

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER RAMONA NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 11900 RAMONA BOULEVARD EL MONTE, CA 91732	
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 0687	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>Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide foot care treatment for [REDACTED]. This deficient practice had the potential for the resident to have severe complications from infection. Findings: A review of Resident 1's Admission Record indicated the resident admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 4/25/2020, indicated the resident had no impairment in cognitive skills. Resident 1 needed extensive assistance (staff providing weight-bearing support) from staff for transferring, dressing, and personal hygiene. A review of Resident 1's physician's orders [REDACTED]. A review of another of Resident 1's physician's orders [REDACTED]. Apply sterile bandage to bilateral hallux every day for 15 days. During an interview, on 4/27/2020 at 9:40 a.m., Resident 1's Representative (RP) stated Resident 1 was asleep and the blanket caught the toenail and half of it came off. Resident 1's physician came and cut the toenail and it was infected. The RP stated that the facility was supposed to give the resident medication for the toe, but did not. During an interview and record review, on 6/19/2020 at 12:40 pm., the Licensed Vocational Nurse 1 (LVN 1) stated Resident 1's Treatment Administration Record (TAR) for November 2019 had missing documentation on November 27, 29, and 30, 2019. LVN 1 stated treatment was not documented on Resident 1's TAR because the medication was not available. LVN 1 stated there was no documentation indicating the staff followed up with the pharmacy or notified Resident 1's physician that the resident was not receiving any treatment as ordered. According to the facility's policy and procedure titled, Physician Medication Orders, dated 4/2010, indicated medications shall be administered upon written order. The charge nurse or the Director of Nursing Services shall call-in the order for all prescribed medications.</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.