

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555921	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Rancho Bellagio Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 26940 E Hospital Road Moreno Valley, CA 92555	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three residents (Resident 1) ' s family was notified of a change in condition within 24 hours, on August 9, 2024.</p> <p>This failure had the potential for Resident 1's family to not know the medical condition of Resident 1, and not be able to advocate and assist with making medical decisions based on the change of condition.</p> <p>Findings:</p> <p>On September 16, 2024, at 2:30 p.m., an unannounced visit to the facility on two complaints investigation was initiated.</p> <p>A review of Resident 1's medical records indicated she was originally admitted on [DATE], with diagnoses of aphasia, (affects the ability to express and understand written and spoken language), after a stroke, urinary tract infection, (infection in the bladder), hydronephrosis, (caused by a blockage in the tube that connects the kidney to the bladder), with renal and ureteral calculi, (hard deposits made of minerals and salts that form inside the kidneys), Pressure ulcer injury, (bedsore) stage 4, (full thickness tissue loss with exposed bone, tendon, or muscle).</p> <p>A review of Resident 1's Brief Interview for Mental Status, (BIMS - an assessment tool for cognitive status) dated August 8, 2024, indicated a score of 10, (8-12 - moderate cognitive impairment, [cannot navigate to new places, and they have significant difficulty completing complex tasks such as managing finances. In this stage, a person sometimes becomes confused about where they are and what is happening]).</p> <p>A review of Resident 1 ' s Care Plan dated August 5, 2024, indicated .Cognitive impairment exhibits cognitive loss related to Alzheimer ' s ability to make self-understood, decreased ability to understand others, impaired decision making skills, long term and short term deficit .</p> <p>On September 16, 2024, at 4:30 p.m., an interview was conducted with Resident 1. Resident 1 was asked if she was capable of making decisions for her care. Resident 1 answered my daughter helps me with decisions.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's eInteract Change in Condition Evaluation dated August 9, 2024, at 9:32 p.m., indicated .1. The change in condition, symptoms or signs I am calling about is/are . 9. Diarrhea . CNA [Certified Nursing Assistant] reported stool with slimy consistency and mucus. Sample was collected . 3. Resident Representative Notification 1. Name of family/resident representative notified: self notified .</p> <p>A review of Resident 1's Progress Notes dated August 14, 2024, at 12:53 p.m., indicated .Called Family [name of family member] regarding Resident got C-Diff, [infection in the stool] as a result .</p> <p>Further review of Resident 1's medical records indicated that the resident representative was notified on August 14, 2024, five days after the change in condition, and there was no documentation Resident 1's representative was notified on August 9, 2024.</p> <p>On September 16, 2024, at 5:38 p.m., a concurrent interview and record review was conducted with the Registered Nurse, (RN). The RN stated that Resident 1's BIMS score was 10. The RN stated that Resident 1 had cognitive impairment. The RN stated that if a resident had cognitive impairment, they would notify the resident representative listed as an emergency contact if a change in condition had occurred. The RN stated that Resident 1's representative should have been notified on August 9, 2024, when she had a change in condition.</p> <p>A review of the facility ' s policy and procedure titled Change in a Resident ' s Condition or Status revised May 2017, indicated .Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status .2. A significant change of condition is a major decline or improvement in the resident's status that: a. Will not normally resolve itself without intervention by staff or by implementing standard disease - related clinical interventions (is not self-limiting) b. Impacts more than one area of the resident's health status c. Requires interdisciplinary review and/or revision to the care plan .3. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when . b. There is a significant change in the resident's physical, mental, or psychosocial status .4. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status .</p>		