

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

PRINTED: 02/23/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555566</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CORONA POST ACUTE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTH MAIN STREET CORONA, CA 92882</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	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health for the investigation of two complaints.  Complaint incident# 's: CA00871401/CA00873736.  Representing the Department: HFEN, #46145  The inspection was limited to the specific complaints investigated, and does not represent the findings of a full inspection of the facility.  Three deficiencies were identified for the complaint incident# 's: CA00871401 and CA00873736.  F 684 Quality of Care SS=E CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to: 1. Monitor blood glucose (blood sugar) levels, as ordered by the physician for Residents 1, 2 and 3.  This failure has the potential to result in complications due to delayed provision of		F 000	The following plan of correction constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been and will be corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to and does not constitute an agreement with alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction.  <b>What corrective action(s) will be done for residents found to have been affected by the deficient practice(s).</b> Resident # 1, 2, 3 are no longer here in facility.  <b>How the facility will identify other residents having potential to be affected by practice AND what corrective action will be taken.</b>  1.All residents currently residing in the facility who have blood sugar monitoring have the potential to be affected by this deficient practice.  The Director of Nursing (DON) and Medical Records (MR) reviewed all residents in the building to identify if documentation monitoring is in place for all residents with blood sugar monitoring. No other residents were affected.	

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

TITLE

(X6) DATE

*[Signature]*

*NHA*

*2-23-24*

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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F 684	<p>Continued From page 1 treatment.</p> <p>2. Monitor indwelling catheter (a tube inserted into the urinary tract to help decrease urinary retention) for signs and symptoms of Urinary Tract Infection (UTI), and provide catheter care, every shift, as ordered by the physician for Resident 2.</p> <p>This failure has the potential to result in infection.</p> <p>3. Provide wound care treatments, as ordered by the physician for Residents 1 and 2.</p> <p>This failure has the potential to result in delayed healing or worsening of the pressure injury.</p> <p>Findings:</p> <p>On December 8, 2023, at 11:15 a.m., an unannounced visit was made to the facility to investigate a quality-of-care issue.</p> <p>1. A review of Resident 1 ' s admission records indicated Resident 1 was admitted to the facility on July 11, 2019, with diagnoses which included type 2 Diabetes Mellitus (DM) (A chronic condition that causes high blood sugars) with chronic kidney disease.</p> <p>A review of Resident 1 ' s medical records, titled Physician ' s Orders dated June 8, 2023, indicated the following orders:</p> <p>a. " ... Insulin (Hormone which regulates blood sugar amounts) Regular ... 100 Unit/ML (Unit per milliliter - A unit of measure), inject as per sliding scale (Varies the dose of insulin based on blood sugar levels) ... above 450 ... notify (Dr) ... before meals and at bedtime for DM ..."</p>	F 684	<p>2. The DON and treatment nurse assessed all residents in the building to identify if documentation monitoring is in place for all residents with foley catheter. No other residents were affected.</p> <p>3. Skin sweep was conducted on all residents for any findings by the treatment nurse and DON on 2/15/24. All residents who were identified with wounds were assessed and skin assessments were reviewed to ensure the wound is being monitored and documented weekly. No other residents were affected.</p> <p><b>What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur.</b></p> <p>1. Registered and Licensed nurses were in serviced by the DON on 02/20/24 on documentation on the MAR. Registered Nurse and/or License Nurses were educated on Policy and Procedure on documentation the MAR.</p> <p>The Medical Records will audit the MAR Daily and report in stand up. The clinical interdisciplinary team will review to ensure daily to ensure follow ups.</p> <p>2. Registered and Licensed nurses were inserviced by the DON on 2/20/24 on the process of inputting documentation monitoring on foley catheter orders. Registered Nurse and/or License Nurses were educated upon admission to assess</p>		

