

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/18/2020
NAME OF PROVIDER OR SUPPLIER MIRAVILLA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for the investigation of one complaint. Complaint number CA00705020. Representing the California Department of Public Health: 38478, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00705020.	F 000	This Plan of Correction (POC) constitutes the facility's credible allegation of compliance. Miravilla Care Center (MVCC) makes its best efforts to operate in full compliance with both the State and Federal laws. Nothing included in this Plan of Correction is an admission otherwise. Miravilla Care Center (MVCC) has submitted this Plan of Correction as part of its statutory requirements but does not waive any objections to the merits of forms of any allegations contained therein. Please note that MVCC may contest the merits and/or form of all and/or any deficiencies and the findings alleged below		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure regular bed baths or showers were provided for one of three sampled residents (Resident A), as per the facility's policy and procedure. This failure increased the potential for the resident to not receive adequate hygiene care for the prevention of disease and the promotion of Resident A's quality of life.	F 677	Bath and skin report is done by CNA's DSD will do a random skin check to ensure compliance. Any identified issues or concern regarding shower/bed bath will be presented to the Quality Assurance team. Corrective action date: 09/29/2020		2020 DEC - 8 AM 9:08 LICENSING/CER RIVERSIDE DO REC'D BY CA DEPT OF PUBLIC HEALTH 09/29/2020

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ADMINISTRATOR 12.7.2020

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.

APOC 12/16/2020; RG # 38478 / #14718 @

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F 677	<p>Continued From page 1</p> <p>Findings:</p> <p>On September 29, 2020, an unannounced visit to the facility was conducted to investigate a complaint related to quality of care concerns.</p> <p>On July 25, 2019, at 9:12 a.m., Resident A was interviewed and stated she had been a resident in the facility for more than a year. She stated she used to get showers two times a week, but there were several days that she did not receive shower or bath from the staff. She stated her hair would usually get oily if she would not get her regular showers.</p> <p>Resident A's record was reviewed. Resident A was admitted to the facility on June 13, 2019, with diagnoses which included cerebral infarction (stroke), hemiplegia (paralysis of one side of the body), and generalized muscle weakness. The history and physical, dated April 24, 2020, indicated the resident had the capacity to understand and make decisions.</p> <p>The care plan titled, "ADLs (activities of daily living)," dated June 24, 2019, indicated, "Requires assistance with ADL functions secondary to... hemiplegia... needs help during bathing..."</p> <p>The "ADL - Bathing" record indicated Resident A only received one bed bath/shower from August 31, 2020 to September 9, 2020 (one bath/shower in a ten-day period). There was no documented evidence that the resident refused or was unavailable for bath/shower.</p> <p>On September 29, 2020, at 1:08 p.m., Resident A's record was reviewed with the Director of</p>	F 677	<p>Upon receipt of the deficient practice, DSD reviewed the T Shower schedule and the PCC documentation of residents who had shower, to identify who are affected with the deficient practice.</p> <p>DSD reviewed the CNA's all the residents that are refusing the shower as scheduled.</p> <p>DSD did an Inservice on Nov 29, 2020.</p> <p>The shower schedule documentation of showers given in a timely manner. As well as resident who are identified to be refusing shower.</p> <p>DSD introduce a form entitled Bath and Skin Report. This form is to be filled up by the CNA's on all the residents that are scheduled for shower.</p> <p>Refusal will be indicated in the form. CNA's were also educated on reporting shower refusals to the charge nurses. The charge nurse who was informed will talk to the resident and try to convince them.</p> <p>Charge nurses will be provided a copy of all resident's schedule for shower each shift and will ensure the scheduled shower is done.</p>	11/29/2020	

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F 677	<p>Continued From page 2</p> <p>Nursing (DON) and confirmed the resident only received one bath/shower within a 10 day period (between August 31, 2020 to September 9, 2020). In a concurrent interview with the DON regarding the facility's bath/shower practices and the facility's policy and procedure, she stated the residents in the facility should receive "at least two shower a week." She stated the staff should document in the ADL record if the resident would refuse bath/shower. She further stated the certified nursing assistants were required to follow the shower schedule and the charge nurses were expected to monitor that showers/baths were provided to the residents.</p> <p>The facility's policy and procedure titled, "Bath, Shower," dated January 2019, indicated, "A shower will clean and refresh the resident... Give the resident a shower when it is required by the established shower schedule, or (indicated) by Plan of Care... Residents should receive a minimum of 2 showers a week or as indicated by condition and Plan of Care..."</p>	F 677			

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