

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055872	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER CITRUS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 9440 CITRUS AVENUE FONTANA, CA 92335	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify one (Resident 1) of three sampled residents Responsible Person (RP; person designated as being responsible for another person's medical and financial decisions) of weight loss. This failure resulted in Resident 1's RP being uninformed and unaware of Resident 1's weight loss. Findings: An abbreviated survey was conducted on September 9, 2020, at 1:03 PM to investigate a complaint related to quality of care. During a review of Resident 1's clinical record, the face sheet indicated an admitted [DATE] with [DIAGNOSES REDACTED].) During an interview with MDS Nurse (Material Data Set - set of assessments, RN 1), on September 9, 2020, at 3:43 PM, RN 1 stated Resident 1's weight upon admission was 239 lbs. (pounds - unit of measure) and Resident 1's weight on the quarterly assessment dated [DATE] was 199 lbs. After reviewing Resident 1's clinical record, RN 1 stated the staff did not notify the RP of Resident 1's weight loss for the months of April 2020 and June 2020. During an interview with Director of Nursing (DON) on September 9, 2020, at 5:14 PM, DON stated the RP was not informed of Resident 1's weight loss for the months of April 2020 and June 2020. DON stated the RP notification is to keep them informed of the resident's status and to make sure a plan of care is in place for the weight loss. The DON reviewed Resident 1's clinical record and was unable to find documentation of RP notification specific to Resident 1's weight loss for the months of April 2020 and June 2020. During a review of the clinical record for Resident 1, the Vital Signs and Weight Record Note dated, October 30, 2019, indicated, November 4, 2019: 239 lbs., March 2020: 231 lbs., April 2020: 215 lbs., May 2020: 211lbs, and June 2020: 202lbs. In the month of April 2020, there was a 16 lb. weight loss and in the month of June 2020, there was a 9 lb. weight loss. The facility policy and procedure titled, Weight Policy and Procedure dated May 2017, indicated, Policy .Monthly weights will be taken on all residents . 9. The Licensed Nurse will .ensure all weights and required notifications are completed and documented in the record .a. Record the weight in the clinical record b. Notify the physician, resident, family or responsible party of a 5 lb. gain or loss in one month. c. Notify the physician, resident, family or responsible party if there has been: 3% change in 1 week, 5% change in 1 month, 7.5 % change in 3 months and a 10% change in 6 months .		
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.