

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2022
NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	
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 - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37837</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure resident ' s rights were honored for Justice Involved Residents (residents in custody) when six of six residents (Residents 1,2,3,4, 5 and 6) were denied the same rights and privileges to move freely about the facility and participate in activities of their choosing due to the criminal justice system making their decisions, instead of the facility following federal regulations related to resident rights</p> <p>This failure resulted in Residents 1, 2, 3, 4, 5 and 6 to be shackled by one ankle to the bed frame except for therapy, toileting or showering and denied the right to move around their room, participate in activities which had the potential for severe psychosocial (having to do with the mental, emotional, social, and spiritual effects) harm. All decisions were made by the correction officers (COs) present with each justice involved resident and superseded the federal regulations to be followed by the facility.</p> <p>Findings:</p> <p>During review of Residents 1 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 1 was initially admitted to the facility on [DATE], with diagnosis (DX) which included: urinary tract infection (infection of the bladder), diabetes (high blood sugar), hypothyroidism (thyroid does not produce enough hormones), hyperlipidemia (high levels of fat in the blood), schizophrenia (a thought disorder characterized by hallucinations and delusions), Gastro-esophageal reflux disease (gastric fluid backflow into the esophagus) and high blood pressure.</p> <p>During a concurrent observation and interview of Resident 1 on September 22, 2022, at 12:10 PM, Resident 1 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the right ankle. Resident 1 stated, The nurses don ' t do anything to me. The correctional officer checks my shackles every hour to two hours.</p> <p>During an observation on September 23, 2022, at 5:18 PM, Resident 1 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle attached to the right ankle.</p> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555350	If continuation sheet Page 1 of 20

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical records for Resident 1, the Physician ' s order dated September 22, 2022, indicated, Resident under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion (being apart from human beings or of being cut off from one's usual associates) strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract).</p> <p>During review of the care plans for Resident 1 on September 22, 2022, at 3:02 PM, with the Medical Records Director, the Medical Records Director stated the facility did not have a care plan related to Resident 1 ' s shackle/restraint.</p> <p>During a review of the clinical record for Resident 1, the Wandering/Elopement Risk assessment dated [DATE], at 7:05 PM, indicated the Resident was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 1, the Restraint Physical assessment dated [DATE], at 1:24 PM, indicated Reasons for use of Physical Restraint . C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Residents 2 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 2 was initially admitted to the facility on [DATE], with diagnosis (DX) which included: encephalopathy (damaged area of the brain), pneumonia (infection of the lungs), chronic obstructive pulmonary disease (constriction of the airway and difficulty breathing), obesity (overweight), hyperlipidemia (high levels of fat in the blood), schizophrenia (mood disorder characterized by hallucinations and delusions), Gastro-esophageal reflux disease (gastric fluid backflow into the esophagus), high blood pressure, pressure induced tissue damage of the left ankle, and osteoporosis (thin and weakened bones).</p> <p>During a concurrent observation and interview of Resident 2 on September 22, 2022, at 12:10 PM, Resident 2 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the left ankle. Resident 2 stated he does not know how often the nurses come in to check his shackles.</p> <p>During an interview with a Correctional Officer (CO 1) on September 22, 2022, at 12:10 PM, CO 1 stated We switch the shackles every two hours. We switch the shackles between the two legs. The only time we take the shackles off is when staff are showering the Justice involved residents (JIR). When the CO was asked why the JIR ' s are shackled, CO 1 stated, They are (name of state hospital) patients. They have committed crimes and not mentally capable of going to court. CO 1 stated further, The Activity department will come in since they (JIR ' s) are not allowed to go play bingo. CO 1 then stated, Typically, with the shackles on they can walk a steps length away from the bed. The chain is about 3 feet. I put the restraint/shackle on to keep them from running. It ' s (shackle) just long enough for them to step or stand by the bed. CO 1 stated, the three activities that the JIR does when outside of their room are: walk with physical therapy, therapy (occupational), and showers.