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F 684	Continued From page 2  A review of Resident 1 ' s care plans, titled, "Resident has Type 2 Diabetes Mellitus," initiated on September 27, 2023, indicated the following interventions:  a. " ... Check blood sugar with sliding scale as ordered ..." b. " ... Diabetes medication as ordered ..."  A review of Resident 1 ' s November 2023 Medication Administration Records (MAR), indicated, no documented blood sugar results on November 1, 9, and 15, 2023, at 6:30 a.m.  On December 13, 2023, at 3:48 p.m., a concurrent interview with the Registered Nurse Supervisor (RNS), and record review of Resident 1 ' s MAR on November 2023, was conducted. The RNS stated, it is the facility policy for the nurse to check the blood sugar, administer insulin as ordered, and document blood sugar results in MAR. The RNS stated it is important to check blood sugars and administer insulin to help prevent hyperglycemia. The RNS verified, the licensed nurse failed to document Resident 1 ' s blood sugar results on November 1, 9 & 15, at 6:30 a.m. The RNS further stated if the medications were not signed off it would be assumed not performed.  A review of Resident 2 ' s admission records, indicated, resident was admitted to the facility on May 2, 2023, with diagnoses which included Type 2 DM.  A review of Resident 2 ' s physician orders, indicated the following:	F 684	resident and input foley catheter orders when conducting the initial orders. Treatment nurses will follow up conducting a head-to-toe assessment to check if the foley catheter is in place and follow up on foley catheter orders if needed. The clinical interdisciplinary team will review and conduct baseline within 48hrs to ensure the documentation monitoring for Foley catheter orders is in place in our daily clinical conference.  3. The treatment nurse and license nurses were given in service by DON on the Policy and Procedure titled Pressure injury on 2/20/24 The IDT during daily clinical meeting will review new admission to identify skin integrity issues, any resident with change in condition related to skin integrity issues and review alert in PCC clinical dashboard to notify MD and ensure appropriate treatment orders in place. In addition, the IDT will develop a plan of care to address conditions. The QA Nurse or nursing designee will conduct wound a meeting weekly with IDT members and treatment nurse to ensure weekly monitoring of the wounds is consistently done.  <b>How the corrective action(s) will be monitored to ensure the deficient practices will not recur. i.e. what quality assurance program will be put in place.</b>  1.The Director of Nursing/designee will review MARS weekly for compliance. Results of the audits will be reviewed in the QAPI Committee meeting x3 months.		

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F 684	<p>Continued From page 3</p> <p>a. October 31, 2023, " ... Insulin Lispro ... inject as per sliding scale ... (Blood Sugar) above 450 notify (physician), ... before meals and at bedtime for (DM) ..."</p> <p>b. October 31, 2023, " ... Insulin Detemir (type of insulin) ... inject 24 units ... one time a day for DM ..."</p> <p>A review of Resident 2 ' s care plans, titled, "Resident has (DM)," initiated, July 06, 2023, indicated the following interventions:</p> <p>a. " ... Check blood sugar as ordered ..."</p> <p>b. " ... Diabetes medication as ordered ..."</p> <p>A review of Resident 2 ' s December 2023 MAR, indicated no documented blood sugar result on December 5, 2023, at 6:30 a.m.</p> <p>On December 13, 2023, at 3:48 p.m., a concurrent interview and record review of Resident 2 ' s December 2023 MAR was conducted with the RNS. The RNS stated, it is the facility policy for the nurse to check the blood sugar, administer insulin as ordered, and document blood sugar results in the MAR. The RNS stated It is important to check (the blood sugars and administer insulin to help prevent hyperglycemia. The RNS verified the licensed nurse failed to document Resident 2 ' s blood sugar result on December 5, 2023, at 6:30 a.m. The RNS further stated, if the meds were not signed off it would be assumed meds were not given.</p> <p>A review of Resident 3 ' s admission records, indicated, resident was admitted to the facility on July 23, 2023, with diagnoses which included</p>	F 684	<p>2. The Director of Nursing/designee will review every admission per week for four weeks then two a week for one month, then randomly to ensure the consents are being completed. Results of the audits will be reviewed in the QAPI Committee meeting x3 months.</p> <p>3. Medical Record will conduct a weekly audit to ensure all skin assessments are in place and will report any discrepancy to DON for corrective action. This process will continue until substantial compliance is achieved.</p> <p>The Director of Nursing/designee will review every admission to identify skin issues and ensure appropriate treatment orders applied per week for four weeks then two a week for one month, then randomly to ensure the consents are being completed. Results of the audits will be reviewed in the QAPI Committee meeting x3 months.</p> <p>Date of Completion: 2/23/24</p>	<p>2-23-24</p>	

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F 684	Continued From page 4 diabetes mellitus, and long-term use of insulin.  A review of Resident 3 ' s Dr ' s orders, indicated:  a. " ... July 24, 2023, HumaLOG (Insulin Lispro- fast-acting insulin used to control high blood sugar) ... per sliding scale ... before meals and at bedtime ... 351 + = 10 units, Notify (Dr) ..." A review of Resident 3 ' s care plans, titled, "Resident has Diabetes Mellitus," initiated, July 25, 2023, indicated the following intervention:  a. " ... Check blood sugar as ordered ..." b. " ... Diabetes medication as ordered ..."  A review of Resident 3 ' s December 2023 MAR, indicated no documented blood sugar results on December 3 and 9, 2023, at 9:00 p.m.  On December 13, 2023, at 3:48 p.m., a concurrent interview and record review of Resident 2 ' s December 2023 MAR was conducted with the RNS. The RNS stated, it is the facility policy for the nurse to check the blood sugar, administer insulin as ordered, and document blood sugar results in the MAR. The RNS stated It is important to check (the blood sugars and administer insulin to help prevent hyperglycemia. The RNS verified the licensed nurse failed to document Resident 2 ' s blood sugar result on December 5, 2023, at 6:30 a.m. The RNS further stated, if the meds were not signed off it would be assumed meds were not given.  A review of the facility ' s Policy & Procedure (P&P), titled, "Diabetic Care," dated, April 1, 2023, indicated, " ... Purpose: II. To improve the quality of care delivered to resident with diabetes ...	F 684			

