California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: CA240000038 06/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9440 CITRUS AVENUE CITRUS NURSING CENTER FONTANA, CA 92335 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 000 Initlal Comments C 000 The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint Number: CA00789339 C1565 - T22 DIV5 CH3 ART3 -Representing the Department: 72335(a)(6) Dietetic Service - Food Sarvica Public Health Nutrition Consultant: 41337 11.-1-1 A. Corrective Action: The inspection was limited to the specific The facility utilizes the same kitchen complaint investigated and does not represent and dietary staff that it has always the findings of a full inspection of the facility. used since the facility was originally licensed to provide food to the One deficiency was identified for the complaint residents of the facility. The kitchen number: CA00789339 resides on the same physical plant as the rest of the facility, but is not in a C1565 T22 DIV5 CH3 ART3-72335(a)(6) Dietetic C1565 contiguous building with the skilled Service--Food Service nursing facility. The dietary staff are (a) The dietetic service shall provide food of the employed by the skilled nursing quality and quantity to meet each patient's needs facility and are all compliant with the in accordance with the physicians' orders and to required training. meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by The regulation requires the facility to the Food and Nutrition Board of the National Research Council of the National Academy of provide food of the quality and Sciences, and the following: quantity to meet each patient's needs in accordance with the (4) Table service shall be provided for all patients physician's orders and to meet "The who can and wish to eat at a table. Tables of Recommended Daily Dietary appropriate height shall be provided for patients Allowance" which has been In wheelchairs. accomplished by the current set up. This Statute is not met as evidenced by: Based on observation and interview the facility falled to have a written plan, adequate space, Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Walter De Jesus, Pt, DPT, NHA

3PMI11

Administrator

(XG) DATE

California Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA240000038 06/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9440 CITRUS AVENUE CITRUS NURSING CENTER FONTANA, CA 92335 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C1565 C1565 Continued From page 1 equipment, and food supplies to provide patients' The facility has applied for a program food service in emergencies when food was flexibility waiver on 7/14/22 in order provided by an outside resource. to have the use of the existing kitchen approved by CDPH. A This failure had the potential to put 94 medically contingency plan was also compromised residents who received food from implemented in the case of potential the outside resource at risk of a disruption in food service. emergencies and the resulting suspension of food service from the Findings: facility's existing kitchen. During an observation and interview with the B. Identification: Dietary Services Supervisor (DSS), on June 7, On 7/4/22, the facility Dietary 2022, at 8:44 AM, the kitchen for the skilled nursing facility was located through a hallway in Supervisor (DS) has reviewed all of another building. The DSS stated a door in the the residents to assure that all kitchen leads to the dining room of the assisted residents have received the food that living facility (Lotus Villa Memory Care). She is of the quality and quantity to meet stated that they cook all the meals for the each patient's needs in accordance assisted living facility. with the physician's orders and to During an observation and interview with the meet "The Recommended Daily Maintenance Staff, outside of the buildings near Dietary Allowance". the dumpsters, on June 7, 2022, at 10:51 AM, the Maintenance Staff stated the buildings were The Administrator provided an separate and there was a hallway that connects In-Service training to the Dietary the two buildings. Staff, on 7/14/22, about the Program During an interview with the DSS on June 7, Flexibility Waiver, and the 2022, at 3:27 PM, the DSS stated the kitchen was Contingency Plan for Emergency Food In the assisted living facility, and it was a different Supply. company and owner. C. Systemic Changes: During an interview with the Administrator, on The program flexibility waiver will be June 8, 2022, at 9:10 AM, the Administrator stated both buildings were owned by the same posted on the Consumer Board by company, and they lease out the other building to the Administrator when it is issued. the assisted living facility. He stated the assisted living was separately licensed and they were

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getting their dietary services from Citrus Nursing

California Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING CA240000038 06/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9440 CITRUS AVENUE CITRUS NURSING CENTER FONTANA, CA 92336 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C1565 Continued From page 2 C1565 staff. He stated they do not currently have a program flex for dietary services. Administrator gave an In-service training to the Safety Committee and the Interdisciplinary team on 7/14/22, explaining the Program Flexibility Waiver, and the Contingency Plan for Emergency Food Supply. D. Monitoring: The DS will monitor by assessing each resident on a quarterly basis and if they have a change of condition to assure that they are receiving the proper quantity and quality of food to meet their dietary needs in accordance with the physician's orders and to meet "The Recommended Daily Dietary Allowance" Findings will be reported by the DS to the QA/QAPI meeting for review, evaluation, and recommendation.

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