

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555476</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APPLE VALLEY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11959 APPLE VALLEY ROAD APPLE VALLEY, CA 92308</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 do the following for two (Resident A and Resident B) of the three sampled residents: a. follow their policy and procedure when the facility did not update their plan of care after treatment for [REDACTED]. Findings: An unannounced visit was conducted on September 17, 2019 to investigate a complaint regarding quality of care. a. During an observation and concurrent interview with Resident A on September 17, 2019 at 10:45 AM in the physical therapy room, both of his feet were wrapped in elastic bandage. Resident A stated when the certified nursing assistants (CNAs) were transferring him to the wheelchair last Thursday (September 12, 2019), his left foot twisted and his right foot hit the floor. He stated the CNAs were rushing and not gentle with him. Resident A stated his feet started hurting on Friday evening and his left foot became swollen by Saturday afternoon. Resident A reported is not able to walk. He stated he has history of falling, has [MEDICAL CONDITION] (nerve damage), has no steady gait, has a compression bone fracture on his back, and his toes are curved on both feet. Resident A stated he has no control of his legs, feet, and toes. During an interview on September 17, 2019 at 10:17 AM, with the Director of Staff Development Assistant (DSDA), she stated she walked by the certified nursing assistants (CNA1 and CNA2) who were about to transfer Resident A to the wheelchair from the bed. DSDA went into the room to help the other resident in the room. She stated the CNAs asked her to help them after she heard them saying, I think you're buckling to Resident A. DSDA stated, they were having a hard time because he is deadweight. During an interview on September 17, 2019 at 10:30 AM with Certified Nursing Assistant 1 (CNA1), CNA1 stated resident A is a fall risk. She stated she helped the other CNA transferred Resident A and asked the DSDA to help when Resident A stated oh, I'm sliding. CNA1 stated she has been working in the facility for four months and has not seen Hoyer lift (an equipment used to in lifting / transferring residents) used on Resident A. CNA1 stated if a resident is a fall risk, there needs to be a floor mat in the room. CNA1 stated Resident A has never had a floor mat that she has seen in his room. During a record review of Resident A's fall risk assessment dated [DATE], the assessment indicated a score of 21 (high risk for fall). During an interview on September 17, 2019 at 12:45 PM with the Director of Nursing (DON), she stated, those who scored 16 and above are considered fall risk. If they are fall risk, then they are identified by a falling star, there's tab alarm and floor mat. During an observation and concurrent interview with the DON on September 17, 2019 at 1:15 PM, there was no fall mat observed in room [ROOM NUMBER], bed 1, Resident A's room. The DON stated there should be one. During a record review of the care plans for Resident A and concurrent interview with the DON on September 17, 2019 at 1:47 PM, she stated the care plan for Resident A did not indicate Resident A was max-assist (requires maximum assistance) after Resident A returned from surgery to the facility on [DATE]. The DON stated there should have been a care plan, it should have been part of ADLs (assistance required by residents performing their daily living tasks) regarding mobility, transfers. The DON stated the incident of Resident A spraining his feet .could have been prevented if there was Hoyer Lift. She stated the lift was not included in the care plan until today, and confirmed that Resident A is dead weight. During a record review of the Physical Therapy Plan of Care and concurrent interview with the DON on September 17, 2019 at 2:35 PM, the DON stated the Physical Therapy's plan of care with a start date of August 9, 2019, indicated Resident A requires maximum assistance for transfers. The DON stated, as per therapy, resident should have been always transferred with Hoyer lift with two person assist from the beginning. During a record review of the facility's policy and procedure, Care Plans - Comprehensive, dated October 2010, the policy stated, 8. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. 9. The Care Planning / Interdisciplinary Team is responsible for the review and updating of care plans: c. When the resident has been readmitted to the facility from a hospital stay . b. During an interview on September 17, 2019 at 7:50 AM with Resident B, he stated he missed his surgery appointment last week because they fed me. Resident B stated the surgery was for the removal of his kidney. A record review of physician's orders [REDACTED]. One time only for pre-op until 9/9/2019 23:59. A record review of the nurse's notes for Resident A, dated September 10, 2019 at 02:44 AM, the note indicated .resident is NPO (nothing by mouth) for surgery in AM . A nurse's note for the same day at 9:57 AM for Resident A, Resident eating few bites of breakfast surgical procedure was reschedule . During an interview with the DON on September 17, 2019 at 12:45 PM, the DON stated, it's actually the fault of whoever carried out the order. She (the LVN who took the order) admitted she forgot to complete the slip for dietary. The DON stated, whoever takes the order, then must also prepare the slip. She stated the certified nursing assistant who was helping out pass the breakfast trays did know the order of fasting for Resident A so she gave the tray to the resident. The DON stated the pink slip process is our usual procedure. No actual written procedure but it's our practice.</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.