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical records for Resident 2, the Physician ' s order dated September 14, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 2, the Care plans indicated,</p> <ol style="list-style-type: none"> 1. Focus: Resident 2 is unable to participate in group or out of room recreational or leisure activities related to (name of state hospital) and Correction Officer guidelines. Undated. 2. Focus: Resident 2 is at risk for decline in psychosocial wellbeing related to need for restraint and bedside corrections officer to be in place. Resident 2 is a (name of state hospital) resident and restraint/officer must be in place in this setting per (name of state hospital) and Corrections guidelines for safety of self and others. Undated. 3. Focus: Resident 2 requires shackles to extremity due to under custody of California department of Corrections and (name of State Hospital) Patient. Undated. <p>During a review of the clinical record for Resident 2, the Wandering/Elopement Risk assessment dated [DATE], at 7:45 PM, indicated the Resident was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 2, the Restraint Physical Assessment (Initial Evaluation) dated September 15, 2022, at 1:59 PM, indicated Reasons for use of Physical Restraint. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Residents 3 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 3 was admitted to the facility on [DATE], with diagnosis (DX) which included: stroke affecting the right side, seizures (uncontrolled electrical disturbance in the brain), lack of coordination, abnormalities of gait and mobility, high blood pressure, hyperlipidemia (high levels of fat in the blood), hypothyroidism (low activity of thyroid gland), benign prostatic hyperplasia (prostate enlargement), dysphagia (difficulty swallowing), abdominal aortic aneurysm (bulge or swelling in the main blood vessel that runs from the heart) and aphasia (brain disorder that leaves one with trouble speaking or understanding people speaking).</p> <p>During observation of Resident 3 on September 22, 2022, at 12:28 PM, Resident 3 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the left ankle. Resident 3 did not respond to questioning.</p> <p>During an interview with Correctional Officer (CO 2) on September 22, 2022, at 12:28 PM, CO 2 stated, Resident 3 is wearing the shackle because its ' s (name of state hospital) policy. It can be removed every two hours. The shackle is removed when JIR goes to physical therapy or for a shower. If Resident 3 is lying there for a while, we switch the shackle to the other ankle. Resident 3 can move while in the shackles. Resident 3 can stand. CO 2 stated further, I don ' t think Resident 3 does any activities. No, he has not done any activities while I ' ve been here.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with Certified Nursing Assistant (CNA 2) on September 22, 2022, at 1:07 PM, CNA 2 stated, Resident 3 has shackles because he is a prisoner. The Shackles come off when we change, shower, or reposition him or when he goes to Therapy. Nothing else. If they go to the restroom (located in his room) then the shackles come off. CNA 2 stated that he does not go to activities. Resident 3 just goes to therapy.</p> <p>During a review of the clinical records for Resident 3, the Physician ' s order dated September 5, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract.</p> <p>During a review of the clinical records for Resident 3, the Care plans indicated,</p> <p>1.Focus: Resident 3 has limited ability to participate in Activities program Related to (name of state hospital) and corrections protocol. Needs in room activities visits. Goal: will accept one to one visit of interest for 15 minutes for 3 days a week. Interventions: Before giving anything to Resident 3 get consent from bedside corrections officer per (name of state hospital) instruction. Only provide writing materials that are provided by (name of state hospital) Social Worker. Dated September 6, 2022.</p> <p>2.Focus: Resident 3 is at risk for decline in mood and psychosocial wellbeing related to history that led to admission at (name of state hospital), the need for restraint at all times with guard present related to (name of state hospital) and corrections protocol. Dated June 29, 2022.</p> <p>3.Focus: Resident 3 requires shackles to extremity due to under custody of California department of Corrections and (name of state hospital) Patient. Dated August 19, 2022</p> <p>During a review of the clinical record for Resident 3, the Wandering/Elopement Risk assessment dated [DATE], at 6:05 PM, indicated the Resident was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 3, the Restraint Physical Assessment (Initial Evaluation) dated August 18, 2022, at 8:11 AM indicated Reasons for use of Physical Restraint . C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Residents 4 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 4 was admitted to the facility on [DATE], with diagnosis (DX) which included: sepsis (blood poisoning), abnormalities of gait, muscle wasting and atrophy (thinning or loss of muscle), schizophrenia (thought disorder characterized by hallucinations and delusions), depression, arthritis (swelling) of left knee, osteoarthritis (tissues in the joint breakdown over time), osteoporosis (thin and weakened bones), disorder of kidney and ureter (blockage in one or more of the tubes leading to the kidneys).