STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555747	A. BUILDING _____ B. WING _____	05/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MURRIETA HEALTH AND REHABILITATION CENTER	24100 MONROE AVENUE MURRIETA, CA 92562

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 0926 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Have policies on smoking.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement policies to provide supervision and safety for residents who smoked. This failure increased the potential for harm for residents who smoked, and placed all residents, staff, and visitors at risk for accidental fires and injuries. Findings: On February 6, 2020, at 10:15 a.m., an unannounced visit was made to the facility for the investigation of one complaint. On February 6, 2020, beginning at 12:10 p.m., Resident A's record was reviewed and indicated Resident A was admitted to the facility July 23, 2018, with [DIAGNOSES REDACTED]. The History and Physical, dated December 18, 2019, indicated Resident A could make her needs known, but could not make decisions due to [MEDICAL CONDITION] brain changes. Resident A's Smoking assessment dated [DATE], indicated Resident A required supervision and a smoking apron for safety, and did not reflect Resident A's cognitive deficit noted above. The Narrative Notes on the form indicated Resident A refused to wear the apron and did not want to allow the staff to keep her cigarettes and lighter. Resident A's Care Plan, dated December 20, 2019, indicated Resident A was at risk for injuries related to smoking, and had interventions that included smoking supervision if the resident was not able to smoke independently, and smoking apron. The Physician's Progress Notes, dated December 23, 2019, indicated Resident A had an unwitnessed fall, .Code Stat called (emergency) .was outside in the rain smoking .fell .EMS called . The Nurse's Health Status Notes, dated December 23, 2019, at 10:28 a.m., indicated Resident A was, .found outside in the smoking area .said she hit her head as well as .knee . and the resident was sent to the hospital for evaluation. There was no documented indication Resident A was supervised by staff when she was outside the facility smoking and fell . On February 6, 2020, beginning at 1:45 p.m., a sample of residents' who smoked (Residents B,C, D, E, F, G, H, and I) were reviewed. Their records indicated the following: -Resident B was admitted to the facility with [DIAGNOSES REDACTED]. Resident B's Smoking Assessment form dated December 12, 2019, indicated Resident B kept his own cigarettes and lighter, was able to light them, and refused to wear a smoking apron. The Care Plan, dated May 25, 2018, indicated Resident B was at risk for smoking injuries, was non-compliant, and smoked in non-smoking areas of the facility. -Resident C was admitted to the facility August 4, 2018, with [DIAGNOSES REDACTED]. The resident's Smoking Assessment, dated November 7, 2019, indicated Resident C kept his own cigarettes and lighter, was able to light them, and refused to use a smoking apron at times. The Care Plan, dated October 12, 2018, indicated Resident C was at risk for smoking injuries and included interventions that the licensed nurse should monitor his smoking materials. -Resident D was admitted to the facility May 24, 2018, with [DIAGNOSES REDACTED]. Resident D's Smoking Assessment, dated August 30, 2019, indicated Resident D required supervision and a smoking apron for safety, and the facility was supposed to store his cigarettes and lighter. The Care Plan, dated August 30, 2019, indicated Resident D wanted to keep his own smoking materials and refused to wear the apron at times, and included interventions that the licensed nurse should monitor his smoking materials. -Resident E was admitted to the facility January 17, 2018, with [DIAGNOSES REDACTED]. The History and Physical, dated November 4, 2019, indicated Resident E could make his needs known, but not make decisions. Resident E's Brief Interview for Mental Status (BIMS-standardized assessment of cognitive ability with score of 0 lowest and 15 highest), dated January 7, 2020, indicated Resident E had a BIMS score of 00. Resident E's Smoking Assessment, dated January 27, 2020, indicated the facility allowed Resident E to keep his own smoking materials, he was able to light them, and did not reflect his cognitive deficit noted above. The Care Plan, dated October 28, 2019, indicated Resident E was at risk for smoking injuries, obtained cigarettes from other residents, and refused to wear the smoking apron. -Resident F was