

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/29/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2021
NAME OF PROVIDER OR SUPPLIER Sundance Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5800 West Wilson Street Banning, CA 92220	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44790</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified when Resident 88 had an increase in respiratory rate above the baseline (15-20 breaths per minute).</p> <p>This failure had the potential for the resident not to receive the necessary care and treatment resulting in the decline of the resident's condition.</p> <p>Findings:</p> <p>Resident 88's record was reviewed. Resident 88 was readmitted to the facility on [DATE], with diagnoses including acute respiratory failure with hypoxia (a deficiency of oxygen reaching the tissues of the body).</p> <p>The document titled, Respiration Summary, indicated:</p> <ul style="list-style-type: none"> -Dated November 23, 2021, at 6:17 p.m., .Respiration 18 breaths/min . -Dated November 24, 2021, at 10:57 p.m., .Respiration 19 breaths/min . -Dated November 26, 2021, at 9:00 p.m., .Respiration 19 breaths/min . - Dated November 27, 2021, at 8:17 a.m., .Respiration 22 breaths/min . (manual) . - Dated November 27, 2021, at 6:20 p.m., .Respiration 18 breaths/min . (manual) . - Dated November 28, 2021, at 8:06 a.m., .Respiration 30 breaths/min . (manual) . - Dated November 28, 2021, at 6:07 p.m., .Respiration 20 breaths/min . (manual) . - Dated November 28, 2021, at 10:51 p.m., .Respiration 18 breaths/min . (manual) . - Dated November 29, 2021, at 7:11 a.m., .Respiration 28 breaths/min . (manual) . - Dated November 29, 2021, at 9:57 a.m., .Respiration 25 breaths/min . (manual) . <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The document titled, Progress Notes, dated December 3, 2021, indicated, Resident 88 had respiratory rate of 28 breaths per minute with shallow breathing, on oxygen at 5 liters per minute via nasal cannula (a device used to deliver oxygen to a person in need of respiratory help) with oxygen saturation of 90%. Resident 88 was transferred to the hospital for further evaluation.</p> <p>There was no documented evidence the increased in respiratory rate was reassessed, and that the physician was notified of Resident 88's increase in respiratory rate above the baseline, for dates of November 28, 2021, and November 29, 2021.</p> <p>On December 16, 2021, at 2:58 p.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated respiratory rate of 30 breaths/minute is above the normal range and considered a change of condition. She stated there was no documentation that the physician was notified of the increase in respiratory rate. She stated the staff should have notified the doctor when the resident had an increase in respiratory rate.</p> <p>On December 16, 2021, at 3:10 p.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. She stated if a resident has a respiratory rate of 30, she will inform the charge nurse right away to assess the resident. She stated normal respiratory rate is 18-20 breaths per minute.</p> <p>A review of the undated facility policy and procedure titled, Condition Change of the Resident, indicated, . Observe, record and report any condition change to the physician so proper treatment can be implemented . Assess the resident's need for immediate care/medical attention .Assessment and monitoring include . variations in respirations .Monitor resident's condition frequently until stable .Document assessment observations in medical record .</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on interview and record review, the facility failed to ensure the care plan on skin issue was reassessed and revised to address the left arm discoloration for one of 21 residents reviewed, (Resident 47). This failure had the potential to result in providing interventions that was ineffective for the resident.</p> <p>Findings:</p> <p>On December 14, 2021, at 9:36 a.m., Resident 47 was observed with discoloration on his left wrist. In a concurrent interview with Resident 47, he stated he did not know what happened.</p> <p>Resident 47's record was reviewed. Resident 47 was admitted to the facility on [DATE], with diagnoses which included chronic kidney disease (gradual loss of kidney function which can cause dangerous levels of fluid, electrolytes and wastes to build up in the body).</p> <p>Resident 47's care plan titled, High risk for Skin Discoloration/Hematoma/Skin tears/Skin breakdown, developed on February 4, 2019, indicated, Handle gently during care .Monitor skin condition Q shift and PRN (as needed) .</p> <p>Resident 47's record titled Health Status Note dated December 3, 2021, indicated. Noted resident with old dry scab measuring 2.0 cm long with no s/sx (sign/symptom) of infection, no bleeding, noted with dark pinkish skin discoloration surrounding it measuring 2.0 cm. x 5.0 cm. on his left arm .Called (name of physician) and reported with new order to monitor .</p> <p>There was no new intervention implemented when Resident 47 developed skin discoloration on his left arm.</p> <p>On December 15, 2021, at 9: 53 a.m., a concurrent interview and record review was conducted with Licensed Vocational Nurse (LVN) 2. He stated the discoloration observed on Resident 47's arm was an old discoloration. LVN 2 stated the discoloration was not documented in the weekly progress notes. LVN 2 stated it would help the staff to determine a change of condition when nurses document resident's observed condition.</p> <p>On December 15, 2021, at 12:39 p.m., in a concurrent interview and record review, Licensed Vocational Nurse (LVN) 2 stated Resident 47 developed skin discoloration. LVN 2 stated the care plan should be revised since the previous interventions were not effective to prevent the resident's skin discoloration. He stated the care plan was not revised when the resident had developed skin discoloration on his left wrist (referring to the left arm).</p> <p>A review of the undated facility policy and procedure titled, CARE PLAN PROCESS - GENERAL, indicated, . The Interdisciplinary Team will coordinate with the resident/family a Care Plan appropriate for his/her needs or wishes based on the assessment and reassessment process within the required timeframe .</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on observation, interview, and record review, the facility failed to ensure meal time assistance was provided</p> <p>for one of three residents reviewed for Activities of Daily Living (ADL) (Resident 95). This failure has the potential to result in a decrease in resident's oral intake which could result in weight loss.</p> <p>Findings:</p> <p>On December 13, 2021, at 12:20 p.m., Resident 95 was observed in the room with lunch tray at bedside. and the resident was not eating the meal that was served. There was no staff observed feeding the resident.