</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM, Resident 4 was observed lying in bed without shackles. A correctional officer was standing beside Resident 4 ' s bed. Resident 4 was asked about the shackles, and she stated, It ' s ok. Every day, I see nursing staff. Everyday. I don ' t have any coloring books. In the hospital I colored and did stuff like that. They don ' t give me things like that. Resident 4 stated further, I cannot walk. I don ' t get physical therapy. I don ' t leave the room and I don ' t like the shackles.</p> <p>During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM, CO 3 stated, The shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen, and the left ankle is bandaged up. So, Resident 4 can ' t tolerate the shackles right now. She is allowed to go without them. Resident 4 does not wear them when taking a shower. When CO 3 was asked why Resident 4 has to wear the shackles, CO 3 stated, She is incarcerated. She is in the custody of (name of state hospital). Anywhere she goes custody must go. CO 3 stated further, Resident 4 goes to therapy and baths.</p> <p>During concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVN 1) on September 23, 2022, at 5:30 PM, Resident 4 was observed to be in her room without shackles. LVN 1 stated, Resident 4 is bedridden, and does not get up. LVN 1 stated the activities assistant goes to her room and Resident 4 does not participate in group activities.</p> <p>During a review of the clinical records for Resident 4, the Physician ' s order dated September 21, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 4, the Care plans indicated,</p> <ol style="list-style-type: none"> 1. Focus: Resident 4 is unable to participate in group or out of room recreational or leisure activities related to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 will need in room activity visits during stay at this facility. Interventions: Do not give any item without Corrections officer at bedside and approval. Only give the writing implements provided by (name of state hospital.) Undated. 2. Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and bedside corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/officer must be in place in this setting per (name of state hospital) and Corrections guidelines for safety of self and others. Undated. 3. Focus: Resident 4 requires shackles to the extremity due to under custody of California department of Corrections and (name of State Hospital) Patient. Undated. <p>During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment dated [DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical record for Resident 4, the Restraint Physical Assessment (Initial Evaluation) dated September 21, 2022, at 2:27 PM, indicated Reasons for use of Physical Restraint . C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Residents 5 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 5 was admitted to the facility on [DATE], with diagnosis (DX) which included: Pyelonephritis (infection of both kidneys), mycoses (skin disease caused by a fungus), diabetes (high blood sugar), lack of coordination, abnormality of gait, schizophrenia (thought disorder characterized by hallucinations and delusions), high blood pressure, hydronephrosis (swelling of a kidney due to a build-up of urine), obstructive uropathy (urine cannot drain through the urinary tract), and acute kidney failure (abrupt decrease in kidney function.)</p> <p>During a concurrent observation and interview of Resident 5 on September 22, 2022, at 12:44 PM, Resident 5 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the right ankle. Resident 5 stated he was not sure how often nursing staff was coming in to check the shackles. Resident 5 then stated, I don ' t remember how often they come. They did come a couple of times yesterday.</p> <p>During a review of the clinical records for Resident 5, the Physician ' s order dated September 20, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 5, the Care plans indicated,</p> <p>1. Focus: Resident 5 is unable to participate in group or out of room recreational or leisure activities related to (name of state hospital) and Correction Officer guidelines. Goal: Resident 5 will allow and participate in room/bedside activity visits. Interventions: Do not give any item without Corrections officer at bedside and approval. Only give the writing implements provided by (name of state hospital.) Dated September 19, 2022.</p> <p>2. Focus: Resident 5 is at risk for decline in psychosocial wellbeing related to need for restraint and bedside corrections officer to be in place in this setting per (name of state hospital) and Corrections guidelines. Dated September 19, 2022.</p> <p>3. Focus: Resident 5 requires shackles to extremity d/t under custody of California department of Corrections and (name of State Hospital) Patient. Dated September 19, 2022.