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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>555915</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                    | (X3) DATE SURVEY COMPLETED<br><b>05/12/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>THE SPRINGS HEALTH AND REHABILITATION CENTER</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>25924 JACKSON AVE<br/>MURRIETA, CA 92563</b> |   |
| 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<br><br>F 0842   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |   |
| <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>                     | <p><b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to maintain accurate documentation of the resident's weight-bearing status in the clinical record, for one of three sampled residents (Resident A), when the rehabilitation progress notes did not accurately reflect the recommended non-weight bearing (NWB) status/precautions for the resident's post-surgical extremity site. This failure had the potential to result in the confusion of the provision of care and the inconsistent implementation of the necessary precautions related to Resident A's medical condition. Findings: On February 10, 2020, at 9:29 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to quality of care concerns. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The history and physical, dated January 31, 2020, indicated Resident A had the capacity to understand and make decisions. The general acute care hospital's (GACH) orthopedic (field of medicine that focuses on surgery on, or manipulation of, the musculoskeletal system) surgery notes, dated January 27, 2020, indicated, .status [REDACTED].[MEDICAL CONDITION] . Plan: Non-weight-bearing (on) left leg with walker . The GACH's physical therapy (PT) notes, dated January 30, 2020, indicated, .Precautions: NWB LLE (left lower extremity) . The facility's PT evaluation and treatment notes, dated January 31, 2020, indicated, .Precautions: Fall risk, WBAT (weight bearing as tolerated) on LLE, Max AX3 (maximum assistance with three persons) .Gait (ambulation): level surfaces = 4 steps with max .2-person assist . A physician's orders [REDACTED]. On February 12, 2020, at 11:40 a.m., the Director of Rehabilitation (DOR) was interviewed regarding Resident A. He stated he did the PT evaluation on January 31, 2020, and misunderstood the GACH's notes that the resident was supposedly cleared for NWB of the LLE. When asked if he read the GACH's physical therapy notes and the orthopedic surgeon's notes that clearly indicated that the resident was to maintain NWB of the LLE, he stated he did not browse through all the other pages of the GACH documents sent to the facility upon admission. He stated a PT aide brought the family's concerns to his attention on February 1, 2020, when the family complained regarding the resident's weight-bearing status. He stated there was a mistake in the documentation and the resident was supposed to maintain NWB status on his LLE. The facility's rehabilitation policy and procedure titled, Documentation Overview, dated December 2019, was reviewed and indicated: It is the policy of this Rehabilitation Department to complete documentation timely for evaluations, clarification of treatment orders, care plans, each patient contact/treatment, weekly progress notes and discharge summaries, following federal and state guidelines and requirements . .Prior to evaluation, verify 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.