</p> <p>On December 13, 2021, at 12:38 p.m., Certified Nursing Assistant (CNA) 2 was interviewed. He stated Resident 95 ate 10-15% of the meal served.</p> <p>On December 13, 2021, at 3:40 p.m., the Resident Representative (RR) was interviewed, and the RR stated the resident needed encouragement, for him to eat. She stated Resident 95 would not eat if the staff would not encourage him to eat.</p> <p>On December 15, 2021, at 7:27 a.m., Resident 95 was observed in a wheelchair sleeping with breakfast tray at bedside. Resident 95's meal was observed untouched.</p> <p>On December 15, 2021, at 7:31 a.m., Resident 95 was observed with his food tray untouched and there was no staff feeding the resident.</p> <p>Resident 95's record was reviewed. Resident 95 was admitted to the facility on [DATE], with diagnoses which included Alzheimer's type dementia (progressive memory loss).</p> <p>The physician order dated November 11, 2021, indicated, 1:1 feeding for meals three times a day.</p> <p>The quarterly Minimum Data Set (an assessment tool) dated December 3, 2021, indicated Resident 95 required extensive assistance with eating.</p> <p>Resident 95's care plan dated June 2, 2017, indicated, .Malnutrition - is below the IBW (ideal body weight) Potential for WEIGHT LOSS R/T (related to) Variable food intake .Intervention .1:1 feeding w/ (with) meals & (and) snacks .</p> <p>On December 15, 2021, at 8:03 a.m., CNA 3 was interviewed. He stated Resident 95 required assistance with feeding. CNA 3 stated once the meal tray was served, a staff should be feeding him.</p> <p>(continued on next page)</p>		

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On December 16, 2021, at 8:38 a.m., CNA 4 was interviewed. He stated when a resident is on a 1:1 feeding, the meal tray of the resident should be served last, and the resident should be fed by the staff.</p> <p>On December 16, 2021, at 9:08 a.m., CNA 2 was interviewed. He stated any resident who was a feeder should have his meal tray served last so the food would not get cold. CNA 2 stated the staff should feed the resident right away.</p> <p>On December 16, 2021, at 10:41 a.m., Licensed Vocational Nurse (LVN) 3 was interviewed. LVN 3 stated if there was an order for 1:1 feeding, the staff should feed the resident.</p> <p>A review of the undated facility policy and procedure titled NUTRITION AND MEALS, ASSISTING RESIDENTS WITH, indicated, .It is the policy of the facility that each resident receives assistance with meals according to individual needs .</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36038</p> <p>Based on observation, interview, and record review, the facility failed to provide room visits to meet the interests of and support the psychosocial well-being of one of four residents reviewed for activities (Resident 246).</p> <p>This failure had the potential for Resident 246 to not meet her highest physical, mental and psychosocial well-being.</p> <p>Findings:</p> <p>A review of Resident 246's record, indicated, Resident 246 was admitted to the facility on [DATE], with diagnoses which included fracture of lower end of left tibia (shin bone).</p> <p>Resident 246's history and physical examination dated November 6, 2021, indicated she had the capacity to make decisions about her health care.</p> <p>Resident 246 Care Plan for Activity, date-initiated November 13, 2021, indicated, .Goal .Resident will participate in preferred act's (activities) of interest .If group attendance is less than 2-3x/ week provide resident with a tailored activity program which allows resident to partake in preferred activities of choice .</p> <p>Resident 246's MDS (Minimum Data Set, an assessment tool) dated November 18, 2021, Interview for Activity Preferences, indicated, How important is it to you to have books, newspaper and magazine .Very important .</p> <p>On December 13, 2021, at 3:48 p.m., Resident 246 was observed inside her room watching TV.</p> <p>On December 15, 2021, at 8:55 a.m., in a concurrent observation and interview with Resident 246, she was observed watching TV. Resident 246 stated she loves reading books but stated she could no longer read them without her eyeglasses.</p> <p>On December 15, 2021, at 4:03 p.m., in an interview with the Activity Aide (AA), she stated they visit the resident's room [ROOM NUMBER]-3 times per week, and they are required to document the activities offered. The AA stated there was no documentation of room visits provided for Resident 246.</p> <p>On December 15, 2021, at 4:23 p.m., in a concurrent interview and record review with the Activity Director, the AD verified that there were no room visits made to Resident 246. The AD stated in cases when a resident is unable to read without her eyeglasses, they could have provided Resident 246 large print books and provided her magnifying glass.</p> <p>(continued on next page)</p>		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of an undated document titled, Room Visit Program Independent Activities, indicated, Policy: It is the policy of this facility to provide activity involvement for those residents who are unable to leave or who choose to pursue activity interests in their own .Activity participation records identify residents who choose not to leave their room to attend activity programs and residents who have a low attendance level in group programs. Room visit program and independent activities are recorded on the Activity Attendance Record form .The activities offered are reflective of the resident's individual activity interests, as identified in the resident assessment .		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received treatment and care for five of 21 residents reviewed for quality of care (Residents 29, 47, 67 and 69) when:</p> <ol style="list-style-type: none"> 1. For Resident 47, an assessment and monitoring was not completed when the resident developed skin discolorations to lower extremities; 2. For Resident 67, an assessment and monitoring was not completed when the resident developed skin discolorations to lower extremities; 3. For Resident 69, a reassessment was not conducted to right upper extremity. In addition, an assessment and monitoring was not completed when resident developed edema to the left upper extremity; and 4. For Resident 29, a doctor's appointment was not rescheduled when the appointment was missed on November 23, 2021. <p>These failures had the potential to result in the delay in treatment and further decline in residents' medical condition, affecting the psychosocial, mental, and physical well-being of the residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On December 15, 2021, at 7:50 a.m., Certified Nursing Assistant (CNA) 5 was interviewed. CNA 5 stated she took care of Resident 47 on two consecutive days (December 14 and December 15, 2021). She stated Resident 47 did not have bruising or redness. CNA 5 stated if there was a change in skin condition, she would report to the charge nurse right away. In addition, she stated the charge nurse would assess the resident's skin condition. <p>On December 15, 2021, at 8:23 a.m., Resident 47's skin was observed with CNA 5. She stated Resident 47 had discolorations on the right thigh and on the lateral side of the left knee.