

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER TERRACINA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1618 LAUREL AVENUE REDLANDS, CA 92373	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to identify and report an injury of unknown origin for 1 of 3 sampled residents (Resident 3). This failure had the potential to jeopardize the protection, health and safety of Resident 3. Findings: An unannounced visit was made to the facility on [DATE], at 10:10 AM, to investigate an allegation regarding quality of care and accidents. During a review of Resident 3's clinical record, the face sheet indicated an admitted [DATE] with [DIAGNOSES REDACTED].) During an interview with Registered Nurse (RN 1), on April 21, 2020, at 12:54 PM, RN 1 stated, on April 14, 2020, Resident 3 had a bump on the back of her head. RN 1 further stated Resident 3 was sent to a general acute care hospital for further evaluation due to the head injury. RN 1 stated that an investigation was completed and Nobody knows how it happened. Nobody witnessed. Nobody knows. The facility could not provide documentation to state how Resident 3 received the head injury. During an interview on April 21, 2020 at 1:19 PM, the Director of Nursing (DON) stated, We don't even know (how Resident 3 received the head injury.) The DON could not provide documentation that Resident 3's injury of unknown origin was reported to the appropriate agencies. DON further stated the Administrator is the one that reports injuries of unknown origin to the appropriate agencies. During an interview on April 21, 2020, at 1:29 PM, Administrator stated, No we didn't report it. The Administrator confirmed that Resident 3's injury of unknown origin was not reported to the appropriate agencies. The facility could not provide documentation that the injury was reported to the state licensing /certification agency and the local/state Ombudsman. During review of the clinical record for Resident 3, the Change of Condition Assessment Note, dated April 14, 2020, at 2:07 PM, indicated. C. Assessment 1. Upon assessment resident has a soft bump at the back of the head. Noted with discoloration of 3 x 9 cm (centimeters, unit of measure.) No open skin. No incident of fall. No hitting of head witnessed. Notified MD and obtained order for skull x-ray stat . The facility's Policy and Procedure titled Abuse Investigation and Reporting, indicated All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly by facility management. Findings of abuse investigation will also be reported .Reporting 1. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. The state licensing/certification agency; b. The local/State Ombudsman; c. The Resident's Representative (sponsor) of Record; d. Adult Protective Services e. Law enforcement officials; f. The residents Attending Physician; and g. The facility Medical Director.		
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.