

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER VILLA RANCHO BERNARDO CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 15720 BERNARDO CENTER DRIVE SAN DIEGO, CA 92127	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure resident safety when a gait belt (a safety device used by caregivers to move or transfer residents) was not utilized for one of four residents (Resident 1) reviewed for accidents, during a two person assisted transfer. As a result, Resident 1 sustained a fracture to the left humerus (upper arm), when staff lifted her from a sitting to standing position under the axillary area (armpits). Findings: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident 1's clinical record was reviewed on 7/20/20: According to Resident 1's quarterly Minimum Data Set (MDS-as assessment tool), dated 3/1/20, listed a cognitive assessment score of 6 (0-7 score indicates severe impairment). The Functional Status for Activities of Daily Living indicated Resident 1 required a two-person assist for transfers. According to Licensed Nurse (LN 5) nurses notes, dated 3/20/20 at 7 A.M., Resident 1 was being transferred from a chair to her bed by two certified nurses assistants (CNAs) when the resident complained of sudden left arm pain. At 7:08 A.M., Resident 1's physician was notified and a portable X-ray was ordered. Resident 1's x-ray report, dated 3/20/20, indicated a displaced [MEDICAL CONDITION] proximal humerus (top of the upper arm, near the shoulder). CNA 6 was interviewed on 7/20/20 at 11:12. CNA 6 stated she and CNA 8 assisted Resident 1 with a shower on the morning of 3/20/20. CNA 6 stated after the shower they lifted Resident 1 under the arms to place her on the side of her bed, when she suddenly screamed out in pain. CNA 6 stated she stayed with Resident 1, while CNA 8 went to get the charge nurse. CNA 6 stated all CNAs were required to use a gait belt whenever transferring, but neither one of them had their assigned gait belts on them at the time. CNA 6 stated there was no excuse for her not having her gait belt available that day. CNA 8 was unavailable for an interview. LN 5 was interviewed on 7/20/20 at 11:17 A.M. LN 5 stated she assessed Resident 1 after she was notified of the resident complaining of pain. LN 5 stated Resident 1's left upper arm was swollen and she complained of pain with movement. LN 5 stated Resident 1's arm was immobilized and her physician was contacted. LN 5 stated the X-ray confirmed a left arm fracture. LN 5 stated CNAs were trained and expected to use gait belts every time they transferred residents, with no exceptions. The Director of Staff Development (DSD 1) was interviewed on 7/20/20 at 11:20 A.M. The DSD 1 stated the facility expects the gait belt to be part of the CNAs daily uniform. The DSD 1 stated every CNA was issued their own gait belt and was responsible for cleaning it after every use. The DSD 1 stated residents should never be moved or transferred without the use of a gait belt, for safety prevention reasons. The Director of Nursing (DON) was interviewed on 7/20/20 at 11:30 A.M. The DON stated gait belts should always be utilized for resident transfers, in order to avoid injuries to residents and staff. On 7/20/20, the facility's in-service, titled Transferring Residents and Gait Belts (It's Part of Your Uniform), dated 3/13/20 was reviewed. CNA 6 and CNA 8 were both listed as receiving the training. According to the facility's policy, titled Gait Belts, undated, .5. Gait belts are to be used .in the performance of balance activities, transfers, or gait training .</p>		
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.