

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER WELLSPRINGS POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 44445 NO.15TH ST. WEST LANCASTER, CA 93534	
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 F 0742	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure the psychiatrist evaluated on of two sample residents (Resident 1) when Resident 1 displayed increased aggressive behavior. This deficient practice had the potential to result in untreated psychiatric condition. Findings: A review of Resident 1's Admission Record indicated the facility admitted the resident on 11/22/2017, with [DIAGNOSES REDACTED]. A review of Resident 1's plan of care developed on 1/31/19 for the resident's behavioral problem manifested by physical aggression towards other, the interventions included psychiatric referral. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 3/1/2020, indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding). The MDS also indicated the resident received antianxiety medications (medications that can help relieve symptoms of anxiety disorder). A review of Resident 1's SBAR (acronym for Situation, Background, Assessment, Recommendation) Communication Form, dated 4/13/2020 at 11:27 PM, indicated the resident got aggressive and swung his hand and made contact with another resident's right side of the face. A review of Resident 1's Nursing Progress Notes dated 4/13/2020, indicated the resident had a physical altercation with another resident and would be referred for Psychiatrist follow-up. A review of Resident 1's Nursing Progress Notes, dated 4/14/2020, indicated the charge nurse tried to redirect the resident upon running to another resident. Resident 1 got agitated and attempted to hit the charge nurse. A review of Resident 1's Interdisciplinary Team (IDT - a group of healthcare professionals from different fields who work together to provide the best care for a patient) notes, dated 4/17/2020, indicated the IDT meeting was conducted to review and discuss Resident 1's episode of physical altercation with another resident on 4/13/2020 and episode of attempting to open the emergency door. The IDT recommended referral to psychiatric follow up. A review of Resident 1's Nursing Progress Notes, dated 4/18/2020, indicated the resident attempted to go into different rooms and got agitated upon redirection. A review of Resident 1's Medication Administration Record [REDACTED]. During a concurrent interview and record review, on 4/23/2020 at 3:15 PM, the Assistant Director of Nursing (ADON) confirmed the psychiatrist did not assess Resident 1 recently and the last psychiatrist visit dated 2/27/2020. During a concurrent interview and record review, on 4/24/2020 at 3:02 PM, the Social Service Assistant (SSA) confirmed the resident was last seen by the psychiatrist was on 2/17/2020. The SSA stated the resident was referred to the Psychiatrist on 4/14/2020 and Licensed Vocational Nurse 4 (LVN 4) informed the Primary Care Physician (PCP) on 4/16/2020, who agreed with the psychiatric consult. A review of the facility's policies and procedures titled, Physician Services, dated 4/2008, indicated, The resident's Attending Physician is responsible for prescribing new therapy, ordering a transfer to the hospital, conducting routine visits, delegating and supervising follow-up visits from Nurse Practitioners or Physician Assistants, etc., to ensure that the resident receives quality care and medical treatments. Physician visits, frequency of visits, emergency care of residents, etc., are provided in accordance with current regulations and facility's policy.</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.