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F 684	<p>Continued From page 5</p> <p>Policy: II. Blood glucose levels will be monitored at specific intervals as ordered by the Attending Physician ... III. The resident will be monitored for signs and symptoms (sic) hypoglycemia and hyperglycemia daily ... Hypoglycemia is defined as a blood glucose less than 70 ... Identification of hypoglycemia is based on patient assessment and fingerstick blood glucose level less than 70 ... Procedure: 1. The Licensed Nurse will monitor the resident ' s blood glucose per the Attending Physician ' s order and will administer medication as indicated ..."</p> <p>A review of the facility Policy &amp; Procedure, titled, "Charting and Documentation," revised July 2017, indicated, " ... Policy Statement: All service provided to the resident ... shall be documented in the resident ' s medical record ... Policy interpretation and Implementation: 2. The following information is to be documented in the resident medical record: b. Medications administered; c. Treatments or services performed ..."</p> <p>2) A review of Resident 2 ' s admission records, indicated, resident was re-admitted to the facility on October 31, 2023, with diagnoses which included disorder of the Urinary System.</p> <p>A review of Resident 2 ' s physician orders, indicated, the following urinary catheter orders:</p> <p>a. " ... October 31, 2023, Catheter - Monitor indwelling catheter for S/S (Signs and symptoms) of UTI ..."</p> <p>b. "October 31, 2023, Catheter -catheter care Q (every shift) ..."</p> <p>A review of Resident 2 ' s care plans, titled,</p>	F 684			

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F 684	<p>Continued From page 6</p> <p>"Resident has an indwelling catheter ... at risk for UTI", initiated on November 11, 2023, indicated the following intervention:</p> <p>a. " ... Monitor for S/S of UTI ... Notify MD (medical doctor) if S/S are present ..."</p> <p>Further review of Resident 2 ' s November 2023 Treatment Administration Records (TARs), indicated no documented evidence catheter care was provided on the following dates:</p> <p>a. November 8, 2023, 7-3 shift,</p> <p>b. November 1, 2, 9, and 10, 2023, 3-11 shift,</p> <p>c. November 6 &amp; 7, 2023, 11-7 shift.</p> <p>On December 13, 2023, a concurrent record review of Resident 2 ' s, November 2023 TARs, and an interview with the RNS, was conducted. The RNS verified the licensed nurse failed to document monitoring of indwelling catheter on November 8, 2023, on the 7-3 shift, November 1, 2 &amp; 9, 2023, on 3-11 shift, and November 6 &amp; 7, 2023, on 11-7 shift. The RNS further verified, the licensed nurse failed to document catheter care on November 8, 2023, 7-3 shift, November 1, 2 &amp; 9, 2023, 3-11 shift, and November 6 &amp; 7, 2023, 11-7 shift. The RNS further stated she was not sure why are missing, but the (Licensed nurse) should have documented (Resident 2 ' s, catheter care, and assessment for S/S of UTI)," RNS verified, if the (resident ' s) treatments are not signed off (on the TARS) it ' s assumed (the treatments) were not performed.</p> <p>A review of the facility P&amp;P, titled, Catheter Care, dated, April 1, 2023, indicated, " ...Purpose: To</p>	F 684			

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F 684	Continued From page 7  prevent catheter-associated urinary tract infections while ensuring that residents are not given in-dwelling catheters unless medically necessary ... Policy: Each resident who is incontinent of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible ... V. A resident, with or without a catheter, receives the appropriate care and services to prevent infections to the extent possible ..."  A review of the facility ' s Policy & Procedure, titled, "Charting and Documentation," revised July 2017, indicated, " ... Policy Statement: All service provided to the resident ... shall be documented in the resident ' s medical record ... Policy interpretation and Implementation: 2. The following information is to be documented in the resident medical record: b. Medications administered; c. Treatments or services performed ..."  3. A review of Resident 1 ' s admission records, indicated, the resident was admitted to the facility on July 11, 2019, with diagnoses which included cancer of the head, face and neck, and diabetes mellitus (A chronic condition that causes high blood sugars) with chronic kidney disease.  A review of Resident 1 ' s physician orders, indicated the following:  a. November 8, 2023, " ...Right lateral (Side) lower leg: Cleanse ... apply Medi-honey, alginate then wrap ... (for) 21 days ... every day shift for Vascular ulcer ..."  b. November 8, 2023, " ... (Right lower leg)	F 684			



