

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555251</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KNOLLS WEST POST ACUTE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>16890 GREEN TREE BLVD VICTORVILLE, CA 92395</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	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to properly assess Resident A when her pain level was reported as 7 out of 10 with 10 being the worst pain after she fell . This failure had the potential to result in delayed in treatment and / or inappropriate care given to Resident A. Findings: An unannounced visit was conducted on September 25, 2019 at 9:42 AM to investigate a complaint regarding quality of care. During a record review of the medical records for Resident A, her Record of Admission, dated November 2, 2018, Resident A's [DIAGNOSES REDACTED]. The Physicians admission orders [REDACTED]. The Fall Risk Evaluation for Resident A, dated November 2, 2018, indicated Resident A had balance problem while standing and Resident A required use of assistive devices. During a record review of a Change of Condition report for Resident A, dated November 11, 2018, at 8:10 AM, the report indicated the resident fell , and with pain level of 7 out of 10. The report indicated weakness, requires more assistance when transferring as the resident's change in function. There was no documented evidence that range of motion (body part movements) assessment was done for Resident A. During a telephone interview with the Director of Nursing (DON) on May 7, 2020 at 2:32 PM, the DON stated that head to toe assessment is performed by the nurses, including range of motion to determine if x-ray is needed for a fall incident. The DON stated, No reason to order for x-ray if they don't have pain. During a telephone interview with the Certified Nursing Assistant (CNA 1) on May 7, 2020 at 2:13 PM, CNA 1 stated, she started putting Resident A's pants on when Resident A lowered herself down to the floor. CNA 1 stated she helped Resident A down to the floor because Resident A couldn't stand anymore. CNA 1 stated they were away from the toilet and the wheelchair when it occurred. CNA 1 stated, she (Resident A) was crying at the time, so I'm sure she was in pain. During a telephone interview with the Licensed Vocational Nurse (LVN 1) on May 7, 2020 at 2:24 PM, LVN 1 stated Resident A was already put back in the wheelchair when she saw the resident as she was coming from her break. LVN 1 stated she administered 1 tablet of [MEDICATION NAME] 5/325 milligram (pain medication) at noon to Resident A for a reported pain level of 6 out of 10. During a record review of the Medication Record (MR) for Resident A, dated November 11, 2018, the report indicated two administrations of [MEDICATION NAME] 5/325 milligram 1 tablet for Resident A. The Nurse Medication Notes section indicated 1 tablet of [MEDICATION NAME] 5/325 milligram was given to Resident A on November 11, 2018 at 12:00 PM for 6 out of 10 pain. The Pain Assessment Flow Sheet section, indicated [MEDICATION NAME] was administered to Resident A on November 11, 2018 at 6:00 AM for a pain level of 6 out of 10 with a pain rate of 2 out of 10 at 7:00 AM, an hour after the administration of the medication. The same section also indicated another [MEDICATION NAME] administration at 9:00 PM for 6 out of 10 pain rate. The MAR indicated [REDACTED]. A total of 3 administrations of [MEDICATION NAME] 5/325 milligram were given to Resident A on November 11, 2018; 1 tablet at 6:00 AM, 1 tablet at 12:00 PM and another tablet at 9:00 PM. At 7:00 AM on November 11, 2018, Resident A's pain rate was 2 out of 10 after receiving [MEDICATION NAME]. The Change of Condition report for Resident A, dated November 11, 2018 at 8:10 AM, indicated a pain level of 7 out of 10 after falling. During a record of the Physician's Telephone Orders for November 2018, there was no order for x-ray until November 17, 2018 at 1:43 PM for the swelling of the left hip and increased pain for Resident A. During a record review of the Nurse's Notes for Resident A, dated November 11, 2018 through November 18, 2018, there was no documented evidence Resident A's range in motion was assessed after falling on November 11, 2018. A nurse's notes entry written by the DON, dated November 19, 2018 at 4:30 PM, indicated an assessment at more or less at 1015am resident with slight 1.5 cm (centimeters) shortening w/c (which) was difficult to straighten left leg. + (positive) for internal rotation . was performed for the swelling of Resident A's left hip. During a record review of the facility's procedure, Assessing Falls and Their Causes, undated, indicated .After a Fall: 1. if a resident has just fallen evaluate for possible injuries to the head, neck, spine and extremities .7. Document any observed signs or symptoms of pain, swelling, bruising, deformity, and / or decreased mobility; and any changes in level of responsiveness / consciousness and overall function. Note the presence or absence of significant findings .</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.