</p> <p>Resident 47's record was reviewed. Resident 47 was admitted to the facility on [DATE], with diagnoses which included chronic kidney disease (gradual loss of kidney function which can cause dangerous levels of fluid, electrolytes and wastes to build up in the body).</p> <p>The document titled Weekly Summary Nurse Progress Note, dated December 3, 2021, indicated, Resident 47 did not have skin bruising or discolorations to lower extremities.</p> <p>The document titled POC (point of care) Response History, from December 2 to December 15, 2021, indicated Resident 47 was not observed with scratches, red area, discoloration, skin tear, and open area.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documentation indicating Resident 47's change in skin condition was assessed and monitored.</p> <p>On December 15, 2021, at 9:16 a.m., Licensed Vocational Nurse (LVN) 2 was interviewed. He stated he was not aware Resident 47 had a change in skin condition. LVN 2 stated when there was a change in skin condition, the CNA should have reported the issue.</p> <p>On December 15, 2021, at 12:39 p.m., LVN 2 was observed with Resident 47, and stated the resident had yellowish green discoloration on his right thigh and left lateral knee.</p> <p>In a concurrent interview and record review, LVN 2 stated there was no assessment and monitoring of the change in resident's skin condition. He stated there should have been an assessment and monitoring of Resident 47.</p> <p>2. On December 15, 2021, at 10:19 a.m., in a concurrent observation and interview with Registered Nurse (RN) 1, she stated Resident 67 had blackish red discolorations on both lower extremities. She stated if these were new discolorations, there should have been an assessment, monitoring, and notification of the physician.</p> <p>In a concurrent interview and record review, RN 1 stated Resident 67's skin condition were not assessed and monitored. She stated the physician was not notified of the resident's change in skin condition.</p> <p>On December 15, 2021, at 10:47 a.m., the Treatment Nurse (TN) was interviewed. He stated the charge nurse would inform him of a resident's change in skin condition. The TN stated he was not aware of Resident 67's discolorations on both lower extremities.</p> <p>In a concurrent observation and interview, the TN stated there were blackish discolorations with steristrips on resident's right lateral leg, right anterior ankle, and left lower shin. He stated there was one blackish discoloration on the resident's right foot. The TN stated there were steristrips on the resident's skin as a form of treatment.</p> <p>In a concurrent interview and record review, the TN stated there was no physician order for the treatment provided to the resident. The TN stated there should have been a physician order.</p> <p>A review of the facility policy and procedure titled Skin: Body Check, dated September 6, 2018, indicated, . The facility will conduct a skin: body check daily to identify any skin abnormalities. Skin abnormalities will be documented .Skin abnormalities reported to the licensed nurse will be further assessed for proper interventions as warranted .Nurses will document abnormal skin observations in the medical record .Skin abnormalities will be assessed/investigated .Physician will be notified of abnormal skin findings .</p> <p>44790</p> <p>3. On December 13, 2021, at 3:20 p.m., Resident 69 was observed with swelling to both upper extremities.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a concurrent interview with Resident 69, he stated he had swelling for a while. Resident 69 stated his hands were so swollen, he could not make a fist.</p> <p>Resident 69's record was reviewed. Resident 69 was admitted to the facility on [DATE], with diagnoses which included chronic kidney disease (damage to kidneys that happens slowly over a long period of time).</p> <p>The document titled, Progress Notes, dated November 26, 2021, indicated, .resident's swollen right upper extremity .No pitting edema noted .</p> <p>The document titled, Weekly Summary Notes, indicated the following:</p> <ul style="list-style-type: none"> -Dated November 26, 2021, indicated, .Presence or absence of .edema .blank (no answer) . - Dated December 3, 2021, indicated, .Presence or absence of .edema .blank (no answer) . - Dated December 10, 2021, indicated, .Presence or absence of .edema .blank (no answer) . <p>There was no reassessment conducted for Resident 69's right upper extremity edema. In addition, there was no documented evidence Resident 69's left upper extremity edema was assessed and monitored for edema.</p> <p>On December 15, 2021, at 3:15 p.m., in a concurrent observation and interview with LVN 2, he stated Resident 69 has edema to his left upper extremity. LVN 2 stated he was not aware Resident 69's left upper extremity was swollen. LVN 2 stated if there was a change of condition, the physician should have been notified.</p> <p>In a concurrent interview and record review, LVN 2 stated there was no documentation Resident 69's swelling on left upper extremity was assessed and monitored.</p> <p>On December 15, 2021, at 4:09 p.m., Registered Nurse (RN) 1 was interviewed. RN 1 stated Resident 69 had slight edema to left upper extremity, not as bad as the right upper extremity.</p> <p>On December 16, 2021, at 9:25 a.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated there was no documentation, Resident 69's right upper extremity edema was reassessed and monitored. She stated the staff should have documented an assessment and monitoring of the right upper extremity edema daily.</p> <p>A review of the facility policy and procedure titled, Condition Change of the Resident, dated 2018, indicated, . Observe, record and report any condition change to the physician so proper treatment can be implemented . Assess the resident and notify the attending physician of the resident's condition .Assessment and monitoring include, but are not limited to, the following .Swelling and discoloration .</p> <p>18821</p> <p>4. On December 16, 2021, in a review of Resident 29's record, she was admitted to the facility on [DATE], with diagnosis of obstructive uropathy (a condition in which the flow of urine is blocked).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 29's record indicated, .Urology appointment dated November 4, 2021, (sic) with (name of Nurse Practitioner) on 11/23/21 at 1:00 p.m. (check in at 12:30 p.m.) for re-evaluation of obstructive uropathy r/t (related to) long-term indwelling urinary catheter usage (address and phone number of Nurse Practitioner) .</p> <p>There was no documented evidence the scheduled appointment was conducted for Resident 29.</p> <p>On December 16, 2021, at 10 a.m., Licensed Vocational Nurse (LVN) 1 was interviewed. LVN 1 stated Resident 29 missed the appointment.</p> <p>There was no documentation the physician was notified the appointment was not conducted.</p> <p>On December 16, 2021, at 10:15 a.m., the transportation staff was interviewed. The transportation staff stated he did not make or reschedule the missed appointment for Resident 29. He stated the licensed nurse should have scheduled the appointment.</p> <p>On December 16, 2021, at 3 p.m., the Director of Nursing (DON) was interviewed. The DON stated Resident 29 had missed her appointment on November 23, 2021.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36038</p> <p>Based on interview and record review the facility failed to ensure the post dialysis assessment was completed after receiving hemodialysis (process of removing waste from the blood with the use of a machine) treatment on November 5, 2021, for one of one resident reviewed for dialysis (Resident 16). This failure has the potential for the facility not to be aware of Resident 16's condition during and after dialysis treatment.</p> <p>Findings:</p> <p>A review of Resident 16's record indicated Resident 16 was admitted to the facility on [DATE], with diagnoses which included end stage renal disease (ESRD- kidney failure).</p> <p>Resident 16's history and physical examination dated June 28, 2021, indicated, Resident 16 has the capacity to understand and make decisions.</p> <p>On December 16, 2021, at 2:41 p.m., in a concurrent interview and record review with Registered Nurse (RN) 2, RN 2 stated dialysis care was coordinated thru the communication form sent to the dialysis facility. He stated it is the facility's practice to fill out the Pre-Dialysis Assessment and send it with the form HEMODIALYSIS ASSESSMENT RECORD, for the dialysis facility staff to fill out. RN 2 verified there was no hemodialysis assessment found in Resident 16's record on November 5, 2021. He stated there should be communication between the dialysis staff and our staff after dialysis was completed.</p> <p>In a review of the facility undated policy titled, DIALYSIS COMMUNICATION, indicated, .The residents receiving dialysis care from an outside source shall have a written Communication Record, sent to the dialysis facility. Dialysis staff shall provide written return communication to the facility, which may include: Vital signs during or after dialysis treatment .Weight after dialysis treatment . Any lab work done at the Dialysis Center .The condition of the access site or device .Medications given during dialysis treatment . Change in condition, if noted .The charge nurse shall review any written communication from the Dialysis Center upon the resident's return from dialysis treatment .</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>44270</p> <p>Based on observation, interview, and record review, the facility failed to ensure pharmacy services were provided to meet the needs of the residents by not having a readily available vial of Lorazepam (medication used to treat anxiety) in the refrigerated eKIT (emergency medication kit) as indicated on the eKIT Content List, located in the medical storage room.</p> <p>This failure had the potential to result in medication not being available for emergency use.</p> <p>Findings:</p> <p>On December 13, 2021, at 4:03 p.m. an observation of the medication storage room at Station 2 was conducted. One small eKIT in the refrigerator was observed with a label read: (Name of Facility) eKIT #2 Daily exchange, had the following contents:</p> <ul style="list-style-type: none"> - Humulin R U 100 Insulin x 1 (fast acting insulin to reduce blood sugar level) - Humulin N U Insulin x1 (longer acting insulin to reduce blood sugar level.) - Lorazepam 2mg/ml (milligrams per milliliter a unit of measure) x1 <p>.expiration 6/22 (June 2022) dated: 9/20/2021 initials by RPH (registered pharmacist) dated: 2/18/2021 initials by TECH (pharmacy technician) .</p> <p>Upon opening the contents of the eKIT, Lorazepam 2mg/ml was not present as indicated on the content sheet.</p> <p>On December 13, 2021 at 4:13 p.m., an interview was conducted with Licensed Vocational Nurse (LVN 4). She stated she was not sure why the Lorazepam was missing. LVN 4 stated only the Humulin R U 100 insulin and the Humulin N U Insulin were present inside of the kit. She stated if Lorazepam is listed to be inside of the eKIT then it should be present inside the eKIT. LVN 4 further stated the yellow zip tie around the refrigerated eKIT meant that the contents have not been removed and the eKIT had not been opened. She stated if an eKIT was opened then a red zip tie would be placed on the eKIT to indicate it had been opened.</p> <p>On December 15, 2021 at 3:25 p.m., an interview was conducted with the Director of Nursing (DON). She stated there is only one eKIT located in the facility for Emergency use. She stated there was no formal process for deciding what medications are designated for the refrigerated eKIT. The DON stated she requested the replacement of Lorazepam but did not follow up to see if the contents of the eKIT were accurate and up to date.</p> <p>A review of the Policy and Procedure dated February 10, 2021, titled Emergency KIT (E-KIT) Use, indicated, Contents of the E-KITs will be kept readily available for all nursing stations .Records will be completed according to regulations, which includes documentation in the E-Kit Log and the E-Kit drug card inside .</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44270</p> <p>Based on interview and record review, the facility's pharmacist failed to provide the monthly medication regimen review timely. This failure had the potential to allow continuation of unnecessary medication regimen for one of five residents reviewed for unnecessary medication (Resident 16). Resident 16 continued to receive daily, two laxative medications (to prevent development of hard to pass stool) and one antidiarrheal (to prevent development of diarrhea), which work to counter each other.</p> <p>Findings:</p> <p>On December 15, 2021, at 1:40 p.m., an interview was conducted with Licensed Vocational Nurse (LVN 5). LVN 5 stated he had been providing Resident 16 with two scheduled laxative medications and one antidiarrheal medication during dialysis days.</p> <p>On December 15, 2021, at 3:22 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated a resident should not be taking two regularly scheduled laxatives in conjunction with an antidiarrheal because they could counter each other.</p> <p>On December 15, 2021, at 3:42 p.m., an interview was conducted with the Consultant Pharmacist (CP). He stated he did not include the regular use of Lactulose (medication to treat constipation), Senna (a medication to treat constipation), and Loperamide (a medication used used to treat diarrhea) on his review. The CP stated the use of two laxatives and one antidiarrheal had the potential to counter one another and the use of all three medications should be modified.</p> <p>Resident 16's medical record was reviewed. The resident was admitted on [DATE], with diagnoses including anxiety disorder (significant and uncontrollable feelings of anxiety and fear) and major depressive disorder (a state of low mood and aversion to activity) with the following prescribed medications:</p> <ul style="list-style-type: none"> - Bisacodyl EC (Enteral coated) Tablet Delayed Release 5 MG (milligrams - a unit of measure) (Bisacodyl) Give 2 tablet orally every 6 hours as needed for constipation. - Lactulose Solution 10GM/15ML (grams per milliliter- a unit of measure) Give 30 ml by mouth one time a day for constipation. Hold if loose stool. - Loperamide A-D (antidiarrheal) Tablet Give 2 mg by mouth in the morning every Mon, Wed, Fri for diarrhea prevention. Give during dialysis days MWF (Monday, Wednesday, Friday). - Senna Tablet 8.6 MG (Sennosides) Give 2 tablets by mouth at bedtime for Constipation Hold if loose stool. <p>There was no documented evidence in the resident's medical record which included the clinical rationale for the resident's receiving an antidiarrheal in conjunction with laxatives.</p> <p>(continued on next page)</p>		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>A review of the monthly Medication Regimen Review (MRR) by the CP for December 2020 to December 2021, confirmed there was no recommendations specific to multiple laxatives and one antidiarrheal use for Resident 16.</p> <p>A review of the Policy and Procedure dated, February 10, 2021, titled Drug Regimen Review (DRR) indicated, The consultant pharmacist is to provide an in-depth clinical drug regimen review on all of the Facility's residents at least once a month. A report or recommendations should be addressed to the Director of Nursing, the attending physician or both. The facility is to follow up on the recommendations in a timely manner .the drug regimen review will generally include, but not limited to audit of the following .all current medications orders .medication administration records .physician, nurse progress notes and applicable consults.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>44270</p> <p>Based on observation, interview, and record review, the facility failed to ensure pharmacy services were provided to meet the needs of the residents by not labeling the open date sticker on the multi-dose injectable insulin pen (a device used to administer insulin) with the date it was initially opened.</p> <p>This failure had the potential for administering discontinued and below therapeutic concentration of medications to the residents.</p> <p>Findings:</p> <p>On December 14, 2021, at 11 a.m., during the inspection of Medication Cart 2, there was an open (the protective plastic top cap being removed and unrefrigerated) injectable pen of Lantus Insulin (Long acting insulin). The pen did not have an open date indicated on the open date sticker or a written open date on it.</p> <p>A concurrent observation and interview was conducted with Licensed Vocational Nurse (LVN) 6. LVN 6 stated there was no open date on the Lantus injection pen and she could not tell when it was opened.</p> <p>The manufacturer of Lantus recommends the following included in the prescribing information:</p> <p>.Open (In-Use) Vial:</p> <p>Vials must be discarded 28 days after being opened. If refrigeration is not possible, the open vial can be kept unrefrigerated for up to 28 days away from direct heat and light, as long as the temperature is not greater than 86 F (30 C) .</p> <p>A review of the policy and procedure titled, Medications Requiring Notation of Date Opened, dated February 10, 2021, indicated, All medication requiring an open date will be dated immediately upon opening. Date will be applied using a Date Open label OR written directly on the packaging by the charge nurse .expires one month after opening .all insulins.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>40830</p> <p>Based on interview and record review, the facility failed to ensure one food service personnel was able to safely and effectively carry out the functions of the food and nutrition services when one Dietary Aide (DA 1) was unable to demonstrate and verbalized the process of manual dishwashing by using three-compartment sink.</p> <p>This failure had the potential to place 96 out of 96 highly susceptible residents who received food from the kitchen at risk for food-borne illness.</p> <p>Findings:</p> <p>During an interview on December 13, 2021, at 9:55 a.m., Dietary Aide (DA) 1 verbalized and demonstrated the process of manual dishwashing with the three-compartment sink. DA 1 stated he would first scrape off the food into the trash can and then put the dishes to wash bin with premixed detergent, then to rinse the dishes in the rinse bin. He did not mention the water temperature for the wash and rinse temperature, until the Dietary Service Manager (DSM) reminded him that both water temperature should be at 110 degrees Fahrenheit (F). He stated after washing and rinsing, the next step was to immerse the dishes into the sanitizing solution. He demonstrated preparing the sanitizing solution with two ounces of bleach with 20 gallons of water and then he stated he would check the solution with the test strip and the reading should be 50-100 parts per million (ppm). He demonstrated to test the prepared sanitizing solution with the test strip and the result read as 50-100 ppm. He stated the next step was he would immerse the dishes fully into the sanitizing solution for three seconds. Then DA 1 changed his answer to 30 seconds after the DSM reminded him and pointed to the poster on the wall above the sanitizing bin.</p> <p>During a concurrent interview, the DSM verified that DA 1 answered the immersion time wrong, and it should be 30 seconds not three seconds. The DSM stated his expectation was for DA 1 to be knowledgeable of manual dishwashing in case the dishwashing machine was not working.</p> <p>During an interview on December 15, 2021, at 10:41 a.m., the Registered Dietitian (RD) stated her expectation was for the dishwashers or dietary staff to know and follow the policy and procedure for the three-compartment sink dishwashing. She stated they should know the immersion time of the dishes in the sanitizing solution to ensure food safety.</p> <p>A review of the competency audit of DA 1 was conducted. The facility document titled, Competency Validation, completed on August 16, 2021, indicated DA 1 in a dishwasher position was competent with the three-compartment sink dishware washing procedure with demonstration. The competency audit was evaluated by the DSM.</p> <p>A review of departmental document titled, Record of Departmental In-Service and Meetings, Title: Dishwashing and 3-Compartment Sink Procedure, dated July 30, 2021, showed that DA 1 attended the In-Service and was conducted by the DSM.</p> <p>(continued on next page)</p>		