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F 684	Continued From page 8  proximal (Center) area: cleanse (with normal saline) ... apply Medi-honey ... every day shift for vascular ulcer for 21 days ..."  c. November 9, 2023, "...Flagyl oral tablet 500 MG (Milligrams - a unit of measure) ... apply to sacral coccyx ... every day ... for pressure injury for 21 days ..."  A review of Resident 1 ' s Care Plans, titled, "Has Pressure injuries, and high risk for further skin breakdown and delayed wound healing," indicated the following interventions:  a. " ... Wound Care as ordered ...", date initiated, July 28, 2023, ..."  A review of Resident 1 ' s, November 2023 TARs, indicated no documented evidence treatments were provided on November 16 & 18, 2023, for the following treatments:  a. " ...Flagyl ... apply to Sacral coccyx ... every day shift for pressure injury for 21 days ..."  b. " ... Right lateral lower leg: Cleanse ... apply Medi-honey ... cover (with) dry dressing ... every day shift ..."  c. " ... Right lateral lower leg proximal area: Cleanse, apply Medi-honey, alginate then wrap ... every day shift for Vascular ulcer for 21 Days ..."  On December 13, 2023, at 3:48 p.m., a concurrent interview with the RNS, and record review of resident 1 ' s November 2023 TAR, was conducted. The RNS stated, it is the facility process for licensed nurses performing wound	F 684			

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F 684	Continued From page 9  care treatments, to include documenting their initials/signature on the resident 's TAR, indicating the treatment was completed. The RNS verified, the licensed nurse failed to document Resident 1 ' s wound care treatments performed on November 16 & 18, 2023. The RNS further stated, if the resident ' s treatments are not signed off (on the TARS) it ' s assumed the treatments were not performed.  A review of the facility ' s Policy & Procedure, titled, "Charting and Documentation," revised July 2017, indicated, " ... Policy Statement: All service provided to the resident ... shall be documented in the resident ' s medical record ... Policy interpretation and Implementation: 2. The following information is to be documented in the resident medical record: c. Treatments or services performed ..."  A review of Resident 2 ' s admission records, indicated, resident was re-admitted to the facility on May 31, 2023, with a diagnosis of pressure ulcer of the sacral coccyx region. Further review of Resident 2 ' s History & Physical (H&P -A physician ' s examination of a resident), indicated, resident did not the mental capacity to make her own decisions. A review of Resident 2 ' s Dr ' s orders, indicated, the following wound care orders:  a. November 01, 2023, " ...Sacrum: Cleanse (with normal saline) ... apply black foam to wound bed, cover (with) clear dressing, apply wound (vacuum) ... Monday, Wednesday, Friday ... day shift ... for pressure injury for 21 days ..."  b. November 29, 2023, " ...Sacrum: cleanse (Normal Saline) ... apply Medi-honey, pack (with	F 684			

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F 684	<p>Continued From page 10</p> <p>normal saline) moistened gauze, cover (with) dry dressing every day shift for stage 4 (Full thickness tissue loss, exposing bone, tendon or muscle) pressure injury for 21 days ..."</p> <p>A review of Resident 2 ' s Care Plan, titled, "Resident has pressure ulcer," initiated on, June 01, 2023, indicated the following interventions: " ... Wound care as ordered ...".</p> <p>A review of Resident 2 ' s, TARs for November 2023, indicated no documented evidence treatment was provided on November 6, 2023, for this treatment order, " ...Sacrum: Cleanse (with normal saline) ... apply black foam to wound bed, cover (with) clear dressing, apply wound (vacuum) ..."</p> <p>On December 13, 2023, at 3:48 p.m., a concurrent interview with the RNS, and record review of Resident 2 ' s November 2023 TAR, was conducted. The RNS stated, it is the facility ' s process for licensed nurses performing wound care treatments on residents, includes documenting their initials/signature on the resident ' s TAR, indicating the treatment was completed. RNS verified, the licensed nurse failed to document Resident 2 ' s wound care treatment performed on November 6, 2023. The RNS further stated, if the resident ' s treatments are not signed off (on the TARS) it ' s assumed the treatments were not performed.</p> <p>A review of the facility ' s Policy &amp; Procedure (P&amp;P), titled, "Charting and Documentation," revised July 2017, indicated, " ... Policy Statement: All service provided to the resident ... shall be documented in the resident ' s medical record ... Policy interpretation and</p>	F 684			

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F 684	Continued From page 11 Implementation: 2. The following information is to be documented in the resident medical record: c. Treatments or services performed ..."  A review of the facility P&P, titled, "Wound Care," revised October 2010, indicated, " ...Purpose ... The purpose of this procedure is to provide guidelines for the care of wounds to promote healing ... Documentation ... The following information should be recorded in the resident ' s medical record: 2. The date and time the wound care was given ..... 4. Name and title of the individual performing the wound care ..... The signature and title of the person recording the data .... "	F 684			
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)  §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide accurate, and consistent assessments of Resident 1 ' s skin conditions.	F 686	<b>What corrective action(s) will be done for residents found to have been affected by the deficient practice(s).</b>  Resident # 1 is no longer here in the facility.  <b>How the facility will identify other residents having potential to be affected by practice AND what corrective action will be taken.</b>  Skin sweep was conducted on all residents for any findings by the treatment nurse and DON on 2/15/24. All residents who were identified with wounds were assessed and skin assessments were reviewed to ensure the wound is being monitored and documented weekly. No other residents were affected.		

