STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555740	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vista Real Post Acute	1665 East Eighth Street Beaumont, CA 92223

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48870 Based on observation, interview, and record review, the facility failed to ensure a comprehensive care plan (specific interventions to provide effective and person-centered care to meet the resident's needs) was initiated, for one of four residents (Residents 1) when: Resident 1 had a documented social history assessment indicating the presence of experiencing trauma (severe emotional or mental distress caused by an experience). This failure had the potential to result in the re-traumatization (a relapse into a state of trauma, triggered by some subsequent event) of Resident 1. Findings: On May 14, 2024, at 11:05 a.m., an unannounced visit to the facility was initiated for a facility reported incident investigation. On May 14, 2024, at 11:25 a.m., Resident 1 was observed sitting in bed, with noise cancelling headphones over the ears. Resident 1 explained the noise cancelling headphones help block out loud voices or noises that increase anxiety, especially while sleeping. Resident 1 further explained waking up to loud voices causes fear, due to a personal history of abusive relationships. On May 15, 2024, at 9:30 am, during an interview with the Director of Nursing (DON), the DON stated the resident should have had a care plan initiated for trauma informed care to include assessing for triggers with a history of trauma identified. On May 15, 2024, at 10:20 am, during an interview with Social Worker (SW), SW stated Resident 1's Social History Assessment will not be updated to reflect the new information from Resident 1 to reflect a personal history of abuse, until the next required quarterly assessment is due in June 2024. (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On May 14, 2024, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses which included Diabetes Mellitus type II, malignant neoplasm of the breast(breast cancer) with metastasis (spread) to the bones, bipolar disorder (a mood disorder characterized by periods of depression alternating with mania), hypertension (high blood pressure), hyperlipidemia (an excess of fats in the blood), gastroesophageal reflux disease (contents of the stomach flow back into the esophagus), anxiety disorder(a state of uneasiness and apprehension), and restless leg syndrome (a condition that causes a very strong urge to move the legs). A review of Resident 1's History and Physical, documented by the physician on March 21, 2024, indicated bilateral breast cancer, diffuse metastatic disease, hospice care, pain control, history of cocaine use, sober [AGE] years. A review of Resident 1's Social History assessment dated [DATE], indicated, the resident answered to being a witness to numerous traumatic events. Natural disaster; transportation accident; serious accident at home, work, or recreation; exposure to toxic substance; physical assault; life-threatening injury; severe human suffering; sudden violent death; sudden unexpected death; serious injury, harm, or death you caused to someone. In further review of Resident 1's record, there was no documented evidence a care plan was developed to address Resident 1's traumatic experience after it was identified by the Social Services Worker on March 15, 2024. Review of the facility ' s policy and procedure titled Trauma Informed Care revised March 2019, stated .The IDT (interdisciplinary team)/MDS (minimum data set)/ SS (social services) will care plan the PTSD (posttraumatic stress disorder) as at risk of, Potential for or actual problem and with appropriate interventions . As part of the comprehensive assessment, identify history of trauma and interpersonal violence when possible. Identifying past trauma and adverse experiences may involve record review or the use of screening tools . Reduce or eliminate unnecessary stimuli (noise, unwanted or sudden physical contact, etc.).

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. 48870 Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents (Resident 1), was provided trauma informed care. This failure had the potential to result in re-traumatization of Resident 1. Findings: During a concurrent observation and interview on May 14, 2024, at 11:25 am with Resident 1, Resident 1 was observed to be wearing noise cancelling headphones. Resident 1 stated, the noise cancelling headphones help reduce the level of noise from the facility and the staff. Resident 1 stated she wears the headphones to sleep due to a history of abusive relationships, if she hears staff talking loudly in the room it scares her and makes her anxious. Resident 1 also has a fear of belongings being stolen and prefers keeping personal belongings locked due to the history of abuse. During an interview on May 14, 2024, at 12:40 p.m. with Certified Nurse Aide (CNA), CNA stated, when Resident 1 is woken up abruptly she responds angrily to whoever wakes her up and demands to know what the person wants from her. CNA also stated Resident 1 has been observed crying but does not request help or want to talk about the reason when asked about it. CNA stated for residents with a history of abuse, the staff does not do anything differently. During an interview on May 14, 2024, at 1:15 p.m. with Licensed Vocational Nurse (LVN), LVN stated when Resident 1 is woken up she is not a pleasant person, Resident 1 seems startled and demands to know what staff want. LVN stated she does not know when there was in-service education provided on trauma informed care and is unsure how to assess for triggers. During an interview on May 14, 2024, at 1:25 p.m. with Social Worker (SW), SW stated she has been performing psychosocial wellness visits with Resident 1 every day or every other day, and Resident 1 has been more open discussing past abuse. SW stated a Registered Nurse (RN) or the Director of Nursing (DON) is responsible for assessing the resident for triggers and implementing a care plan to prevent re-traumatization of the resident with a history of trauma. SW stated resident issues are addressed at weekly Interdisciplinary Team (IDT) meetings. During an interview on May 15, 2024, at 9:30 a.m. with the DON, DON stated Resident 1 never talked about a history of abuse until the incident occurred where Resident 1 felt verbally attacked by two CNAs. DON stated it is expected of the nurses to assess residents for triggers. A review of Resident 1's Social History Assessment , dated March 15, 2024, indicated, Resident 1 answered to being a witness to numerous traumatic events. Natural disaster; transportation accident; serious accident at home, work, or recreation; exposure to toxic substance; physical assault; life-threatening injury; severe human suffering; sudden violent death; sudden unexpected death; serious injury, harm, or death you caused to someone; and indicated a history of substance use disorders. A review of Resident 1's Care Plans , implemented March 15, 2024, and reviewed April 5, 2024, did not include a care plan related to history of trauma. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of in-service education provided by the Director of Staff Development (DSD) revealed there were no records of Trauma Informed Care Education and Training for employees in the facility from May 2023 to May 2024. A review of the facility's policy and procedure titled, Trauma Informed Care , dated March 2019, indicated, . All staff are provided in-service training about trauma . the facility will utilize the Significant Life Events Checklist (SLEC)under Social Services Assessment as a screening/assessment tool for history of PTSD . The IDT/MDS/SS will care plan the PTSD as at risk of, Potential for or actual problem and with appropriate interventions .Caregivers are taught strategies to help eliminate, mitigate or sensitively address a resident's triggers .Reduce or eliminate unnecessary stimuli (noise, lighting, unwanted or sudden physical contact, etc.).