PRINTED: 09/06/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		056095	B. WING		C 09/01/2023			
NAME OF I	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
DEVONSHIRE CARE CENTER				1350 EAST DEVONSHIRE AVENUE HEMET, CA 92544				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
F 000	INITIAL COMMENTS		F O	00				
	California Departme investigation of a concentration of a concentratio	CA00849854 epartment: aluator Nurse: limited to the specific not represent the findings of		This plan of correction constitut facility's credible allegation of compliance. Preparation and/or of this plan of correction does not constitute admission or agreemed provider of the truth of the facts or conclusions set forth in the st of deficiencies. This plan of comprepared and/or executed solely required by statute.	execution of the			
	One deficiency was number: CA008498. Use of Outside Resider CFR(s): 483.70(g)(1) §483.70(g)(1) If the qualified professions service to be provide must have that service to rangement descril Act or an agreement (2) of this section. §483.70(g)(2) Arrangesection 1861(w) of the pertaining to service resources must speciassumes responsibility (i) Obtaining service	identified for the complaint 54 ources)(2) utside resources. facility does not employ a al person to furnish a specificed by the facility, the facility ice furnished to residents by a utside the facility under an oed in section 1861(w) of the t described in paragraph (g) gements as described in the Act or agreements s furnished by outside cify in writing that the facility	F 84	F-840 Use of Outside Resource CFR(s): 483.70(g)(1)(2) Corrective Action(s) a) SSD immediately sche appointment for oral x 8/8/2023 for Resident Following xray, SSD appointment for 10/13 the tooth extraction as by the physician. DON designee will ensure R receives the necessary care without further designee without further designees.	duled an ray for 1. cheduled 2023 for ordered and esident 1 dental			

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 88WJ11

Facility ID: CA240000064

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F 840	and (ii) The timeliness of This REQUIREME by: Based on interview failed to provide physervices for two of and 2) when: 1. A follow up dental scheduled for Residuled for Residuled for Residuled for Residuled for Residuled for Residures had treatment and care Findings: On July 24, at 8:05	ciples that apply to ding services in such a facility; of the services. NT is not met as evidenced or and record review, the facility ysician ordered consultation three residents (Resident 1 al appointment was not dent 1, and; gist appointment was not dent 2. the possibility to delay	F 8	340	b) How to lo may be a	SSD immediately schedule ophthalmologist evaluation appointment on 9/18/2023 Resident 2, as ordered by physician. DON and/or designee will ensure Resident receives the necessary eye and monitor progress. dentify Other Resident what risk: SSD reviewed current fact resident records to identify pending referrals to outsident resources on 9/14/2023 to ensure that all patients with pending referrals are identificant their appointments scheduled promptly. No oresident has been identified with the same deficient practice.	for for the lent 2 care o care h ility y any e h iffied	
	1. On July 24, 2023, Resident 1's record was reviewed. Resident 1 was admitted to the facility on July 21, 2018, with diagnoses which included diabetes mellitus (DM- abnormal sugar in the blood), paraplegia (paralysis of the lower limbs) and spinal stenosis (narrowing of the spinal column which can cause the nerves to be compressed). Review of Resident 1's physician History and Physical indicated Resident 1 had capacity to understand and make decisions.				Systemic a)	SSD established a clear communication system for nursing to communicate referrals to ensure that authorization and schedu for such appointments are expedited to prevent delagation.	ling e	
		t 1's Physician Order Summary				care.		

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NAME OF PROVIDER OR SUPPLIER DEVONSHIRE CARE CENTER										
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F 840	Continued From page 2 pain to right lower molar " dated May 23, 2023, and "Follow up appointment with Oral Surgeon on June 27, 2023 " dated June 20, 2023. Review of Resident 1's Care Plan indicated, "Focusis at risk for oral health or dental care problemsGoalwill maintain intact oral mucous membranes as evidence by the absence of discomfortInterventionsdental referral as needed " dated April 20, 2023. Review of Resident 1's nursing progress notes dated June 2, 2023, at 12:46 p.m., indicated, "Resident saw the dentists (sic) this week due to a tooth pain he had. Dentist did inform resident that he would need to have a tooth extraction for the pain to go awayResident informed SSD (Social Service Designee) that he decided to have the extraction done. SSD will inform dentist		F 840 b) SSD developed a trackin system to monitor the statility resident's referration outside resources, inclus follow-up calls and documentation by using appointment binder. c) SSD implemented a proseculate unresolved issustantially by reporting to administrator as identified SSD provided a training 8/22/2023 to facility lice staff, including Social Sea Assistants (SSAs), on the referral and tracking prowith emphasis on the importance of timely			to ng n ss to he sed ce				
	dated July 12, 2023Oral Surgery appt discussed, the last a able to be complete perform the needed present. A new appt (names of dentists). for an appt date, de both dentistry's for a follow-up " Review of Resident dated July 19, 2023Attempt to schedu dentists). A call was date, detailed messi	1's nursing progress note, at 2:51 p.m., indicated, " (appointment) was also appt unfortunately was not d due to not being able to X-rays with the equipment is being scheduled with a (sic) call was made to both tailed message was left to a call back. SS will continue to 1's nursing progress note, at 9:31 a.m., indicated, " ile new Appt with (name of made to both for an appt age was left to both dentistry's facility we have yet to receive			a) SSD and/or designee will report on pending appointments, using the appointment binder, to QA x 3 months for further assessment and escalation pending appointments and implement facility interventions as needed. Completion Date 10/06/2023	of				

