

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASISTENCIA VILLA REHABILITATION AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1875 BARTON ROAD REDLANDS, CA 92373</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 ensure one of 3 sampled residents (Resident A) received the care in accordance with professional standards of practice when the facility did not perform an admission assessment and transferred the resident back to the (name of general acute care hospital) without a physician order for [REDACTED]. During a review of Resident A's medical record, Resident A's face sheet (a report that contains the personal and medical information of a resident) dated September 24, 2019, indicated Resident A was admitted on [DATE] and discharged on [DATE] at 7:04 PM to an acute care hospital. During a review of Progress Notes for Resident A, dated November 2, 2018 at 4:38 PM, the notes indicated Resident A was transported to the facility by (name of non-emergency transport company) and was oriented to her room and call light system. The note was written by Licensed Vocational Nurse 1 (LVN 1). During a review of Progress Notes for Resident A, dated November 2, 2018 at 17:56 PM, the notes indicated Resident was confused and nonresponsive based on assessment informed MD (medical doctor) patient is unstable and will be sent back to (name of general acute care hospital). Resident sent out to (name of general acute care hospital) by (name of medical transport company) at 1720 (5:20 PM). Resident A's vital signs were noted as: blood pressure = 104/55, pulse rate = 107, respiration rate = 18, and temperature = 98.7 Fahrenheit. The note was written by Licensed Vocational Nurse 2 (LVN 2). There was no written evidence that a nurse performed an admission assessment and an assessment for the transfer of Resident A to the hospital. During a review of Order Summary Report, dated November 2, 2018, the report indicated no physician order for [REDACTED]. The DON stated there was also no physician order for [REDACTED]. A was transported to the facility via (name of transport company that is not utilized for transporting people in unstable medical condition). During a record review of the (name of general acute care hospital) Emergency Department Medical Screening Exam, dated November 2, 2018 at 6:07 PM, the report indicated Resident A presented to the emergency department with placement issue. The Adult Emergency Medicine History and Physical report dated November 2, 2018 at 9:35 PM, indicated .denies any other medical complaint. The physical exam for Resident an Indicated Resident A was oriented to person, place and time .has normal reflexes .coordination normal . and negative for review of systems (no signs of illness requiring immediate medical attention). During a record review of the facility's policy and procedures, Admission Notes, dated September 2012, the policy stated, Preliminary resident information shall be documented upon a resident's admission to the facility 1. When a resident is admitted to the nursing unit, the admitting Nurse must document the following f. The general condition of the resident upon admission; q. A statement indicating that the nursing history and preliminary assessment is completed or has been started .t. The signature and title of the person recording the data .</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.