</p> <p>During a review of the clinical record for Resident 5, the Wandering/Elopement Risk assessment dated [DATE], at 11:15 PM, indicated the Resident was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 5, the Restraint Physical Assessment (Initial Evaluation) dated September 19, 2022, at 11:39 AM, indicated Reasons for use of Physical Restraint . C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During review of Residents 6 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 6 was initially admitted to the facility on [DATE], with diagnosis (DX) which included: squamous cell carcinoma (skin cancer), diabetes (high blood sugar), encephalopathy ((damaged area of the brain), schizophrenia (though disorder characterized by hallucinations and delusions), anxiety disorder, high blood pressure, osteomyelitis (infection in a bone), abnormality of gait and mobility, lack of coordination.</p> <p>During a concurrent observation and interview of Resident 6 on September 22, 2022, at 12:44 PM, Resident 6 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the left ankle. Resident 6 stated, Every day, I see nursing staff. The shackles, they just leave them on the left foot. There is a sore on the right foot.</p> <p>During an interview with Correctional Officer (CO 4) on September 22, 2022, at 12:44 PM, CO 4 stated, JIR ' s wear the shackles for security. CO 4 then stated regarding the shackles, I ' m responsible for them. The shackles are on until they must go to the bathroom and/or go to therapy. We do not take them off any other times. Nursing has nothing to do with the shackles.</p> <p>During an interview with a Certified Nursing Assistant (CNA 1) on September 22, 2022, at 12:53 PM, CNA 1 stated, the (name of state hospital) residents are allowed to leave for therapy and to shower. Activities? I think activities comes to the room and gives them coloring books. I have not seen (name of state hospital) residents going to activities. The only time JIR ' s leave the room is for therapy and showers. JIR ' s have restraints because they are correctional inmates. CNA 1 stated further, If I were restrained and not allowed to leave my room like the (name of state hospital) residents. I would feel restrained and anxious if I had shackles and could not leave the room.</p> <p>During a review of the clinical records for Resident 6, the Physician ' s order dated September 5, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 6, the Care plans indicated,</p> <p>1. Focus: Resident 6 has limited ability to participate in Activities program related to (name of state hospital) and corrections protocol. Goal: Resident 6 will participate actively in bedside activities. Interventions: Do not give any object to Resident 6 without consent of Corrections officer at bedside per (name of hospital) interdisciplinary team. Only give Resident 6 the writing implements that (name of state hospital) social worker has given and clear with correction officer prior to giving. Provide room visits three times a week. Dated September 6, 2022</p> <p>2. Focus: Resident 6 is at risk for decline in mood related to need for cuff/restraint to be in place while in this setting per (name of state hospital) and Department of Corrections. Cuff/restraint is required while off (name of state hospital) grounds for safety of self and others. Dated August 18, 2022.</p> <p>3. Focus: Resident 6 requires shackles to extremity due to under custody of California department of Corrections and (name of State Hospital) Patient. Dated August 18, 2022.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical record for Resident 6, the Wandering/Elopement Risk assessment dated [DATE], at 8:45 PM, indicated the Resident was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 6, the Restraint Physical Assessment (Initial Evaluation) dated August 18, 2022, at 12:55 PM, indicated Reasons for use of Physical Restraint . C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: Conservator.</p> <p>During an interview with Director of Nursing (DON) on September 22, 2022, at 1:26 PM, when asked why do the JIR ' s wear restraints the DON stated, That is part of (name of state hospital) policy. When they are in this type of post-acute care, a non-locked facility. It ' s their policy, practice that they have to be shackled. I know inmates are shackled for security reasons. JIR ' s are shackled because they reside in a locked psychiatric facility and JIR ' s are not in a locked facility. Being shackled here is for the safety of the patient. So, that they don ' t get out and get harmed.</p> <p>During an interview with Registered Nurse (RN 1) on September 22, 2022, at 2:07 PM, RN 1 stated, (name of state hospital) residents? Occasionally, I admit them. We have special orders for (name of state hospital) patients because they have shackles. They come with shackles, and they keep them on. It is the correctional officer ' s decision to have the restraints off or on. It is their policy to have the shackles on. We do not to take the shackles off at any time. I have requested for the shackles to be taken off to go to the restroom. Other than that, they continuously wear the shackles. They rotate the sites, but they continue to wear the shackles. RN 1 stated further why the JIR ' s wear shackles, Like I said it is the policy of (name of state hospital). So, we have to follow it. It is for the protection of the other residents. RN 1 then stated, All of the JIR ' s participate in activities. They don ' t participate in public areas. They do activities in their room. They don ' t do group activities.