

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LINDA VALLEY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>25383 COLE STREET LOMA LINDA, CA 92354</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to carry out the physician's order for laboratory work on July 19, 2019 and July 23, 2019, for one of three sampled resident (Resident A). This failure had the potential to result to avoidable harm for Resident A due to the delay and / or lack of medical interventions for Resident A that would have addressed the results of the laboratory work. Findings: An unannounced visit was conducted on December 23, 2019 at 2:43 PM, to investigate a complaint regarding quality of care. A review of Resident A's the Admission Record, it indicated Resident A's last admission was on July 17, 2019. His [DIAGNOSES REDACTED]. A review of Resident A's Order Summary Report, indicated physician orders on July 19, 2019 and July 23, 2019, for CBC (complete blood count laboratory, a group of tests that can detect diseases and provide a picture of one's general health) for July 23, 2019 and July 29, 2019 laboratory blood draw. A record review of the laboratory results for Resident A for July 2019 and August 2019, indicated no laboratory results for the orders made on July 19, 2019 and July 23, 2019. During a telephone interview with the Director of Nursing (DON) on August 5, 2020 at 2:30 PM, the DON stated there was a physician order for [REDACTED]. The DON stated she will look for it. During a telephone interview with the Director of Nursing on August 6, 2020 at 11:36 AM, the DON stated she was not able to find the original laboratory requisitions and laboratory results for July 23, 2019 and July 29, 2019. She also stated there were no notations on the progress notes. The DON also stated, MD orders should be followed and if it is not followed, then there should be a documentation to notify the physician. She stated .there was none. A record review of Resident A's Nurse's Note, dated August 5, 2019 at 11:00 PM, indicated, Resident A was noted to have increased SOB (shortness of breath, crackles, increased restlessness . .NO (new order) for stat CBC .BMP (basic metabolic panel, a blood test to check kidney functions and the minerals that regulate the nerves and muscles). Labs reported back to MD (medical doctor) MD NO (new order) to send resident to ER (emergency room ). A record review of Resident A's Nurse's Notes, dated August 5, 2019 at 11:09 PM, and indicated Resident A was sent to (name of general acute care hospital) for further evaluation due to abnormal lab result. A record review of the facility's policy and procedure, Lab and Diagnostic Test Results - Clinical Protocol, dated September 2012, indicated, Assessment and Recognition: 2. The staff will process test requisitions and arrange for tests. 3. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility .		
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.