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F 686	<p>Continued From page 12</p> <p>These failures had the potential to delay treatment for Resident 1 's skin conditions.</p> <p>Findings:</p> <p>On December 8, 2023, an unannounced visit was made to the facility for Quality-of-Care issues.</p> <p>A record review of Resident 2 ' s admission records, indicated the resident was admitted to the facility on May 2, 2023, with a diagnoses which included hemiplegia (Paralysis of one side of the body).</p> <p>A record review of Resident 2 ' s admission skin assessment, titled, "Admission/readmission Data Collection," dated May 3, 2023, untimed, by the Tx nurse, indicated, " ...new admission, (Tolerated skin assessment well noted (with (Middle abdomen gastrostomy tube {A tube inserted into the stomach for feedings/nutritional purposes})), no other (Skin) issues ..."</p> <p>A record review of Resident 2 ' s physician orders, dated May 3, 2023, indicated the following admission orders:</p> <p>a. " ...Bacitracin-Polymyxin B, external ointment, Apply to Left breast fold topically two times a day for skin integrity ..." Stop date, May 28, 2023.</p> <p>b. " ... Vashe Wound Therapy External Solution (Wound Cleanser- for cleansing, irrigating, moistening, and removal of damaged tissue), Apply to sacral, skin folds breast topically two times a day for Skin integrity ..." Stop date, May 28, 2023.</p> <p>c. " ...Braden scale (An assessment tool used to assess the risk of a resident developing a</p>	F 686	<p><b>What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur.</b></p> <p>The IDT-RD (Registered Dietician), QA (Quality Assurance Nurse), DON (Director Of Nursing) and/or ADON (Assistant Director Of Nursing) , SS (Social Services) during daily clinical meeting will review new admission to identify skin integrity issues, any resident with change in condition related to skin integrity issues and review alert in PCC clinical dashboard to accurate assessment done and appropriate treatment orders in place. In addition, the IDT will develop a plan of care to address conditions.</p> <p>The Tx nurse and license nurses were given in service by DON on the Policy and Procedure titled Pressure injury on 2/20/24</p> <p>The QA Nurse or nursing designee will conduct wound a meeting weekly with IDT members and treatment nurse to ensure weekly monitoring and assessment of the wounds is consistently done.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practices will not recur. i.e. what quality assurance program will be put in place.</b></p> <p>Medical Record will conduct a weekly audit to ensure all skin assessments are in place and will report any discrepancy to DON for corrective action. This process will continue until substantial compliance is achieved.</p>		

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F 686	Continued From page 13 pressure ulcer {Damaged skin due to prolonged pressure}) ... every 7 day(s) for 21 days ..."  A record review of Resident 2 ' s Braden Scale assessments (A scored assessment of a resident ' s risk of skin breakdown), from May 2023, indicated the following:  a. May 3, 2023, a score of 15 (At risk for skin impairments).  b. May 10, 2023, a Braden Scale score of 16 (At risk for skin impairments).  c. May 17, 2023, a Braden Scale score of 16 (At risk for skin impairments).  d. May 24, 2023, Braden Scale assessment was not completed, as ordered by the physician.  A review of Resident 2 ' s Care Plan, titled, "At risk and or potential for further skin breakdown ...", dated May 3, 2023, indicated the following interventions:  a. " ...CNA (Certified Nursing Assistant) to (assess and) report (any) skin abnormalities to the ... Charge Nurse when showering/bathing resident ..."  A record review of Resident 2 ' s, "Skin Inspection (assessment)," shower sheets, from the month of May 2023, indicated, the following two skin inspection assessments:  a. May 11, 2023, indicated, bruises, no skin issues.  b. May 19, 2023, indicated, shower completed,	F 686	The Director of Nursing/designee will review every admission to identify skin issues and assessment is completed timely ensuring appropriate treatment orders applied per week for four weeks then two a week for one month, then randomly to ensure the consents are being completed. Results of the audits will be reviewed in the QAPI Committee meeting x3 months.  Date of Completion: 2/23/24	2-23-24	