</p> <p>In a follow up interview with the DON on September 22, 2022, at 3:06 PM, When the DON was asked can the shackles be removed the DON stated, Like I said its controlled by the Correctional Officer ' s. They have the keys, and they can remove them. The correctional officers completely control that. Its upon their discretion. When asked can the JIR ' s be without the shackles, the DON stated, No, they are used for security and for protection of the (name of state hospital) resident.</p> <p>During an interview with Activities Director (AD 1) on September 22, 2022, at 3:37 PM, AD 1 stated, for JIR ' s we do our visits a tiny bit different. One on one, three times a week but with (name of state hospital) we are not really doing a lot with them. AD 1 stated further, JIR's do not participate in group activities. They won ' t let us take them out of the room. I see JIR's only inside of their rooms. I have never seen them outside. Unless I see a guard walking them. I have seen that twice in two months.</p> <p>When AD 1 was asked, why do the JIR ' s wear restraints? AD 1 stated, I just don ' t think they put people in (name of state hospital) that don ' t have a good reason to be there. I believe they have a altered mental status and they are a criminal too. AD 1 then stated, They ' re criminally insane.</p> <p>During an interview with Administrator on September 22, 2022, at 6:20 PM, Administrator stated, the prisoners are not in restraints for discipline. They are here because they are criminals with medical issues. They leave their rooms. They don ' t participate in group activities. Where does it say that they have to participate in group activities? They are prisoners.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	
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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In a follow up interview with the Administrator on September 26, 2022, at 2:57 PM, Administrator stated, The restraints, it was for the safety of others based on their diagnosis and medical necessity because they are a danger to self and others. Administrator stated the JIR ' s were able to leave the room for therapy, and appointments. I determined the use of a restraint was because they come from (name of state hospital) for the criminally insane. So, the reason you would be at (name of state hospital) is because you would be deemed criminally insane. I just know that if you are there you are deemed mentally ill. You are incarcerated. I don ' t know the parameters. I just know that you are there because you are criminally insane. Administrator was asked did the Policy and procedure titled, Residents Rights pertain to the (name of state hospital) residents and the Administrator stated, Yes.</p> <p>During an interview with the Medical Director (MD) on September 26, 2022, at 3:24 PM, when asked why (name of state hospital) residents were wearing shackles. MD stated, I assume they have a medical diagnosis for them. Those are not my patients, and I don ' t see them. MD stated, if there is a policy that requires that they not have shackles. MD then stated, I am saying then they didn ' t follow their policy. When the MD was asked about the policy and procedure titled, Residents ' Rights for the JIR ' s, MD stated, Based on the policy and procedure if they (facility) did something else, they violated it. MD stated the facility did not follow their policy and procedure in relation to restraints and residents ' rights.</p> <p>During random interviews of residents on September 28, 2022, between 7:29 AM and 9:48 AM, when asked how they would feel if shackled to the bed and to not be able to participate in activities or move freely around their room or the facility, when other residents were not shackled, they responded as follows:</p> <p>a. 7:29 AM Resident 7 stated, I would feel wronged, and I would not be happy about it.</p> <p>b. 7:32 AM Resident 8 stated, I ' d feel like I was in jail. It would make me feel sad. I was like that when I had a broken hip. It didn ' t feel very good. It depressed me. No group activities too.</p> <p>c. 7:36 AM Resident 9 stated, That would not be good. I would feel helpless and abandoned.</p> <p>d. 9:48AM Resident 10 stated, Let ' s say they took my rights away. I ' d be mad as the devil.</p> <p>During a review of the facility ' s policy and procedure titled, Residents Rights, revised December 2016, the policy and procedure indicated, Employees shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all resident of this facility. These rights include the resident ' s right to: a. dignified existence; b. be treated with respect, kindness, and dignity; d. be free from corporal punishment (punishment which is intended to cause physical pain to a person) or involuntary seclusion, and physical or chemical restraints not required to treat the resident ' s symptoms; g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights; i. exercise his or her rights without interference, coercion, discrimination or reprisal (act of retaliation) from the facility; m. exercise rights not delegated to a legal representative.