STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555904	A. BUILDING _____ B. WING _____	**06/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE ELLISON JOHN TRANSITIONAL CARE CENTER	**43830 10TH STREET WEST LANCASTER, CA 93534**

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 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 provide two-person physical assistance with bed mobility for one resident (Resident 1) as determined necessary by the resident's comprehensive Minimum Data Set (MDS - a standardized assessment and screening tool) to prevent injuries. This deficient practice had a potential for resident to experience discomfort during bed mobility, accidents, falls, and pressure injury. Findings: A review of Resident 1's Admission record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE], with [DIAGNOSES REDACTED]. (progressive damage in brain cells causes problems with memory, thinking and behavior), and generalized muscle weakness. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 3/1/2020, indicated the resident could not communicate and needed more than two persons physical assistance with bed mobility. The MDS indicated the resident is at risk of developing pressure ulcers or injuries. A review of the SBAR (an acronym for Situation-Background-Assessment-Recommendation is a technique used to provide a framework for communication between members of the health care team) form and progress note dated 4/26/2020, indicated, Resident 1 had discoloration to right eye inner canthi (corner of the eye) extending to right cheek. A review of Resident 1's Documentation Survey Report (document which indicates task and interventions of each resident) dated 4/2020, indicated Resident 1's bed mobility was performed with one-person physical assistance for 60 out of 77 shifts. During an interview on 5/7/2020 at 5:14 PM, Certified Nursing Assistant 2 (CNA 2) stated Resident 1 was stiff and contracted and she turned the resident by herself. During an interview on 5/7/2020 at 5:41 PM, Licensed Vocational Nurse 4 (LVN 4) stated on 4/25/2020 at 1 AM, she noticed a purplish skin discoloration in Resident 1's right eye extending to cheek. She also stated there was no reported falls or injuries before. LVN 4 stated the discoloration appeared to be pressure against the side rail upon turning. During an interview on 5/8/2020 at 1:55 PM, CNA 3 stated she was assigned to Resident 1 on 4/25/2020 for the 7 AM to 3 PM shift. CNA 3 stated the resident was heavy and needed turning in bed every two hours and turns the resident in bed by herself. During an interview on 5/8/2020 at 3:45 PM, CNA 4 stated she was assigned to Resident 1 on 4/25/2020 for 3 to 11 PM shift. CNA 4 stated she turned Resident 1 every two hours by herself throughout the shift. During a concurrent interview and record review, on 5/8/2020 at 3:54 PM, the Director of Nursing (DON) confirmed the Resident I's MDS record indicated the resident required two-person physical assistance with bed mobility. The DON stated the resident should have repositioned in the bed with two persons assistance. The DON also stated it is important to turn the resident with two people in order to get adequate support and ensure the safety. During a concurrent interview and record review, on 5/11/2020 at 10:02 AM, the Minimum Data Set Nurse (MDS nurse) confirmed the Resident 1's MDS record indicated the resident required two-person physical assistance with bed mobility. A review of the facility's policy and procedures titled Support Surface Guidelines, dated 7/1/2015, indicated pressure reducing support surface is a surface designated to prevent or promote the healing of pressure ulcers by distributing pressure over a larger surface area of the body in an effort to reduce or eliminate tissue pressure in a more circumscribed location. Bed bound residents should be turned a minimum of every two hours.

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.