

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE GARDENS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 25271 BARTON ROAD LOMA LINDA, CA 92354	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation and interview, the facility failed to follow its safety policy for placement of call light for one of three sampled residents. This failure resulted in Resident 1 not feeling safe and not having call light within reach made her anxious. Findings: During a concurrent observation and interview on April 9, 2019, at 3:48 PM, in Resident 1's room, she stated that she was just put back in bed. It was observed that the call light device was hanging over and behind the head of the bed. Resident states she can't reach call light and it makes her anxious when she can't reach the call light. During an interview with Certified Nursing Assistant (CNA1), on April 9, 2019, at 3:52 PM, CNA1 stated that she put her back in bed and forgot to put the call light within reach. She stated the call light should be within reach. During an interview with the Director of Staff Development (DSD), on April 9, 2019, at 4:03 PM, DSD stated that the call light is supposed to be clipped to Resident 1 and where she can reach it. The facility policy and procedure titled Answering the Call Light undated, indicated under Purpose -The purpose of this procedure is to respond to the resident's requests and needs. Also under General Guidelines - .5. When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident.		
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.