STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555915	A. BUILDING _____ B. WING _____	**03/18/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE SPRINGS HEALTH AND REHABILITATION CENTER	**25924 JACKSON AVE MURRIETA, CA 92563**

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 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, for one of three sampled residents (Resident A), received care and necessary services consistent with the facility's policy and procedure on fall prevention and management, when: a. Multiple licensed staff failed to perform and complete the neurological checks (neurochecks - brief neurologic assessments performed repeatedly to monitor changes in the resident's condition), as indicated in the facility's policy and procedure for unwitnessed fall incidents; and b. The licensed staff failed to promptly update the care plan after a resident's fall incident in the facility. These failures increased the potential for the resident to not receive appropriate assessments and timely safety interventions, and increased the potential for recurrent falls to occur for Resident A. 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 Fall Care Plan, dated December 11, 2019, indicated, The resident is at risk for recurrent falls with injuries r/t (related to) confusion, deconditioning, gait/balance problems, unaware of safety needs . The Nurse's Progress Notes, dated December 28, 2019, at 4:56 a.m., indicated, Patient was found sitting on the floor mat at the edge of his bed, (with his) chest and head leaning on (the) bed .Continuous @15 mins (every 15 minutes) assessment and vital signs done and recorded. The documented titled, 72 Hours Neurological Flow Sheet, indicated an assessment was initiated on December 28, 2019. The document indicated an assessment from 3:50 a.m. to 4:35 a.m. on December 28, 2019, and the rest of the document sections left blank/unfilled. The care plan was also not updated after the resident's fall incident. The SBAR (Situation, Background, Assessment, Recommendation; a technique used to facilitate prompt and appropriate communication in healthcare setting) charting, dated January 3, 2020, at 1:47 a.m., indicated, .Found (resident) on the floor next to his bed . There was no documented evidence a neurocheck assessment was completed for the unwitnessed fall incident on January 3, 2020. The Fall Care Plan was updated 3 days later (January 6, 2020). On February 10. 2020, at 1:08 p.m., Resident A's record was reviewed with the Assistant Director of Nursing (ADON) and confirmed the neurocheck assessments were not completed after the resident had unwitnessed falls on December 28, 2019 and January 3, 2020. She confirmed the fall care plan was not updated until January 6, 2020. In a concurrent interview with the ADON, she stated the licensed staff should have initiated and completed the neurochecks and should have updated the resident's care plan. The facility's policy and procedure titled, Neurological Assessment, dated July 2018, was reviewed and it indicated: .Nursing staff will perform a neurological assessment in the following circumstances .following an unwitnessed fall . Neurological checks will be performed as follows or otherwise ordered by the Attending Physician . Every 15 minutes for 1 hour, then; Every 30 minutes for 1 hour, then; Every hour for 2 hours, then; Every 4 hours for a combined total of 72 hours . The following information will be documented in the resident's medical record . the date and time the procedure was performed . All assessment data obtained during the procedure . If the resident refused the procedure, the reason(s) why and the intervention taken . The signature and title of the person recording the data . The facility's policy and procedure titled, Fall Management Program, dated February 2018, was reviewed and it indicated: .It is the policy of this facility to provide the highest quality care in the safest environment for the residents residing in the facility . The Nursing Staff will develop a plan of care specific to the resident's needs with interventions to reduce the risk of falls . The Interdisciplinary Team (IDT- group of health care professionals) will review the plan of care .post fall. Interventions will be implemented or changed based on the resident's condition and response.
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide necessary care and services for wound management, for one of three sampled residents (Resident A), when multiple treatments were not consistently provided as ordered by the physician and as indicated in the comprehensive care plan. These failures increased the potential for delayed wound healing and worsening of Resident A's existing pressure ulcers (also called bedsores; injury to the skin or underlying tissue caused by pressure, friction and moisture). 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 care plan titled, The resident has a Pressure Injury ., dated December 11, 2019, indicated, .sacral admitted pressure site, at risk for further deterioration Interventions .treatment as ordered . The care plan titled, The resident has L (left) inner heel pressure injury, unstageable ., dated December 26, 2019, indicated, .at risk for deterioration of current pressure ulcer .Interventions .treatment as ordered . A physician's orders [REDACTED].every day .for 14 days . The treatment administration record (TAR) for January 2020 indicated the administration section for the left inner heel treatment was unfilled/left blank on the following dates: January 5, 11, 12, and 13, 2020. A physician's orders [REDACTED]. Pat dry. Apply collagen (type of protein that connects and supports fibers in body tissues such as skin, tendons, muscles). Cover with DD (dry dressing) qd (daily) X 14 days . The TAR for January 2020 indicated the administration section for the sacral pressure ulcer treatment was unfilled/left blank on the following dates: February 6, 10, and 11, 2020. On February 10, 2020, at 1:43 p.m., Resident A's record was reviewed with the Treatment Nurse (TN) and confirmed the TAR for the above-mentioned dates were left blank. There was no documented evidence the resident received the treatments on the above-mentioned dates. On February 10, 2020, at 3:20 p.m., the Director of Nursing (DON) was interviewed regarding the wound treatments for Resident A. She stated the licensed staff were supposed to provide the treatments and document the administration in the treatment administration record. The facility's policy and procedure titled, Wound Management, dated January 2016, was reviewed and it indicated: A resident who has a wound will receive necessary treatment and services to promote healing, prevent infection and prevent new pressure ulcers from developing .Per Attending Physician('s) order, the Nursing Staff will initiate treatment and utilize interventions for pressure redistribution and wound management .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE