

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055565</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WATERMAN CANYON POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1850 N. WATERMAN AVE. SAN BERNARDINO, CA 92404</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 <b>F 0684</b>	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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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 follow their policy when they did not investigate the reported loss of the lower dentures for one of the three sampled residents (Resident A). This failure led to resident's difficulty chewing food and could result to avoidable harm. Findings: An unannounced visit was conducted on December 16, 2019 to investigate a complaint regarding quality of care. A record review of the Admission Record of Resident A, dated December 16, 2019, the record indicated Resident A was admitted to the facility on [DATE] and was discharged to (name of general acute care hospital) on October 9, 2019. Resident A's diagnosis (identified medical illness) included muscle weakness, difficulty in walking, and moderate protein-calorie malnutrition. A record review of the Nurse's Note, dated October 4, 2018 at 5:38 AM, the note indicated missing dentures noted. A record review of the progress notes for 72-hour Charting, dated October 4, 2019 at 10:06 PM, the note indicated, family called to speak with CN (charge nurse) regarding some concerns lower dentures are missing. CN went to check and noted no lower dentures to be found. Res (resident) wearing upper dentures only. Resident noted gagging and spitting up her food. A record review of the Nurse's Notes, dated October 5, 2019 at 11: AM, the note indicated also on monitoring for loss of dentures, and debilitating ability to eat. During an interview with the Social Service Designee (SSD) on August 4, 2020 at 3:27 PM, the DSD stated she remembered the resident. She stated there was no report for Resident's A missing any items. The SSD stated she reviewed the Theft and Loss log from February 2019 to October 2019. During an interview with the Social Worker (SW) on August 4, 2020 at 3:42 PM, the SW stated she reviewed the 2019 Theft and Loss log. She stated there was no missing dentures for Resident an indicated on the log. The SW stated if it was reported to them, we would look for the dentures, would refer to the dentist right away and advise dietary. A record review of the facility's policy, Theft and Loss Policy Program, dated December 2013, indicated, .C. Documentation and Investigation after a Missing Item has been Reported .2. The staff member who discovers or is told by a Resident or anyone acting on behalf of a Resident that the Resident's property is missing shall report it to this Center's Administrator or his/her designee. 3. The Administrator shall document all reports of missing Resident property in the Missing Item Log &amp; on a Missing Item Report 5. The Administrator shall investigate all reports of the missing item</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.