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

PRINTED: 11/04/2022 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		
		056436	B. WING		C 11/02/2022		
NAME OF PROVIDER OR SUPPLIER MEDICAL CENTER CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 467 E GILBERT ST SAN BERNARDINO, CA 92404			T V All pa V da Ja
(X4) ID PREFIX TAG			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		FO	F 000			
	The following reflects the findings of the California Department of Public Health during an abbreviated standard survey .						
	Complaint Intake Numb	per: CA00762723		T			
	Representing the California Department of Public Health: Surveyor ID: 37837		11/14	/2	HFES 22		
				_			
	The inspection was limi complaint investigated the findings of a full ins	and does not represent					
	One deficiency was issued for the complaint number CA00762723						
	Cardio-Pulmonary Resu CFR(s): 483.24(a)(3)	scitation (CPR)	F 67	F 678 How corrective action will be			
	§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy and procedure when the Emergency Crash Cart (wheeled container carrying emergency medical equipment and supplies) did not include a Cardiopulmonary Resuscitation board [used to provide support when performing CPR (lifesaving technique)] and the Crash Cart monitoring log				accomplished for those resident		
					found to have been affected by the deficient practice. -The DON/Designee, ensured all items were made available in the crash cart and a crash cart		-
-							
r				- 1			
(- 1	monitoring log was completed immediately upon identification		
					board was made avalible.		
V	vas not completed daily.				TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) devotes 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: XHXV11

Facility ID: CA240000080

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MEDICAL CENTER CONVALESCENT HOSPITAL AGY IS OLIMINARY STATEMENT OF DEFICIENCISES SAN BERNARDINO, CA 92404	056436			B. WING_				/02/2022
MEDICAL CENTER CONVALESCENT HOSPITAL (CA) ID PREFEX TAG (CA) ID SAMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 678 Continued From page 1 This failure had the potential to result in harm by delaying treatment and necessary care in a medical emergency. Findings: During a review of the facility document titled, Daily Crash Cart Monitoring log (DCCM), the DCCM log indicated: 1, From January 11, 2022, to January 31, 2022, the emergency crash cart was missing the CPR board, 2, From February 1, 2022, to February 8, 2022, the emergency crash cart was missing the CPR board. 3, On February 2, 3, 4, and 7, 2022, the DCCM log was not completed to ensure the emergency crash cart was ready for use. During a concurrent observation and interview of the Emergency Crash Cart network of the Emergency Crash Cart network of the Emergency Crash Cart network and twas ready for use. During a concurrent interview and record review of the facility document titled, Daily Crash Cart Monitoring (DCCM) log daded February 2022, on February 8, 2022, at 1:59 PM, with Licensed Area and the crash cart was not checked dally. " SAN BERNARDINO, CA 22404 PREFEX TAG PROVIDERS PLAN OF CORRECTION CORRECTION CONNICATION CONTING CROSS PREFERENCED TO THE APPROPRIATE CROSS-REFERENCED CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED CROSS-REFERENCED C	NAME OF P	ROVIDER OR SUPPLIER	a a	1				
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During an interview and concurrent record review with the Director of Staff Development (DSD), on February 8, 2022, at 2:08 PM, the DSD stated the		This failure had the podelaying treatment and medical emergency. Findings: During a review of the Daily Crash Cart Monito DCCM log indicated: 1. From January 11, 20 the emergency crash oboard, 2. From February 1, 20 the emergency crash oboard. 3. On February 2, 3, 4, log was not completed crash cart was ready for During a concurrent obthe Emergency Crash (at 1:59 PM, with Licens 1), LVN 1 stated, The Cand has not been order During a concurrent intention of the facility document Monitoring (DCCM) log February 8, 2022, at 1:5 stated, "Staff are to che the crash cart was not concurring an interview and with the Director of Staff	facility document titled, oring log (DCCM), the D22, to January 31, 2022, art was missing the CPR and 7, 2022, the DCCM to ensure the emergency ruse. Servation and interview of Cart on February 8, 2022, ed Vocational Nurse (LVN PR board was missing ed. Serview and record review titled, Daily Crash Cart dated February 2022, on 19 PM, with LVN 1, she ck the crash cart daily and hecked daily. " concurrent record review is Development (DSD), on	F 6		residents having the potential to affected by the same deficient practice and what corrective act will be taken -All residents were checked by DON/DSD and no resident was identified having emergency mocare. What measures will be put in por what systemic changes the five will make to ensure that the deficient practice does not recursed nurses regarding the pound procedure of the Emergency Crash Cart Equipment and Checked ally monitoring log to ensure completeness to avoid delay on treatment and necessary care in medical emergencies on	to be ction the edical lace acility cith olicy cking	

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NAME OF PROVIDER OR SUPPLIER MEDICAL CENTER CONVALESCENT HOSPITAL (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX		E	(X5) COMPLETION	
	Continued From page CPR board was missir not indicate that the CI DSD further stated, the completed every day.' every day to ensure the of an emergency." During an interview wit (DON), on February 8, DON stated, the emerg have a CPR board. "We board." The DON furth Cart Monitoring log has "They should have sign sign it. They 're checkle for a code stat (Immediate to my attention." The facility's policy and "Emergency Crash Cart October 2012, indicated facility to provide [AM3] necessary like the crash emergency. 1. The crash emergency. 1. The crash out limited to having such	and the DCCM logs did PR board was ordered. The DCCM log was not They are to document expelies are there in case on the Director of Nursing 2022, at 2:45 PM, the ency crash cart should that have to use the cardiac for stated the Daily Crash to be completed daily. They have to the log. It has to be brought procedure titled (Equipment" dated (Equipment" dated (Equipment are tin case of an an cart should include but the log that have log they are log to the log that are gency treatment of a log that they are so responsible and daily to ensure mes. The Licensed ems missing or expired	F 6	-DON/Designee monitoring of emergency crash cart equipme completeness, and daily monitoring for signatures daily x 30 day weekly x 4 weeks, Bi-weekly x 3 days. How the facility plans to monitoring performance to make sure solution are sustained. -DON/Designee will be responsite to implement this plan of correction of the QAPI committee findings of the audit and QAPI committee will suggestions or changes as indicate ensure compliance. Date of corrective action will be completed. 11/14/2022	nt oring vs, 30 or its tions ible ction.	DATE	