

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 4070 JURUPA AVENUE RIVERSIDE, CA 92506	
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 0580	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>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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, for one of three sampled residents (Resident A), the resident's responsible party (RP- individual who makes medical decisions for the resident) was notified of the resident's change of condition (COC), when the resident tested positive for Coronavirus Disease 2019 (Covid 19- an infectious disease caused by [MEDICAL CONDITION] that can spread from person to person, causing mild to moderate respiratory illness). This failure resulted in the RP to not be aware of Resident A's condition and the potential to not be involved in the provision of care. Findings: On June 22, 2020, at 2:30 p.m., a telephone interview was conducted with the Ombudsman. The Ombudsman stated Resident A's RP complained that the facility did not notify her regarding Resident A's Covid 19 abnormal test result in April 2020. The RP stated she found out about the abnormal test result when the resident told her two weeks later from the time the results came out. On June 23, 2020, at 8:50 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to resident rights. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The annual history and physical, dated February 19, 2020, indicated Resident A did not have the capacity to understand and make decisions. Resident A's record indicated the RP was a family member. On April 13, 2020, a Covid 19 laboratory test was conducted on Resident A. The laboratory test, dated April 15, 2020, and was reported to the facility on [DATE], indicated an abnormal Covid 19 result. The nursing progress notes dated April 15, 16, 17, 18, 2020, did not indicate Resident A's RP was notified and updated of the abnormal Covid 19 result on April 16, 2020. There was no documented evidence indicating Resident A's RP was notified of the abnormal Covid 19 results and the facility's plan of care to address it. On June 23, 2020, at 1:24 p.m., Resident A's record was reviewed with the Director of Nursing (DON) and confirmed there was no documented evidence the RP was notified of the resident's abnormal Covid result. The DON stated the abnormal Covid 19 test result was considered a COC and the licensed nurses should have notified Resident A's RP of the result and the plan of care. The DON further stated the licensed nurse should document this information in the nursing progress notes. The facility's policy and procedure titled, Change in a Resident's Condition or Status, dated January 2012, indicated, Our facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's medical/mental condition and/or status. Except for medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.</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.