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of facility policy and procedure titled, 3 Compartment Procedure for Manual Dish Washing, dated 2018, indicated wash and rinse water temperature should be at the range of 110-120 degrees F, and sanitize dishes by immersion in sanitizing solution for 30 seconds.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40830</p> <p>Based on observation, interview and record review, the facility failed to store, prepare, and distribute food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> 1. The ice machine located in the East Wing was not cleaned and sanitized properly per manufacturer's guidance; 2. Several various size of metal pans was stacked and stored wet; 3. Dietary Aide (DA) 2 was not able to perform hand hygiene practices and glove use properly in between dirty and clean areas during the process of machine dishwashing; and 4. Facility had no system in place to review and monitor temperatures of the freezers in the pantries, for the resident's food refrigerators at the East and [NAME] Wings. <p>These failures had the potential to cause food-borne illness in medically vulnerable resident population who consumed food in the facility. The facility census was 96.</p> <p>Findings:</p> <p>1. During an observation on December 13, 2021, at 10:59 a.m., the ice machine at the East Wing had several visible black and brown residues on the side panel of the ice chute (area where the ice is dispensed) when the Maintenance Assistant (MA) took the parts apart from the ice machine. The residues were removed with a white paper towel with grainy texture. In addition, there were significant reddish grainy residue on the bottom of the chute and was easily removed with a white paper towel. There were black and brown residues on the side panel of the condenser (a cool down part in the ice machine and convert the vapor into liquid, and the liquid then flows to the evaporator where it expands and freezes water into ice), which were easily removed with a white paper towel.</p> <p>A concurrent interview with the MA, he confirmed the residues on the side panel and the bottom of the ice chute, and the residues on the side panel of the condenser. The MA stated he was responsible for the deep cleaning of the ice machine monthly and the last deep clean was on December 5, 2021.</p> <p>The MA explained the steps of the cleaning of the ice machine. He stated he would empty the ice from the ice storage bin, take the parts apart. He would use eight ounces of scale remover solution, to add to the water reservoir of the ice machine to remove the deposit. He stated the solution does not need to be mixed with water before pouring it into the water reservoir of the ice machine. The MA stated the next step was to rinse by running rinse cycle from the machine and next he would use the chlorine solution mixed with water to sanitize the machine by running through the water reservoir. The MA stated he would clean the ice storage bin with the scale remover solution, and then rinse with water. He stated he would use the chlorine solution to sanitize the bin and then use the clean towel to dry the bin and rinse with water again. He stated he could start the machine for making ice after all the steps were completed.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A concurrent review of the manufacturer's brand scale remover solution indicated to use seven ounces of solution mixed with one point three (1.3) gallons of warm water before pouring into the water reservoir of the ice machine. The instruction was verified with the MA and he stated he was not aware the solution needed to be mixed with the warm water.</p> <p>During an interview with the Maintenance Supervisor (MS) on December 13, 2021, at 11:07 a.m., he acknowledged the several residues observed on the side panel and the bottom of the ice chute, and some residues on the side panel of condenser of the ice machine. He verified that the MA should mix the scale remover solution with warm water per the manufacturer's instruction. The MS also acknowledged and agreed the MA did not perform the sanitization process of the ice storage bin correctly and he stated needed to be air-dried before the bin started to store the ice.</p> <p>During the phone interview with the ice machine manufacturer's brand technician on December 13, 2021, at 02:11 p.m. The brand technician stated the ice storage bin needed to be fully air-dried after sanitized and before the ice bin started to store the ice.</p> <p>According to FDA Federal Food Code 2017, Section 4-901.11 Equipment and Utensils, Air-Drying Required, after cleaning and sanitizing, equipment .shall be air-dried .before contact with food.</p> <p>A review of the Centers for Disease Control and Prevention (CDC) Guidelines for Environmental Infection Control in Health-Care Facilities, updated in July 2019, indicated that the last step for cleaning and maintaining ice machine and storage bin was to allow all surfaces of equipment to dry before returning to service.</p> <p>2. During the initial tour in the kitchen, an observation and concurrent interview with the Dietary Service Manager (DSM) on December 13, 2021, at 9:20 a.m. was conducted. Five of half (1/2) size metal pans, two of one-quarter (1/4) size four-inch metal pans, four of one-third (1/3) size metal pans, and four of one-quarter (1/4) size six-inch deep metal pans were observed stacked wet and stored in the clean storage rack. The DSM confirmed those metal pans were wet and stacked on top of each other and stated all pans, pots, and dishware should be air-dried before storing. He stated he expected all the staff should know to air-dry all the pots, pans, and dishes before storing on the clean storage rack.</p> <p>During an interview on December 15, 2021, at 10:41 a.m., the Registered Dietitian (RD) stated all pots, pans, and dishes needed to be air-dried before storing. She stated the moisture of the wet dishes would create an environment for bacteria or mold growth that could cause food-borne illness.</p> <p>During a review of facility policy and procedure titled, Dish Washing, dated 2018, it indicated dishes were to be air dried in racks</p> <p>before stacking and storing.