

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER DEL ROSA VILLA		STREET ADDRESS, CITY, STATE, ZIP 2018 N DEL ROSA AVE. SAN BERNARDINO, CA 92404	
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 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to accurately record for one of three residents (Resident 1's) functional and cognitive abilities in the Minimum Data Set (MDS-mandated process for clinical assessment of all residents in the nursing home) and the fall risk assessment. This failure resulted in an inaccurate assessments of Resident 1's mental and physical ability which had the potential for his specific care needs to go unmet, and placement upon discharge to be unsafe. Findings: During a review of most recent MDS, dated [DATE], the MDS indicated, Resident 1's Brief Interview for Mental Status (BIMS-quick snapshot of how well residents are cognitively functioning at the moment. Zero is worst cognitive ability and 15 is best cognitive response) as 5. Also, the functional abilities shows that dressing, hygiene, and the use of the toilet required extensive assist of one person. During a review of the most recent fall risk assessment, dated June 17, 2020, the fall risk assessment indicated, Resident 1 ambulated with problems and with devices. The assessment indicated Resident 1's gait was unsteady, slow and lurching. Resident 1's fall risk assessment score was 20 (A score of 10 or higher indicates a high risk for falls). During an interview on July 3, 2020, at 12:39 PM, with a Licensed Vocational Nurse (LVN1), LVN1 stated, Resident 1's gait is steady for short distances and I don't agree that he needs extensive assistance with toileting and dressing. LVN 1 stated that Resident 1 was cognitively able to make his needs known and was oriented to his room and where to smoke. During an interview on July 3, 2020, at 12:49 PM, with a Certified Nursing Assistant (CNA1), CNA 1 stated, Resident 1 was able to perform most ADL's by himself. He was independent with the toilet but would need some prompting to go. She continued to state Resident 1 was not unsteady and was able to walk in his room, get out of bed independently and he was able to dress himself independently. During an interview on July 3, 2020, at 12:58 PM, with CNA 2, CNA 2 stated, Resident 1 is able to do everything himself. CNA 2 stated Resident 1 was able to dress, comb his hair, brush his teeth, shower, transfer independently and he had a steady gait. He was not a fall risk or confused. She disagreed with the MDS assessment of Resident 1's cognitive status and his abilities. During an interview on July 3, 2020, at 1:07 PM, with The Registered Nurse Supervisor (RNS), the RNS stated, I've seen Resident 1 ambulate independently and he is independent with Activities of Daily Living (ADL). He has gone to the bathroom, flushed toilet and washed hands independently. I've seen dress independently. During an interview on July 3, 2020, at 1:37 PM, with the Administrator (ADM), the ADM stated, Resident 1 walks all over the building independently. The ADM acknowledged that there were discrepancies regarding Resident 1's BIM score of 5 and stated, The score should be higher. He is able to dress himself. He could transfer and move independently. During a review of the facilities policy and procedure titles, Comprehensive Assessments and the Care Delivery Process, revised December 2016, indicated, under Information analysis .b. Define conditions and problems that are causing, or could cause, other problems. (1) Identify potential causes or contributing factors of problems and symptoms, including: (a) Medical; (b) Psychosocial; (c) Environmental; and (d) Functional. Under Monitoring results and adjusting interventions includes: a. periodically reviewing progress and adjusting treatments. (1) Continue to define or refine the objectives of specific treatments as well as overall care and services.</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.