

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER ALTA VISTA HEALTHCARE & WELLNESS CENTRE		STREET ADDRESS, CITY, STATE, ZIP 9020 GARFIELD STREET RIVERSIDE, CA 92503	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, for one of three sampled residents (Residents A), the resident received necessary care and services consistent with the facility's policy and procedure and professional standards of practice, when: a. Multiple licensed staff failed to assess, document, conduct an investigation, and monitor the resident's change of condition (COC); and b. A care plan was not developed after identification of the COC. These failures increased the potential for the resident to not receive appropriate assessment, timely interventions and necessary medical care and services. Findings: On February 14, 2020, at 9:10 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to resident rights. The resident was no longer in the facility during the investigation. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The history and physical, dated August 3, 2019, indicated the resident had the capacity to understand and make health care decisions. A physician's orders [REDACTED], to hands and feet, for joint pain. The x-ray report, dated January 30, 2020, indicated, right hand shows questionable [MEDICAL CONDITION] fifth metacarpal. conclusion: age-indeterminate [MEDICAL CONDITION] fifth metacarpal (broken little finger or pinky finger). There was no documented evidence that an investigation was conducted regarding the fracture. There was no documentation of a change of condition or an assessment of the resident's condition related to the abnormal x-ray finding. There was also no care plan developed to address the change of condition. The resident was discharged from the facility on February 7, 2020. On February 14, 2020, at 1:18 p.m., Resident A's record was reviewed with the Director of Nursing (DON) and confirmed there was no documented evidence of a change of condition assessment, monitoring, and documentation for Resident A when the distal fifth metacarpal fracture was discovered on January 30, 2020. When asked about the facility's process regarding COC, she stated the licensed nurses need to do an assessment and establish root cause. She further stated the COC should be documented and a care plan would then be developed to address the COC. The DON was unable to provide an investigation regarding Resident A's change of condition. The facility's policy and procedure titled, Change of Condition Notification, dated April 2015, was reviewed and it indicated: The Licensed Nurse will assess the change of condition and determine what nursing interventions are appropriate. Before notifying the Attending Physician, the Licensed Nurse must observe and assess the overall condition utilizing a physical assessment and chart review. A Licensed Nurse will document the following: date, time, and pertinent details of the incident and the subsequent assessment in the Nursing Notes. Update the Care Plan to reflect the resident's current status. A Licensed Nurse will document each shift for at least seventy-two (72) hours.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.