

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER INLAND VALLEY CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 W. ARTESIA STREET POMONA, CA 91768	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review, the facility failed to clean and trim fingernails for one of four sampled residents (Resident 1). This deficient practice had the potential to result in the harboring of dirt and bacteria and had the potential to result in an infection for Resident 1. Findings: A review of Resident 1's Face Sheet (admission record) indicated the resident admitted to the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 6/16/20, indicated the resident had the ability to understand and usually made self-understood by others. Resident 1 had no impairment in cognitive skills. A review of Resident 1's physician's orders [REDACTED]. A review of the facility's record titled, Night Shift Sub Acute Assignment Sheet for CNA (certified nursing assistant), dated 7/13/20 to 7/14/20, indicated a Certified Nursing Assistant 1 (CNA 1) cared for Resident 1. A review of Resident 1's Activities of Daily Living (ADL) Flow Sheet (sheet where CNAs document resident care) for July 2020 indicated that Resident 1 did not need nail care for the whole month. On 9/8/20 at 3:10 p.m., during an interview, a Licensed Vocational Nurse 1 (LVN 1) stated that she worked on 7/14/20 day shift (7 a.m. to 7 p.m.) and she was familiar with Resident 1. LVN 1 stated that Resident 1 was sent out by night shift to his [MEDICAL TREATMENT] appointment. LVN 1 stated that on 7/14/20, a Registered Nurse 1 (RN 1) spoke to Resident 1's wife on the telephone and the wife complained about Resident 1 having dirty nails. When RN 1 made LVN 1 aware, LVN 1 stated that she had already cleaned and trimmed Resident 1's nails. LVN 1 stated that she assessed Resident 1 upon return from [MEDICAL TREATMENT] and noticed the fingernails on the left hand were dirty, dark in color, and cut with a nail clipper. LVN 1 stated that Resident 1's fingernails were not really long but it was time to cut the fingernails on both hands. LVN 1 stated that CNAs should clean fingernails everyday but sometimes Resident 1 refused to have it done. LVN 1 stated that she cut Resident 1's nails because he refused nail care by CNAs. LVN 1 could not recall when the last time fingernails were cut prior to 7/14/20. LVN 1 stated that CNAs should be cleaning Resident 1's fingernails with soap and water. On 9/8/20 at 3:23 p.m., during an interview, CNA 1 stated that he worked 7/13/20 and 7/14/20 night shift (11 p.m. to 7 a.m.) and cared for Resident 1. CNA 1 stated that Resident 1 is a [MEDICAL TREATMENT] patient. CNA 1 stated at around 5:45 a.m., CNA 1 provided care which included: changing the gown and cleaning Resident 1. CNA 1 stated that this care did not include fingernail care and he was not responsible for this task because Resident 1 was diabetic and he did not have special training to deliver fingernail care. On 9/9/20 at 8:58 a.m., during an interview, Resident 1 stated that he has never refused getting his nails cleaned or trimmed. Resident 1 stated that staff clean areas such as under his butt, private, and face areas. On 9/9/20 at 11:25 a.m., during an interview and record review, the Director of Nursing (DON) stated that cleaning of fingernails is a joint responsibility for diabetic residents: CNAs can do the cleaning and soaking and if trimming/cutting is needed, the licensed nurse will take over. The DON stated that there is no documentation in Resident 1's records indicating that Resident 1 refused nail care, staff provided nail care, or that it was a concern for Resident 1. A review of the facility's policy and procedure titled, Care of Fingernails/Toenails, with revised date of 10/2010, indicated the purpose is to clean the nail bed, keep nails trimmed, and prevent infections. Proper nail care can aid in the prevention of skin problems around the nail bed. Unless otherwise permitted, do not trim the nails of diabetic residents. Care of fingernails included: filling the wash basin one-half full of warm soapy water, allowing the first hand to soak in the warm water for approximately five minutes. Encourage the resident to exercise his fingers while they are soaking, rinsing the hands with warm water, drying the hands with a towel, and gently removing dirt from around and under each nail with an orange stick. This care has to be documented. A review of the facility's policy and procedure titled, Nursing Care of the Resident with Diabetes Mellitus, with a revised date of 12/2015, indicated skin and foot care to include: skin should be kept dry and clean as possible, bathe feet in warm water, keep feet dry, especially between the toes, toenails should only be trimmed by personnel qualified to do so (regular associates, does not have to be a podiatrist). The policy does not include guidance on fingernail care.</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.