, agitated, aggressive toward staff, swinging at staff and continuously yelling hysterically help, in the hallways .</p> <p>- March 28, 2024, at 3:18 p.m.; .At approx. (approximately) 12 pm DON/DSD (Director of Nursing/ Director of Staff Development) received report from staff member that she overheard another staff member tell the resident Fuck you, you're a grown woman, why are you behaving this way at approx 3-4 am .</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 11, 2024, at 1:30 p.m. an interview was conducted with CNA 1. CNA 1 stated while she was in the room with another resident, she overheard Resident A in the hallway, screaming and yelling, as her normal behavior on March 28, 2024, at around 4:30 a.m. She further stated she overheard CNA 2 yelled back at Resident A and told her Shut the fuck up, you are a grown woman, why are you acting like that? CNA 1 further stated that she did not report the incident to the DSD until later that morning, at around 11:30 a.m. CNA 1 stated she was aware that all alleged abuse must be reported to the state within two hours.</p> <p>On April 11, 2024, at 1:32 p.m. an interview was conducted with CNA 3. CNA 3 stated while he was in another room caring for another resident, he heard commotion between Resident A and CNA 2 in the hallway on March 28, between 4 a.m. to 4:30 a.m CNA 3 remembers hearing Resident A calling CNA 2 the devil. CNA 2 stated that as he was walking in the hallway, he saw Resident A next to CNA 2 near Resident A's room. At this time, CNA 2 stated he heard CNA 2 told Resident A, Shut the fuck up. CNA 2 stated LVN 1 was there when it happened and overheard LVN 1 told CNA 2 that he could not talk to Resident A the way he did. CNA 4 stated he did not report it to anyone since he assumed LVN 1 would report it.</p> <p>On April 11, 2024, at 2:21 p.m., an interview was conducted with CNA 4. CNA 4 stated on March 28, 2024, at around 4:30 a.m., while she was at the Nursing Station, she overheard CNA 2 yelled at Resident A in the hallway and stated Shut the fuck up. CNA 4 stated that she did not report the incident to anyone since she thought everyone knew about it and someone would report it.</p> <p>A review of the facility's policy and procedure titled Abuse Prohibition and Prevention Program, dated November 2017, indicated, .The facility prohibits the use of verbal .abuse . Verbal abuse: The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents .Mandated Reporter: Any person who, in his or her professional capacity, or within the scope his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect .or reasonably suspects abuse shall report the known or suspected instance of abuse . Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator and/or Director of Nursing Services .The facility shall report all alleged violations and all substantiated incidents .To the state agency and to all other agencies as required .The facility shall ensure that all alleged violations involving abuse .are reported immediately, but not later than 2 hours after the allegation is made .</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43396</p> <p>Based on interview and record review, facility failed to ensure for one three residents (Resident A), was free from any further abuse, when Certified Nursing Assistant (CNA) was not removed from all patient care after being witnessed by other staff to have verbally abused Resident A in the hallway.</p> <p>This failure had the potential to placed Resident A and/or other residents at risk for further abuse.</p> <p>Findings:</p> <p>On April 10, 2024, at 10 a.m., an unannounced visit to the facility to investigate an incident of verbal abuse was conducted.</p> <p>On April 10, 2024, at 10:10 a.m., an interview was conducted with the Assistant Administrator (AADM). The AADM stated the Director of Staff Development (DSD) received report from CNA 1 of an alleged verbal abuse towards Resident A on March 28, 2023, at around 11:30 a.m. The AADM stated CNA 1 reported she overheard CNA 2 told Resident A, Fuck you, you are a grown woman, why are you acting like this? in the hallway on March 28, 2024, between 4 a.m. to 5 a.m. The AADM stated after further investigation and confirmed by multiple staff who had worked with CNA 2 on the day of the alleged incident, CNA 2 indeed verbally abused Resident A in the hallway. The AADM stated Licensed Vocational Nurse (LVN) 1 did not follow protocol of removing CNA 2 immediately from the facility from the time abuse was known. The AADM stated CNA 2 remained in the facility for about an hour after he verbally abused Resident A in the hallway.</p> <p>On April 10, 2024, Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included dementia (a disease that causes inability to remember, think, make decisions that interferes with doing everyday activities), anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness), psychotic disorder (a collection of symptoms that affect the mind, where there has been some loss of contact with reality), and mood disorder.</p> <p>A review of Resident A's Minimum Data Set (MDS- an assessment tool) dated January 4, 2024, indicated Resident had a BIMS (Brief Interview of Mental Status) of 3 (severe cognitive impairment).</p> <p>A review of Resident A's Progress Notes for the following dates indicated:</p> <p>-March 28, 2024, at 4:30 a.m. - .Patient increasingly confused, agitated, aggressive toward staff, swinging at staff and continuously yelling hysterically help, in the hallways .</p> <p>- March 28, 2024, 3:18 p.m. - .At approx. (approximately) 12 pm DON/DSD (Director of Nursing/ Director of Staff Development) received report from staff member that she overheard another staff member tell the resident Fuck you, you're a grown woman, why are you behaving this way at approx 3-4 am .</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 10, 2024, a review of the facility document titled Employee Timesheet, for CNA 2 indicated, CNA 2 did not clock out from work until 5:59 a.m. (approximately 2 hours later from the time CNA 2 was witnessed to have verbally abuse Resident A) on March 28, 2024.</p> <p>On April 11, 2024, at 1:30 p.m. an interview was conducted with CNA 1. CNA 1 stated on March 28, 2024, at around 4:30 a.m., while she was in the room with another resident, she overheard Resident A in the hallway, screaming and yelling, as her normal behavior. Then she overheard CNA 2 yelled back at Resident A and told her Shut the fuck up, you are a grown woman, why are you acting like that?</p> <p>On April 11, 2024, at 1:32 p.m. an interview was conducted with CNA 3. CNA 3 stated while he was in another room caring for another resident, he heard commotion between Resident A and CNA 2 in the hallway on March 28, between 4 a.m. to 4:30 a.m. CNA 3 stated he remembered hearing Resident A calling CNA 2 the devil. CNA 2 stated as he was walking in the hallway, he saw Resident A next to CNA 2 near Resident A's room. He further stated at this time, CNA 2 stated he heard CNA 2 told Resident A, Shut the fuck up. CNA 2 stated LVN 1 was there when it happened and overheard LVN 1 told CNA 2 he could not talk to Resident A the way he did. CNA 3 further stated LVN 1 did not remove CNA 2 immediately from the facility after he was observed to have verbally abuse Resident A in the hallway.</p> <p>On April 11, 2024, at 2:21 p.m., an interview was conducted with CNA 4. CNA 4 stated while she was at the nursing station, she overheard CNA 2 yelled at Resident A in the hallway and stated Shut the fuck up. on March 28, 2024, at around 4:30 a.m.</p> <p>A review of the facility's policy and procedure titled Abuse Prohibition and Prevention Program, dated November 2017, indicated, .The facility has policies and procedures for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse .To provide staff guidelines to ensure protection for the health, welfare and rights of each resident residing in the facility; and to assure the facility is doing all that is within its control to prevent occurrences of abuse .PREVENTION . The facility strives to provide an environment which prohibits and prevents abuse .of resident .Supervision of staff to identify inappropriate behaviors, such as using derogatory language .The assessment, care planning, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as resident with history of aggressive behaviors .PROTECTION .The facility will provide protection of residents from harm during an investigation including, but not limited to .Suspension of facility personnel involved in the suspected or actual abuse allegation</p>		