</p> <p>According to FDA Federal Food Code 2017, Section 4-901.11 Equipment and Utensils, Air-Drying Required, after cleaning and sanitizing, equipment and utensils .shall be air-dried .before contact with food.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. During an observation on December 13, 2021, at 10:05 a.m., Dietary Aide (DA) 2 performed dishwashing using dishwashing machine by herself. DA 2 was observed touching the dirty knife on the dirty side of dishwashing machine with her gloved hands and she went to the clean side touched the clean dishes and racks with the same gloved hands. She went back and forth between dirty and clean sides touching the dirty knife and rack and clean dishes and rack few times before starting the dishwashing machine with same gloved hands without hand washing and changing into a new glove for the changes of tasks.</p> <p>In a concurrent interview with the Dietary Service Manager (DSM), he acknowledged DA 2 performed dishwashing with the machine, using same gloved hands the staff used in performing tasks in between dirty and clean sides. He verified that DA 2 should wash hands and don new gloves in between tasks.</p> <p>During an interview with the Registered Dietitian (RD) on December 15, 2021, at 10:41 a.m., she stated the dishwasher should have separated the dirty and clean sides when he or she was performing dishwashing using the machine as one person. The RD stated the dishwasher should wash hands and don new gloves between dirty and clean sides because those were different tasks and to avoid cross-contamination.</p> <p>A review of departmental policy and procedure, titled Hand Washing, dated 2018, indicated, Hand washing is important to prevent the spread of infection .When hands need to be washed .after handling soiled dishes and utensils .</p> <p>A review of departmental policy and procedure, titled Glove Use Policy, dated 2018, indicated, The appropriate use of gloves is essential in preventing food borne illness .Gloved hands are considered a food contact surface that can get contaminated or soiled .Wash hands when changing to a fresh pair .gloves must never be used in place of hand washing .When gloves need to be changed .before beginning a different task .</p> <p>According to FDA Federal Food Code 2017, Section 2-301.14 When to Wash, Food Employees shall clean their hands and exposed portions of their arms .immediately before engaging in food preparation including working with .clean equipment and utensils .and . after handling soiled equipment or utensils .before donning gloves to initiate a task .after engaging in other activities that contaminate the hands.</p> <p>4. During an observation on December 13, 2021, at 11:52 a.m., the freezer units of resident's food refrigerators at the East and [NAME] Wings had no internal thermometers to monitor the temperatures. There were two unopened boxes of pizza in the freezer unit of the resident's food refrigerators at the [NAME] Wing.</p> <p>In a concurrent review of undated facility documents both titled, Refrigerator Temperature Control Log for December 2021, for the resident's food storage located inside the pantries at East and [NAME] Wings. Both logs had refrigerator temperatures recorded from December 1st to 13th and the initials next to the temperatures recorded.</p> <p>(continued on next page)</p>		

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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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the Maintenance Supervisor (MS) on December 13, 2021, at 3:31 p.m., he stated maintenance department was responsible in checking the temperature of the resident's food refrigerators and recording the temperatures on the temperature control logs at the East and [NAME] Wings. He stated he was not aware there were no thermometers for both freezer units and had not monitored the temperatures for the freezer units since the temperature logs did not indicate to record the freezer temperature. The MS explained the Refrigerator Temperature Control Logs had only recorded the temperatures for the refrigerator but not the freezer units.</p> <p>During an interview with the Registered Dietitian (RD) on December 15, 2021, at 10:41 a.m., She acknowledged there were no thermometer and no monitoring temperatures for both freezer units of the resident's food refrigerators. The RD stated the freezer units for food always needed to be reviewed and monitored especially if there were food in the units. She stated she was not aware there were no thermometer and no monitoring temperatures for the freezer because she never checked the resident's food refrigerators during her monthly audits. She stated she would check both refrigerators in the future.</p> <p>A review of facility policy and procedure titled, Cold Storage Temperature Logging, dated 2018, indicated staff must review and record temperatures of all refrigerators and freezers to ensure they were at the correct temperature for food storage and handling and the freezer temperature should be at zero or below degrees Fahrenheit (F).</p> <p>According to FDA Federal Food Code 2017, Section 4-204.112 Temperature Measuring Devices, it indicated a permanent temperature measuring device is required in any unit storing time/temperature control for safety food because of the potential growth of pathogenic microorganisms. It also stated the temperature measuring device must be clearly visible to facilitate routine monitoring of the unit.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44790</p> <p>Based on observation, interview and record review, the facility failed to ensure residents' medical records were maintained in accordance with the professional standards and practices for two of 21 residents reviewed (Residents 47 and 69), when:</p> <ol style="list-style-type: none"> 1. The licensed nurses did not document the presence of nephrostomy tube (a tube placed to kidney to drain urine) in the weekly progress notes for Resident 69; 2. Resident 47's skin discoloration on his left arm was not documented under skin observation and weekly progress note. <p>These failures had the potential to result in inaccurate representation of the residents' condition and not reflecting the care and services provided to the resident.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On December 15, 2021, at 3:29 p.m., Licensed Vocational Nurse (LVN) 2 was observed providing a dressing change to Resident 69. Resident 69 was observed with a left nephrostomy tube and right urostomy tube (an opening in the belly made surgically to re-direct urine away from bladder). <p>Resident 69's record was reviewed. Resident 69 was admitted to the facility on [DATE], with diagnoses which included hydronephrosis (a condition characterized by excess fluid in a kidney due to backup of urine) with renal and ureteral obstruction (blockage in the kidneys and tubes that carry urine from kidney to bladder) , malignant neoplasm of esophagus and bladder (cancer of the esophagus and bladder).