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F 686	Continued From page 14 skin assessment not completed.  On January 10, 2024, at 2: 00 p.m., an interview was conducted with the Director of Nursing (DON). The DON verified, there were only two "Skin Inspection (assessments)," shower sheets completed for the month of May 2023, stating, "That is all we have."  Further review of Resident 2 ' s care plan, titled, "At risk and or potential for further skin breakdown ...", dated May 3, 2023, indicated the following interventions:  a. " ...complete weekly skin assessment ..."  On December 8, 2023, at 1:03 p.m., an interview was conducted with the Treatment (Tx) Nurse. The TX nurse stated the skin assessment process for new admissions, included a head-to-toe assessment completed by the admissions nurse, followed by a head-to-toe assessment completed by a Tx nurse. She stated the skin assessment should be documented in the resident ' s medical records, under "Admission/Readmission Data Collection." The Tx Nurse stated the findings would be reviewed against the medical records that accompanied the resident to the facility, then reported to the physician to obtain the necessary treatment orders.  On December 13, 2023, at 1:03 p.m., an interview was conducted with TX nurse. The Tx nurse stated, when a resident was assessed to have a pressure ulcer, the Tx nurse would initiate a care plan, and conduct an initial assessment then weekly pressure sore assessment would be completed thereafter until the pressure sore is	F 686			

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F 686	Continued From page 15 healed.  On January 9, 2024, at 10:30 a.m., an interview was conducted with Registered Nurse Supervisor (RNS). The RNS stated the "Skin Inspection (assessment)," shower sheets, are forms used by staff to assess skin impairments during resident shower times. If a new skin condition is (assessed) the staff member would document their findings on the "Skin Inspection," sheet, and should be brought to the attention of the charge nurse, the charge nurse would assess (the resident 's skin condition) and report their findings to the physician. If the resident has no skin conditions, then the staff member was expected to document "Clear," on the skin inspection sheet. The RNS further stated, the Skin Inspection sheets would always be signed by the charge nurse, then filed in a binder at the nurse 's station. The RNS stated residents are showered two times per week, and a skin inspection assessment, should be documented each time a resident is showered, or takes a bed bath.  On January 18, 2024, at 9:11 a.m., a concurrent record review, of Resident 2 's, admission MDS (Minimum Data Set - Federally mandated clinical assessment of all residents), Section M - Skin Conditions, dated May 8, 2023, and an interview with the MDS nurse was conducted. The MDS nurse stated, the admissions MDS assessment would completed within 14 days of the resident 's admission; Section M - Skin Conditions, is completed by reviewing the resident 's medical records that accompany them to the facility, including their H&P, doctor 's orders, and review of the resident 's admission skin assessments completed by the admission and Tx nurse. The	F 686			



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F 686	<p>Continued From page 16</p> <p>MDS nurse verified she identified Resident 2 to have the following skin conditions on admission, May 3, 2023, Surgical wounds (Gastrostomy tube site on stomach), and Moisture Associated Skin Damage (MASD - Skin damage caused by prolonged exposure to moisture, i.e., urine). The MDS nurse stated, she "Coded," (Documented/Identified), MASD of Left Breast Skin Fold, as an admitting skin condition for Resident 2, because there was a (skin) treatment that started on May 3, 2023, for (Left Breast fold skin integrity), and a care plan (Summarizes a person 's specific health condition, interventions, and treatments, needed to improve the residents health condition), with a treatment for Bacitracin ointment under breasts included as interventions.</p> <p>A review of Resident 2's admission assessment on May 3, 2023, did not indicate the resident had MASD on admission. Further review of records on Resident 2's admission orders did not indicate the resident had MASD on May 3, 2023, contrary to the MDS assessment completed on May 8, 2023.</p> <p>On January 18, 2024, at 2:57 p.m., an interview was conducted with the Director of Nursing (DON), who verified, there were no "Weekly skin assessments," completed for Resident 2. The DON further verified, "If a weekly skin assessment is in the care plan, then (a skin assessment) should have been competed weekly (on Resident 2)."</p> <p>A record review of Resident 2 ' s readmission records from GACH, titled, "Admission/Readmission Data Collection, ' dated May 31, 2023, indicated, Resident 1 was readmitted with a Sacral Coccyx DTI (Deep</p>	F 686			

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F 686	<p>Continued From page 17</p> <p>Tissue Injury- soft tissue injury below the surface of the skin) &amp; Right heel NBR (Non-blanching {when pressed on} redness) was identified, during the treatment nurses skin assessment.</p> <p>A record review of Resident 2 ' s care plan, titled, "At Risk and or potential for further skin breakdown," with interventions, updated and initiated on May 31, 2023, indicated the following intervention:</p> <p>a. " ...complete weekly skin assessment ..."</p> <p>A record review of Resident 2 ' s, "Weekly Pressure Ulcer Records," dated, June 1, 2023, by the Tx nurse, indicated, Resident 2 was assessed to have a " ... Sacral-coccyx, pressure (sore), (measuring) 2 (by) 2 cm (centimeters - a unit of measure) ... suspected Deep Tissue Injury ..."</p> <p>Further review, indicated, no other, "Weekly Pressure Ulcer (assessment) Records," for the month of June 2023, were completed on Resident 2 ' s, "Sacral-coccyx pressure (sore)."</p> <p>A record review of Resident 2 ' s care plan, titled, "Resident has pressure ulcers ...sacral coccyx," initiated, June 1, 2023, indicated the following interventions:</p> <p>a. " ... Report changes in skin status (i.e. [Signs &amp; Symptoms]of infection, non-healing, new areas) to MD (Medical doctor) ..."</p> <p>On February 02, 2024, at 9:44 a.m., an interview was conducted with the DON. The DON verified, there was only one "Weekly Pressure Ulcer Record," to assess Resident 2 ' s, sacral-coccyx pressure sore, for the month of June 2023, and a pressure ulcer assessment record, should have</p>	F 686			

