

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056372	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER BROOKSIDE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 105 TERRACINA BLVD. REDLANDS, CA 92373	
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 0578 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow Resident's Rights for refusal of treatment due to pain for one of three sampled residents (Resident 1). The Treatment Nurse failed in providing pain medication prior to doing a wound treatment, this resulted in pain caused by topical medication placed on wound and psychosocial distress for Resident 1. Findings: During a concurrent interview and observation of wound treatment with Treatment Nurse (TN) on March 28, 2019, at 11:46 AM, in Resident 1's room, when TN placed [MEDICATION NAME] Gel (topical medication used to treat or prevent infections caused by skin ulcers or pressure ulcers) to right buttock, Resident 1 began to curse at nurse for putting it on because it causes pain. Resident 1 stated that TN normally doesn't put on [MEDICATION NAME] Gel because he told them not to. He then stated TN is forcing him to put on the [MEDICATION NAME] Gel. TN then put on [MEDICATION NAME] Gel to left buttock. Resident 1 stated that right buttock is burning and left buttock is tingling. During an interview with TN on March 28, 2019, at 12:20 PM, TN stated she was following orders when putting on [MEDICATION NAME] Gel. TN stated that when he was cussing at her, she got intimidated and didn't think to not put [MEDICATION NAME] Gel on. She then stated that she shouldn't have put on the [MEDICATION NAME] Gel. She stated he has been refusing [MEDICATION NAME] Gel and order should have been changed prior to this. During an interview with the Assistant Director of Nursing (ADON) on March 28, 2019, at 2:25 PM, she stated Resident 1 has the right to refuse treatment if he doesn't want it. If he doesn't want [MEDICATION NAME] Gel, then TN should not put it on. The Facility policy and procedure titled Resident Rights dated October 2007, indicated under Subject: Treatment, Refusal of- It is the policy of this facility to honor a resident's request not to receive medical treatment as prescribed by his/her physician Under Procedures: 1. The resident is not forced to accept any medical treatment and may refuse specific treatment even though it is prescribed by a physician.</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.