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure titled, Use of Restraints revised April 2017. The policy and procedure indicated, Restraints shall only be used for the safety and well-being of the residents(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident ' s medical symptom (s) and never for discipline or staff convenience . When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary. 1. Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident ' s body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one ' s body. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident ' s physical condition (i.e., side rails are put back down, rather than climbed over), and this restricts his/her typical ability to change position or place, the device is considered a restraint. 3. Examples of devices that are/may be considered physical restraints include leg restraints .4. Practices that inappropriately utilize equipment to prevent resident mobility are considered restraints and are not permitted. 10. Orders for restraints will not be enforced for longer than twelve hours unless the resident ' s condition requires continued treatment. 13. Seclusion, which is defined as the placement of a resident alone in a room, shall not be employed. 17. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom (s), but the underlying problems that may be causing the symptom(s). 18. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.</p> <p>An immediate jeopardy (IJ- a situation that has threatened or is likely to threaten the health and safety of a resident) was called under F550 on September 22, 2022, at 6:14 PM in the presence of the Administrator and Director of Nursing.</p> <p>A corrective action plan was requested [TRUNCATED]</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37837</p> <p>Based on observation, interview, and record review, the facility failed to ensure their policy and procedure for physical restraints was followed for Justice involved residents (JIR; residents under the care of law enforcement, in custody, held involuntarily through operation of law enforcement authorities) when six of six residents (Residents 1, 2, 3, 4, 5, and 6) were denied the right to be treated with respect and dignity including the right to be free from any physical restraint imposed for the purpose of discipline and not required to treat the resident ' s medical condition. The facility instead imposed the policies and procedures of the California Department of Corrections and Rehabilitation (CDCR), which maintained the custody of public offenders (inmates) to always be shackled at the ankle and to the bedrail.</p> <p>These failures had the potential to place clinically compromised Residents (Resident 1, 2, 3, 4, 5 and 6) at risk of serious injury and psychosocial harm resulting from the continuous use of shackles/restraints to include the involuntary seclusion of these 6 residents.</p> <p>Findings:</p> <p>During review of Resident 1 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 1 was initially admitted to the facility on [DATE], with diagnosis (DX) which included: urinary tract infection (infection of the bladder), diabetes (high blood sugar), hypothyroidism (thyroid does not produce enough hormones), hyperlipidemia (high levels of fat in the blood), Schizophrenia (thought disorder characterized by hallucinations and delusions), Gastro-esophageal reflux disease (gastric fluid backflow into the esophagus) and high blood pressure.</p> <p>During a review of the clinical record for Resident 1, the Nurses Note dated September 21, 2022, at 7:44 PM, indicated, Admission Summary Note. Resident 1 can make needs known . (Resident 1) arrives with diagnoses: leukocytosis, colon cancer, liver cancer and history of cholangiocarcinoma (cancer of the tubes that connect the liver) and chronic anemia (lack red blood cells).</p> <p>During a concurrent observation and interview of Resident 1 on September 22, 2022, at 12:10 PM, Resident 1 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the right ankle. Resident 1 stated, The nurses don ' t do anything to me. The correctional officer checks my shackles every hour to two hours.</p> <p>During an interview with Correctional Officer (CO 1) on September 22, 2022, at 12:10 PM, CO 1 stated, We switch the shackles every two hours. We switch the shackles between the two legs. The only time we take the shackles off is when staff are showering the Justice involved residents (JIR). When the CO was asked why the JIR ' s are shackled, CO 1 stated, They are (name of state hospital) patients. They have committed crimes and not mentally capable of going to court.