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F 686	Continued From page 18 been completed by the Tx nurse weekly, and was not.  A review of the facility policy, titled, "Wound Care," revised, October 2010, indicated, " ... Purpose ... to provide guidelines for the care of wounds to promote healing ... Preparation: 1. Verify that there is a physician ' s order for this procedure 2. Review the resident ' s care plan to assess for any special needs of the resident ... Documentation: The following information should be recorded in the resident ' s medical record: 1. Type of wound care given .....2. The date and time the wound care was given .....4. The name and title of the individual performing the wound care .....10. Signature and title of the person recording the data...."  A review of the facility ' s Policy & Procedure, titled, "Pressure Injury Risk Assessment," revised, March 2020, indicated, " ... Purpose:..... to provide guidelines for the structure assessment and identification of residents at risk of developing new pressure injuries or worsening of existing pressure injuries (PI ' s).....General Guidelines: 1. The purpose of a pressure injury risk assessment is to identify all risk factors and then to determine which can be modified and which cannot, or which can be immediately addressed, and which will take time to modify ... 2. Risk factors that increase a resident ' s susceptibility to develop or to not heal PIs include, but are not limited to: c. The presence of previously healed PI; d. The presence of existing PI .....3. The risk assessment should be conducted as soon as possible after admission, but no later than 8 hours after admission is completed .....6. Once the assessment (Braden Scale) is conducted and (pressure injury) risk	F 686			

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F 686	Continued From page 19 factors are identified and characterized, a resident-centered care plan can be created to address the modifiable risks for pressure injuries ... 7. Repeat the risk assessment weekly for the first four weeks ... Steps in the Procedure: 1. Gather assessment tools and documentation ... 3. Conduct a structured pressure injury risk assessment using a facility-approved tool ... c. If a new skin alteration is noted, initiate a (Pressure or non-pressure) form related to the type of alteration in skin ..... 5. Develop the resident-centered care plan and interventions based on the risk factors identified in the assessment, the condition of the skin, the resident ' s overall clinical conditions, and the resident ' s stated wishes and goals ..... Reporting: 3. Notify attending MD (Medical Doctor) if new skin alteration noted ...."	F 686			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F 842	<b>What corrective action(s) will be done for residents found to have been affected by the deficient practice(s).</b>  Resident # 4 is no longer here in the facility.  <b>How the facility will identify other residents having potential to be affected by practice AND what corrective action will be taken.</b>  All residents currently residing in the facility who have laboratory(lab) monitoring have the potential to be affected by this deficient practice.  Audit was conducted on all current residents in the facility who have orders for lab monitoring on 2/20/24.		

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NAME OF PROVIDER OR SUPPLIER  <b>CORONA POST ACUTE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTH MAIN STREET CORONA, CA 92882</b>		
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F 842	Continued From page 20  (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law;  §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services	F 842	The Director of Nursing (DON) and designee reviewed all residents in the building to identify if documentation is in place for notification to the physician on residents with abnormal lab results. No other residents were affected.  <b>What measures will be put in place or what systematic changes will you make to ensure that the deficient practice does not recur.</b>  Registered and Licensed nurses were in-serviced by the ADON on 02/20/24 on documentation of physician notification regarding abnormal lab results and physician response to lab abnormal results. The Medical Records will audit the lab orders daily and report in stand up the audit findings about physician notification and documentation. The clinical interdisciplinary team will review abnormal lab results during clinical standup to ensure daily follow ups. <b>How the corrective action(s) will be monitored to ensure the deficient practices will not recur. i.e. what quality assurance program will be put in place.</b>  The Director of Nursing/designee will review random 5 residents labs weekly for compliance. Results of the audits will be reviewed in the QAPI Committee meeting x3 months.  Date of Completion: 2/23/24	2-23-24	