admitted to the facility November 15, 2019, with [DIAGNOSES REDACTED]. The Care Plan, dated November 18, 2019, indicated Resident F refused to wear the apron and kept his own smoking materials at his bedside. -Resident G was admitted to the facility January 11, 2020, with [DIAGNOSES REDACTED]. Resident G's Smoking Assessment, dated January 16, 2020, indicated Resident G required the facility store her smoking materials and a smoking apron for safety. The Care Plan, dated January 16, 2020, indicated Resident G was at risk for smoking injuries and used [MED]gen. -Resident H was admitted to the facility January 13, 2020, with [DIAGNOSES REDACTED]. Resident H's Smoking Assessment, dated February 6, 2020, indicated Resident H required supervision, a smoking apron, and the facility should store his smoking materials for safety. The Care Plan, dated February 6, 2020, indicated Resident H was at risk for smoking injuries, and the licensed nurse was supposed to monitor his smoking materials. -Resident I was admitted to the facility December 5, 2019, with [DIAGNOSES REDACTED]. On February 6, 2020, at 1 p.m., Certified Nursing Assistant (CNA) 1 was interviewed and stated residents were able to go outside to smoke every two hours, and she was assigned to supervise the residents smoking. CNA 1 stated the staff took turns or walked out to check on the residents every 10 minutes (when smoking) and if the staff had time, they stayed with the residents in the smoking area. CNA 1 stated some of the residents kept their own smoking materials and some used [MED]gen. CNA 1 stated the facility had a smoking policy but she didn't know the policy, and wasn't aware of fire safety regulations. On February 6, 2020, at 1:10 p.m., the Administrator (ADM) was interviewed and stated the activities staff were usually assigned to supervise the residents who smoked and the assignment rotated. The ADM stated he thought the charge nurses kept the residents' smoking materials locked up. The ADM stated the residents who kept their own smoking materials were alert. The ADM did not indicate that resident's cognitive status, mobility, behaviors/compliance, or [MED]gen use were considered when evaluating the residents' smoking safety. On February 6, 2020, at 2:25 p.m., Licensed Vocational Nurse (LVN) 1 was interviewed and stated residents who were independent went and smoked on their own. LVN 1 stated the activities staff stayed inside or outside the building when residents smoked and the staff could see the residents through the window. LVN 1 stated 4-5 residents usually were outside smoking, and not all of the residents wore smoking aprons. LVN 1 stated the staff did not keep the smoking materials, the residents kept their smoking materials in their rooms. LVN stated she didn't know if any of the residents' who smoked had room-mates who used [MED]gen. When asked if it would be a safety concern if a resident smoked in his room, LVN stated yes, of course. On February 6, 2020, at 2:45 p.m., LVN 2 was interviewed and stated residents kept their own smoking materials. LVN 2 stated the activities staff came and went (when residents smoked) and watched the residents smoking from inside or outside the building. LVN 2 stated residents came from other stations in the facility to the smoking area, and if the resident was dependent, the CNAs would watch them. On February 6, 2020, at 3 p.m., an observation of the smoking patio was conducted with the ADM and Director of Nursing (DON). The patio was a long narrow area located outside of the facility's dining room with tall bushes just over the patio wall. One resident (Resident E, noted above with cognitive deficit) was observed sitting alone in a wheelchair in the smoking area with his back toward the dining room. His hands and face were not visible from the window to see if he was holding a cigarette. A staff member was observed sitting at a table inside the dining room at the side of the window. The staff member did not stay with the resident outside on the smoking patio. The facility policy and procedure, titled, Smoking Policy-Residents, last revised July 2017, was reviewed and indicated, This facility shall establish and maintain safe resident smoking practices .Smoking is only permitted in designated smoking areas .Oxygen use is prohibited in smoking areas .Any resident .requiring monitoring shall have the direct supervision of a staff member .while smoking .Residents are not permitted to give smoking articles to other

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.

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