

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER MEDICAL CENTER CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 467 E GILBERT ST SAN BERNARDINO, CA 92404	
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 0689	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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure a preventive fall device, a Tab Alarm (device that sounds an alarm when the magnet connection is broken to notify a caregiver that a person is getting out of bed or wheelchair) is maintained in working order to help prevent a fall for one of three sampled residents (Resident 1). When Resident 1 fell from the bed. This failure had the potential to cause serious physical injury and harm to a clinically compromised Resident (Resident 1). Findings: Resident 1 is an [AGE] year-old female admitted to the facility on [DATE] and diagnosed with [REDACTED]. On February 6, 2020 at 9:30 AM, observed Resident 1 sitting in wheelchair in activity room watching a TV show. She is wearing clean, casual day wear with no noted odors. A working tab alarm is on her wheelchair. Resident 1 has a Certified Nursing Assistant, (CNA 1) standing next to her. During an interview on February 6, 2020, at 10:30 AM with Certified Nursing Assistant, (CNA 1) stated she makes sure that the tab alarm is functioning and placed on Resident 1. Resident 1 has a tab alarm attached while sitting in wheelchair. Asked Resident 1 on February 6, 2020, at 10:35 AM reason for current fall and Resident 1 is unable to explain her current fall. During an interview on February 6, 2020, at 10:40 AM with Licensed Vocational Nurse (LVN 1) stated a physician order [REDACTED]. LVN 1 stated she checked the Tab Alarm prior to charting and at medication administration. During a review of Fall Investigation Form for Resident 1 on February 2, 2020, the form indicated Resident 1 fell on the floor, and the tab alarm failed to alarm which was confirmed by LVN 1. A review of nursing notes dated 15:37 on February, 2, 2020, Resident 1's roommate called out to the nurse's station that Resident 1 had fallen out of bed. The nurses found Resident 1 on the floor and placed her back in bed. Provided ice pack to right eyebrow. Vital signs were normal. Neuro checks were normal. Resident 1's daughter was notified of fall. The Physician ordered an x-ray of right eyebrow and Computerized Axial Tomography Scan (A CAT Scan is a special type of imaging test that uses a computer to make three dimensional picture inside the body) of the brain and spinal cord. Resident 1 was transported to the emergency room. A review of Resident's 1 care plan indicated on February 5, 2020, documented the following: a tab alarm in bed and on wheelchair, a floor mattress, a low bed, a bladder and bowel retraining program. The plan to be provided by Registered Nurse, (RN), Licensed Vocational Staff, (LVN), and Certified Nursing Assistant, (CNA). LVNs are to chart each shift for tab alarm functionality and placement. All nursing staff are to ensure Resident 1's low bed is functioning. All nursing staff are to ensure that the floor mattress is in place when resident is in bed. The nursing staff will start bladder and bowel re-training. All interventions were made known to staff caring for Resident 1 and the family were in agreement with the plan. During a concurrent interview and record review on May 7, 2020 at 11:00AM with Director of Nurses, (DON) did not provide a policy for the Tab Alarm. She stated there are no written policies for tab alarm because the tab alarm is a preventive device for falls. She stated the LVNs/Charge Nurses are responsible for checking the placement and functionality of the tab alarm. The DON stated the Fall Investigation Form for Resident 1 on February 2, 2020, indicated Resident 1 fell on the floor, and the tab alarm failed to alarm. The DON reviewed the MAR for February 2020, she stated the documentation of the Tab Alarm began February 5, 2020. Review of the physician order [REDACTED].</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.