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F 842	<p>Continued From page 21</p> <p>provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to accurately document the reporting and the physician ' s response to the laboratory (lab) abnormal result the abdominal wound culture &amp; sensitivity ({C&amp;S}- A test to determine the types of germs in a wound, and their sensitivity, to certain drugs for treatment) for Resident 4.</p> <p>This failure resulted in the resident's record not to reflect accurate communication between staff regarding treatment and services needed by Resident 4.</p> <p>Findings:</p> <p>On December 13, 2023, an unannounced visit was made to the facility for a Quality-of-Care issue.</p> <p>Review of Resident 4 ' s admission records, indicated resident was admitted to the facility on October 19, 2022, with a diagnosis of Partial Intestinal Obstruction (Only partial food and fluid can get through the intestines).</p> <p>A review of Resident 4 ' s medical records, titled, Change of Condition (COC - Documented change in a resident ' s physical/mental condition), dated, October 11, 2023, at 4:42 p.m., indicated, " ...started on (October 11, 2023) ...</p>	F 842			

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F 842	<p>Continued From page 22</p> <p>afternoon ... (Left) stomach, scattered open wound ..."</p> <p>A review of Resident 4 ' s medical records, titled, Progress Notes, dated, October 11, 2023, at 4:55 p.m., indicated, " ... resident stated that he had something on his (Left) stomach area, assessed with wound nurse ... look scattered open MASD (Moisture Associated Skin Damage - skin damage causes by prolonged exposure to moisture) ... MD response collect Culture &amp; Sensitivity (C&amp;S) ... have wound doctor (evaluate) ..."</p> <p>Review of Resident 4 ' s physician ' s orders, indicated, October 19, 2023, " ... Culture (&amp;) sensitivity (C&amp;S) (abdominal) skin wound ..."</p> <p>A review of Resident 4 ' s abdominal C&amp;S results, dated, October 23, 2023, at 4:21 p.m., indicated, " ...Heavy growth ... (MRSA) Susceptibility: Staphylococcus aureus (A type of germ), Methicillin Resistant (An antibiotic in the penicillin family) ..." A box in the upper left corner of the C&amp;S lab result, was checked, indicating Registered Nurse (RN 1), reviewed the abdominal C&amp;S results of MRSA, on October 24, 2023, at 4:44 a.m. ..."</p> <p>A review of Resident 4 ' s nursing progress notes, indicated, no documentation stating RN 1 reported resident ' s abnormal abdominal C&amp;S laboratory results to the physician, after reviewing the results on October 24, 2023, at 4:44 a.m.</p> <p>A review or Resident 4 ' s care plan, titled, "Altered skin integrity (non-pressure ulcer) MASD location: left abdominal fold," initiated, October 11,2023, indicated, the care plan had not been updated with the abnormal C and S laboratory</p>	F 842			

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F 842	<p>Continued From page 23</p> <p>findings of MRSA on 10/23/2023. Further review of resident 's care plan, indicated the following intervention: " ...Report abnormalities ... to MD (Medical Doctor) ..."</p> <p>On December 13, 2023, at 3:48 p.m., a concurrent interview with RNS, and record review of Resident 4 's nursing progress notes, and abdominal C&amp;S MRSA results, were conducted. The RNS verified, there was no nursing documentation, stating the results of Resident 4 's abdominal C&amp;S MRSA results, was reported to the physician. The RNS further stated, RN 1, "Should have," documented, reporting the abdominal C&amp;S MRSA results to the physician. On January 19, 2024, at 9:51 a.m., an interview was conducted with the Wound Care Physician (WCP), and stated the Staff did report Resident 4 's (abdominal laboratory result of) MRSA. The WCP further stated, Resident 4's lab results were reported to him by nursing staff, and he chose not to treat, as the abdominal wounds condition was reported as, "Stable (No signs or symptoms of decline)."</p> <p>A review of Resident 4 's nursing progress notes, indicated no documentation from nursing staff, with WCP 's response to reported MRSA laboratory results, of Resident 4 's abdominal wound culture from October 23, 2023, at 4:21 p.m.</p> <p>A review of the facility 's Policy &amp; Procedure, titled, "Charting and Documentation," revised July 2017, indicated, " ... Policy Statement: All service provided to the resident, progress toward the care plan goals, or any changes in the residents (sic) physical, functional or psychosocial condition, shall be documented in the resident 's medical</p>	F 842			



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F 842	Continued From page 24 record ..." A review of the facility ' s Policy & Procedure, titled, "Lab and Diagnostic Test Results - Clinical Protocol," revised November 2018, indicated, "Review by Nursing Staff ... a. If staff who first receive or review lab and diagnostic test results cannot follow the remainder of this procedure for reporting and documenting the results and their implications, another nurse in the facility (supervisor, charge nurse, etc.) should follow or coordinate the procedure ... Options for Physician Notification ..... 1. A physician can be notified by phone, fax, voicemail, e-mail, mail, pager, or a telephone message to another person acting as the physician ' s agent..... a. Facility staff should document information about when, how, and to whom the information was provided and the response. This should be done in the progress Notes section of the medical record and not on the lab results report ...."	F 842			