STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555318	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VILLA RANCHO BERNARDO CARE CENTER	**15720 BERNARDO CENTER DRIVE SAN DIEGO, CA 92127**

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 0559 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a written notice to the responsible party prior to moving a resident to a different room for one of two sampled residents (1). As a result, Resident 1 was moved to another room before his responsible party had the opportunity to accept or refuse the room change. Findings: Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE]. Per the facility's Notification of Room/Bed/Roommate Change, dated 1/7/20, Resident 1 had a room change on 1/7/20. This same document was marked other for the indication of the room change. The facility left three messages for the responsible party, and the form was signed by the SSD (Social Services Director). On 7/27/20 at 2:35 P.M., an interview was conducted with the SSD. The SSD stated, the reason for Resident 1's move should have been documented on the Notification of Room/Bed/Roommate Change, but it was not. On 8/4/20 at 3:15 P.M., a follow up interview was conducted with the SSD. The SSD stated, she called Resident 1's responsible party to notify him of Resident 1's room change. The SSD further stated, when they leave a message to notify the responsible party of a room change, they wait until the end of the day for the responsible party to call back before they move the resident, and they do not provide a written notification of room change to the responsible party. Per the facility's policy, titled Notification of Room/Bed/Roommate Change, revised 2/5/19, .It is the policy of this facility to inform resident/responsible party of room, bed, roommate change . 2. Any resident, his or her representative (sponsor), family member, or appointed advocate will be notified prior to any room /bed or roommate change. 3. The resident/surrogate has the right to refuse a room change . 4. The nursing or social service designee will explain the situation and the medical necessity, environmental, resident/family request and or other for room, bed and or roommate change to the resident/responsible party.
F 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have a written process related to checking a bed sensor alarm (an alarm to remind residents to ask for help when they wanted to get up, and to notify staff a resident was getting up) and documenting the alarm was functioning. As a result, the facility was unable to determine if the bed sensor alarm was implemented and working at the time of Resident 1's fall. Findings: Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The facility's Nursing Notes, dated 1/13/20 at 3:30 P.M., for Resident 1 indicated, At 1:05 pm call light (button for residents to request help from staff) was activated and CNA (Certified Nursing Assistant) went to check and found that resident was lying on the floor on right side-lying position . Resident alert but unable to verbally state what happened . LN interviewed roommate and said that resident was trying to climb on roommate's bed and got startled and asked him 'what are you trying to do' Resident got startled as well and suddenly fell behind the curtain and landed on his back on the floor . Upon investigating LN found out that . CNA put him back to bed because resident was sleeping on the dining table and left after resident is asleep in bed . The note did not indicate if a bed sensor alarm was checked that shift, or heard by anyone at the time of the incident. Per the facility's Resident Admission Assessment, dated 5/15/19, Resident 1's fall risk factor's included, Disoriented/Confused, Cardiovascular Medication, and Required assistance for toileting. On 7/23/20 at 3:35 P.M., an interview was conducted with LN (Licensed Nurse)1. LN 1 stated, Resident 1 had a bed sensor alarm while he was in bed because he was a fall risk. LN 1 further stated, when Resident 1 went to bed, staff put him to bed with his bed sensor alarm, but he did not remember if the alarm was on or not at the time of the fall. On 8/4/20 at 2:30 P.M., an interview was conducted with the DON (Director of Nursing). The DON stated, when a resident had a bed sensor alarm, it was listed on the careplan, so staff knew to check the bed sensor alarm for functioning. The DON further stated, staff did not complete any form of documentation to show that a bed sensor alarm was functioning or not. Per the facility's Careplan, dated 5/17/19, Resident 1 was at risk for fall/injury related to poor safety awareness, on medications with fall related side effects, impaired cognition (mental processes involved in comprehension), impaired communication, incontinence, impaired balance, [MEDICAL CONDITION] disorder, increased weakness, and behavior. One of the approaches to fall prevention listed on the careplan was, sensor alarm in bed . Per the facility's physician's orders [REDACTED].

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.