

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

B/ 6-16-16

PRINTED: 06/06/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MIRAVILLA CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9246 AVENIDA MIRAVILLA CHERRY VALLEY, CA 92223</b>		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for the investigation of one complaint.</p> <p>Complaint number CA00489770.</p> <p>Representing the California Department of Public Health:</p> <p>Surveyor Federal ID number 33841, HFEN.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number CA00489770.</p>	F 000			
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to provide the necessary care and services to maintain the highest practicable physical well-being when Resident A was left on a bedpan unattended for 30 to 45 minutes. This</p>	<p>F 309</p> <p>147/18 6/20/16</p>	<p><b>F 309 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p><b>Corrective Action/s:</b> Resident A was re-assessed by Director of Nursing on 05-28-2016 regarding concern on the bed pan use and informed of measures being implemented by facility to reduce further incidence and resident verbalized understanding. An IDT meeting was held on 06-01-2016 with Resident A and family member along with the Ombudsman and discussed care concerns and plan of care.</p>		<p>05-28-16</p> <p>06-01-16</p>

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

TITLE

(X6) DATE

ADMINISTRATOR

06-16-2016

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.

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If continuation sheet Page 2 of 3

continuation sheet Page



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F 309	Continued From page 2 interviewed. CNA 1 stated she left Resident A on a bedpan before she went on her break on May 25, 2016. CNA 1 stated she was not able to notify another facility staff she was leaving Resident A on a bedpan and would be taking her break. She was not able to let Resident A know she would be taking her break after she placed him on a bed pan. CNA 1 stated she came back from her break after 30 minutes and found Resident A still on a bed pan and upset because he had been asking for help for a long time.  On May 27, 2016, at 4:40 p.m., the Director of Nursing (DON) was interviewed. The DON stated somebody should be covering the hallway if a staff went on a break to ensure residents' needs would be provided at all times. She agreed CNA 1 should have not left Resident A on a bedpan without endorsing the situation to any staff on the floor.	F 309	and for review and for continuous quality improvement.  Facility will be in compliance by July 2, 2016.		

CA DEPT OF  
HUMAN HEALTH  
16 JUN 16 AM 4:20  
NURSING & CERT.  
RIVERSIDE COUNTY