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NAMEOEI	PROVIDED OR CURRUED	036033	D. WING			09/	01/2023			
NAME OF PROVIDER OR SUPPLIER DEVONSHIRE CARE CENTER				13	TREET ADDRESS, CITY, STATE, ZIP CODE 350 EAST DEVONSHIRE AVENUE IEMET, CA 92544					
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F 840	On August 3, 2023, was conducted at the On August 3, 2023,	Itiple attempts. SSwill (sic) p " at 10:35 a.m., a follow up visit ne facility. at 11:10 a.m., Resident 1 was	F 8	40						
	observed lying in be interview, Resident toothache pain. "R broke in the back of on that side of his management and the dentist but it "just was stated he went to ge able to stand and the	ed. During a concurrent 1 stated he had "nagging esident 1 stated his tooth his mouth and when he eats nouth the pain gets worse. had been trying to see the easn't happening. " Resident 1 het dental x-rays but was not e x-rays were not done. he was still waiting to see the								
	was conducted with (SSA). The SSA star scheduled for an our authorization was apwhen the outside ref message was left, a within 24-48 hours, a SSA stated the facili weekly until an appodocument. The SSA the dentist in June a x-rays done and was that had the equipme SSA stated Resident the facility had not be dentist(s) to schedul Resident 1. The SSA contact the dentist(s	at 12:22 p.m., an interview the Social Service Assistant ted residents should be tside referral once proved. The SSA stated ferral did not answer, or a follow up call should be done and documentation done. The ty should continue to call intment was scheduled and stated Resident 1 went to not could not have the needed a referred to other dentist(s) ent Resident 1 needed. The tallow a referral in July, but seen able to contact the e an appointment for a stated he attempted to to schedule but did not have a concurrent record review.								

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F 840	the SSA stated the 19, 2023, was the I to contact the dentithe facility should he Resident 1's referra appointment. On August 4, 2023, was conducted with (DON). The DON sof dental pain and voon DON stated the needed x-rays and the DON stated the July 12-August 3 referral to the outside an appointment had 1 to been seen by the than the total the several woomplained of dentitions the second s	documentation indicated July ast time the facility attempted al referral(s). The SSA stated ave continued to follow up with al(s) for the outside dental at 12:35 p.m., an interview at the Director of Nursing tated Resident 1 complained was sent to the dentist. The and referred Resident 1 to ang a concurrent record review, re was no documentation from garding Resident 1's need for de dentist(s). The DON stated a not been made for Resident the outside dentist(s), and it reeks since Resident 1 al pain. The DON stated have been seen by the dentist	F	840				
	was observed dress wheelchair. Reside concurrent interview requested to see th ago, for "debris" the damage to the lens seen the eye doctor							
	reviewed. Resident on May 29, 2020, at 2023, with diagnose mellitus, cerebral in	Resident 2's record was 2 was admitted to the facility and re-admitted on May 4, es which included diabetes farction (stroke), and chest sident 2's Physician History						

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F 840	and Physical indicunderstand and m	ated Resident 2 had capacity to ake decisions. at 2's Physician Order Summary almologist (sic) consult as	F8	340			
	dated July 5, 2023reported that he constructionEye	nt 2's nursing progress note , at 9:55 a.m., indicated, " got debri (sic) during examinedNo foreign object for eye consultMD ok'd "					
	19, 2023, at 12:59 Dr (name of physic stated he examinestated that the ey	t 2's progress note dated July p.m., indicated, "on 7/19/23 ian) came in to visit patient. He d the eye of the patient re is ok externally-no negative llen but if patient insisting-ok (sic) consult "					
	was conducted with Resident 2 did not upcoming appoint record review, the scomplained of debraceommendation for Ophthalmologist. Tunaware of the need the Ophthalmologis did not have author	at 12:22 p.m., an interview on the SSA. The SSA stated have any referrals for ments. During a concurrent SSA stated Resident 2 had it is in his eye on July 5, with a or a referral with an he SSA stated he was d for Resident 2's referral to it. The SSA stated Resident 2 ization or an appointment for and he should have.					
	was conducted with Resident 2 had con The DON stated sh	at 12:35 p.m., an interview the DON. The DON stated applained of debris in his eye. e examined Resident 2's eye, 2's primary care physician.					

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F 840	The DON stated Resident 2 could be for evaluation. The not seen the Ophthat DON stated Reside referred and seen the ordered and he did Review of the facility "Transportation, Dia December 2008, included assist residents in a to/from diagnostic ato/from diagnostic at	esident 2's physician stated e sent to the Ophthalmologist DON stated Resident 2 had almologist as ordered. The nt 2 should have been ne Ophthalmologist as not.	F8	40					
·									