

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555435</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RECHE CANYON REGIONAL REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1350 RECHE CANYON RD COLTON, CA 92324</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 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to ensure their policy and procedure was implemented to promote dignity and respect when a Certified Nursing Assistant (CNA 1) did not announce himself and ask permission before checking the residents' incontinent briefs for wetness, affecting two residents ( Resident 1 and 2). This failure had the potential to affect Resident 1 and 2's inability to maintain their highest practicable physical, mental, and psychosocial wellbeing. Findings: During a review of Resident 1's clinical record, the face sheet (contains demographic information) indicated Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. During a concurrent observation and interview on March 4, 2020, at 1:23 PM, Resident 1 was sitting up in bed, alert and able to make her needs known. Resident 1, stated, CNA 1 did not wake her up prior to checking her brief for wetness and she felt it was not appropriate. During a review of Resident 2's clinical record, the face sheet (contains demographic information) indicated Resident 2 was admitted on [DATE], with [DIAGNOSES REDACTED]. During a concurrent observation and interview on March 4, 2020, at 1:43 PM, Resident 2 was sitting up in bed alert and able to make his needs known. Resident 2, stated that CNA 1 did not wake him up prior to checking him for wetness and it shocked him. During an interview with the Director of Nursing (DON) on March 16, 2020, at 1:21 PM, the DON stated, The CNA should not have just checked, he should have announced what he was doing. The DON stated, CNA 1 was counseled and educated for not following facility policy and procedure. During a review of the facility's policy and procedure titled Quality of Life-Dignity, revised August 2009, indicated, Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality .8. Staff shall keep the residents informed .Procedures shall be explained before they are performed .</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.