STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056431	A. BUILDING _____ B. WING _____	**06/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
INLAND VALLEY CARE AND REHABILITATION CENTER	**250 W. ARTESIA STREET POMONA, CA 91768**

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 0550 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to respect the resident's rights by shaving Resident 1's mustache when the family requested not to shave it for one of two sampled residents (Resident 1). This deficient practice resulted in the resident's mustache being shaved without the representative's consent. Findings: A review of Resident 1's Face Sheet (a record of admission) indicated the resident re-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 3/24/2020, indicated the resident had severe impairment in cognitive skills. Resident 1 was totally dependent (full staff performance every time) on staff for transferring, dressing, and eating. During an interview, on 4/27/2020 at 12 p.m., a Family Member (FM) stated she received a phone call from the facility last Sunday that the facility shaved Resident 1. FM stated eight years ago the facility shaved Resident 1's his whole face (eyebrows, mustache and beard). FM stated she still has not spoken to anyone regarding the mustache until this day after requesting a call back. FM stated Resident 1 has been growing out that mustache for a long time. During an observation on 6/15/2020 at 10 a.m., Resident 1 was lying in bed. A sign posted above Resident 1's head of bed indicated, No one is to shave Resident 1 except family. During an interview, on 6/15/2020 at 12:45 p.m., a Licensed Vocational Nurse 1 (LVN 1) stated prior to the no visitors rule, Resident 1's wife would come and shave Resident 1. LVN 1 stated Resident 1's wife did not want the facility staff to shave Resident 1. LVN 1 stated the certified nursing assistants (CNAs) shaved Resident 1 every Wednesday. LVN 1 was not sure the facility had consent to shave Resident 1. During an interview, on 6/17/2020 at 9:17 a.m., the Director of Nurses 2 (DON 2) stated she was not able to find documentation indicating the facility received permission to shave Resident 1. During another interview, on 6/18/2020 at 11:45 a.m., DON 2 stated the staff should ask family permission before they shave Resident 1 because it was the family's request to do it themselves. A record review of Resident 1's care plan titled, Activities of Daily Living (ADL) Personal Hygiene, dated 5/18/2020, indicated wife requesting for family to do all shaving. According to the facility's policy and procedure, Resident Rights, revised date 8/2009, indicated residents are entitled to exercise their rights and privileges to the fullest extent possible. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the personal belongings list was up to date and signed by the resident's representative to account for accuracy for one of two sampled residents (Resident 1). This deficit practice had the potential for the resident's items to become missing. Findings: A review of Resident 1's Face Sheet (a record of admission) indicated the resident re-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 3/24/2020, indicated the resident had severe impairment in cognitive skills. Resident 1 was totally dependent (full staff performance every time) on staff for transferring, dressing, and eating. During an interview, on 4/27/2020 at 12:05 p.m., Resident 1's Representative (RP) stated Resident 1 is always missing clothes. A review of Resident 1's, Resident Inventory of Personal Effects, dated 1/31/2020, indicated Resident 1 had eight t-shirts, two blankets, and five pair of pants. Resident 1's inventory list was not signed by Resident 1's representative and/or witnessed by two staff members. A review of Resident 1's, Resident Inventory of Personal Effects, dated 6/18/2020, indicated Resident 1 had two pages of personal belongings such as six pants, two big blankets, one small blanket, eight t-shirts, two sweats, six white t-shirts, seven muscle shirts, and three pant pajamas. During an interview and record review, on 6/19/2020 at 10:10 a.m., the Assistant Director of Nurses (ADON) stated when Resident 1 was readmitted in January 2020, if the resident's representative was not there to sign the personal belongings list, two nurses are supposed to sign to verify items. The DON stated that Resident 1's, Resident Inventory of Personal Effects, dated 1/31/2020, had only one signature. The ADON stated there should have been another staff to verify. The ADON stated protocol should be if the family bring in items, the Licensed Vocation Nurse (LVN) would go over the items with the representative and itemize it on the list. A review of the facility's policy and procedure titled, Personal Property, dated 9/2012, indicated the resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished. The facility will promptly investigate any complaints of misappropriation or mistreatment of [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.