</p> <p>The facility document titled, Weekly Summary Notes, indicated the following:</p> <ul style="list-style-type: none"> - On November 20, 2021, .Appliances .Urostomy Bag .Other appliances .blank (no answer) . There was no indication Resident 69 had left nephrostomy tube. - On November 26, 2021, .Appliances .blank (no answer) .Other Appliances .blank (no answer) . There was no indication Resident 69 had left nephrostomy tube and right urostomy tube. - On December 10, 2021, indicated, .Appliances .Urostomy Bag .Other appliances .blank (no answer) . There was no indication Resident 69 had left nephrostomy tube. <p>On December 16, 2021, at 12:47 p.m., a concurrent interview and record review was conducted with Registered Nurse (RN) 1. She stated there was no documentation in the weekly progress notes that the resident had a urostomy and nephrostomy tube. She stated when doing weekly progress notes, artificial tubings should be documented.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the undated facility policy and procedure titled, Documentation, indicated, .Documentation will include all assessment of residents .interventions .resident's response .and progress or lack of progress towards goal of the written care plan .All documentation will be completed as required for each resident . Documentation entries will be factual and specific .</p> <p>37536</p> <p>2. On December 14, 2021, at 9:36 a.m., Resident 47 was observed with a discoloration on his left arm. In a concurrent interview with Resident 47, he stated he did not know how he got the discoloration on his left arm.</p> <p>Resident 47's record was reviewed. Resident 47 was admitted to the facility on [DATE], with diagnoses which included chronic kidney disease (gradual loss of kidney function which can cause dangerous levels of fluid, electrolytes and wastes to build up in the body).</p> <p>The document titled, Progress Notes, dated December 3, 2021, indicated .Noted resident with old dry wound scab .with dark pinkish skin discoloration surrounding it .on his left arm .</p> <p>The document titled, Weekly Summary Nurse Progress Note, dated December 3, 2021, indicated, Resident 47 did not have skin bruising or discolorations.</p> <p>The document titled POC (point of care) Response History, from December 2 to December 15, 2021, indicated, Resident 47 was not observed with scratches, red area, discoloration, skin tear, and open area.</p> <p>On December 15, 2021, at 9: 53 a.m., a concurrent interview and record review was conducted with Licensed Vocational Nurse (LVN) 2. He stated the discoloration observed on Resident 47's arm was an old discoloration. LVN 2 stated the discoloration was not documented in the weekly progress notes. LVN 2 stated it would help the staff to determine a change of condition when nurses document resident's observed condition.</p> <p>A review of the undated facility policy and procedure titled, DOCUMENTATION, indicated, .All documentation will be completed as required for each resident .Documentation will include all assessments of residents, all interventions taken, the resident's response, and progress or lack of progress toward the goals .Documentation entries will be factual and specific .Change of Condition: complete documentation for any change in resident condition, interventions and r resident response. Continue documentation as often as the condition warrants and at a minimum every shift time 72 hours or until condition stabilizes or resolves .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36038</p> <p>Based on observation, interview, and record review, the facility failed to implement infection prevention and control practices in preventing transmission of COVID-19 (corona virus-illness caused by a virus that can be transmitted from person to person) when:</p> <ol style="list-style-type: none"> 1. Two visitors (Transport staff) were not screened for their vaccination status prior to entering the facility. 2. One unvaccinated staff was wearing surgical mask and not the N95 respirator (a mask used to filter particles), while working in the facility. <p>These failures had the potential to result in the spread of COVID-19 infection to residents and staff.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On December 15, 2021, at 9:05 a.m., two transport staff went inside the facility to pick Resident 246 for dialysis (process of removing waste from the blood with the use of a machine). <p>On December 16, 2021, at 9:11 a.m., in a concurrent interview and record review with the receptionist, she stated the transport staff were screened upon arrival. The receptionist was unable to provide documented evidence the two-transport staff were screened for their vaccination status. The receptionist stated a copy of vaccination should be attached to attestation, as per facility policy.</p> <p>On December 16, 2021, at 9:40 a.m., in a concurrent interview and record review with the Infection Preventionist (IP), he stated the facility policy for vaccinated visitors was to sign an attestation of COVID-19 vaccination and show the proof of vaccination.</p> <p>A review of the facility document which included the General Visitation Guidance, indicated, .Any visitor entering the facility, regardless of their vaccination status, must strictly adhere to the following .COVID-19 vaccinated visitors must sign an attestation of COVID-19 Vaccination or voluntarily show their CDC (Centers for Disease Control and Prevention) issued COVID-19 Vaccination Card as proof of vaccination .</p> <ol style="list-style-type: none"> 2. On December 16, 2021, at 8:17 a.m., Certified Nursing Assistant (CNA) 1 was observed not wearing an N95 respirator. <p>In a concurrent interview, she stated she was not vaccinated for religious reason. CNA 1 stated she was required to wear an N95 while at the facility. However, she failed to request an N95 respirator from the licensed nurse.</p> <p>On December 16, 2021, at 12: 41 p.m., during an interview, the IP stated unvaccinated staff have to wear an N95 respirator when inside the facility.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of CDC guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, revised September 10, 2021, indicated, .Implement source control (refers to use of respirator or well-fitting facemask to cover a person's mouth and nose to prevent spread of respiratory secretions) .Source control options for HCP (Healthcare personnel) include: a NIOSH-approved N95 or equivalent or higher-level respirator .Source control and physical distancing .This is particularly important for individuals .Not been fully vaccinated .		