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>CO 1 stated further, The Activity department will come in since they (JIR 's) are not allowed to go play bingo. CO 1 then stated, Typically, with the shackles on they can walk a steps length away from the bed. The chain is about 3 feet. I put the restraint/shackle on to keep them from running. It ' s (shackle) just long enough for them to step or stand by the bed. CO 1 stated, the three activities that the JIR does when outside of their room are: walk with physical therapy, therapy (occupational), and showers.</p> <p>During an observation on September 23, 2022, at 5:18 PM, Resident 1 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle attached to the right ankle.</p> <p>During a review of the clinical records for Resident 1, the Physician ' s order dated September 22, 2022, indicated, Resident under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract) Resident is a risk for negative effects of use of shackle such as skin discoloration, impaired circulation, and skin break down.</p> <p>During a interview and concurrent record review of the care plans for Resident 1 on September 22, 2022, at 3:02 PM, with the Medical Records Director, the Medical Records Director stated the facility did not have care plans related to Resident 1 ' s shackle/restraint.</p> <p>During a review of the clinical record for Resident 1, the Wandering/Elopement Risk assessment dated [DATE], at 7:05 PM, indicated Resident 1 was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 1, the Restraint Physical assessment dated [DATE], at 1:24 PM, indicated Reasons for use of Physical Restraint. Shackles needed to protect the patient and staff and to prevent elopement. B. History Alternatives Attempted: Resident 1 requires shackle per (name of state facility) protocol. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Resident 2 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 2 was initially admitted to the facility on [DATE], with diagnosis (DX) which included: encephalopathy (damaged area of the brain), pneumonia (infection of the lungs), chronic obstructive pulmonary disease (constriction of the airway and difficulty breathing), obesity (overweight), hyperlipidemia (high levels of fat in the blood), schizophrenia (thought disorder characterized by hallucinations and delusions), Gastro-esophageal reflux disease (gastric fluid backflow into the esophagus), high blood pressure, pressure induced tissue damage of the left ankle, and osteoporosis (thin and weakened bones).</p> <p>During a concurrent observation and interview of Resident 2 on September 22, 2022, at 12:10 PM, Resident 2 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the left ankle. Resident 2 stated he did not know how often the nurses came in to check his shackles.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical records for Resident 2, the Physician ' s order dated September 14, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 2, the Care plan indicated,</p> <p>1. Focus: Resident 2 is unable to participate in group or out of room recreational or leisure activities related to (name of state hospital) and Correction Officer guidelines. Goal: Resident 2 will need in room activity visits during stay at this facility. Interventions: Do not give any item without Corrections officer at bedside and approval. Only give the writing implements provided by (name of state hospital.) Undated.</p> <p>2. Focus: Resident 2 is at risk for decline in psychosocial wellbeing related to need for restraint and bedside corrections officer to be in place. Resident 2 is a (name of state hospital) resident and restraint/officer must be in place in this setting per (name of state hospital) and Corrections guidelines for safety of self and others. Undated.</p> <p>3. Focus: Resident 2 requires shackles to extremity d/t under custody of California department of Corrections and [NAME] State Hospital Patient. Goal: Resident 2 will not have discomfort while shackle is on resident. Interventions: Rotate shackle as needed. Prevent elopement. Shackles needed to protect the patient and staff. Undated.</p> <p>During a review of the clinical record for Resident 2, the Wandering/Elopement Risk assessment dated [DATE], at 7:45 PM, indicated Resident 2 was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 2, the Restraint Physical Assessment (Initial Evaluation) dated September 15, 2022, at 1:59 PM, indicated Reasons for use of Physical Restraint. Describe resident behavior prompting restraint use: Shackles needed to protect the patient and staff and to prevent elopement . 14. Explain how the above behaviors/issues impact this resident ' s or other resident ' s safety: Resident 2 is under custody of California Department of Corrections (name of state hospital). B. History Alternatives Attempted: Describe why these alternatives did not work, prompting need for a restraint: per (name of state hospital) protocol. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Resident 3 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 3 was admitted to the facility on [DATE], with diagnosis (DX) which included: stroke affecting the right side, seizures (uncontrolled electrical disturbance in the brain), lack of coordination, abnormalities of gait and mobility, high blood pressure, hyperlipidemia (high levels of fat in the blood), hypothyroidism (low activity of thyroid gland), benign prostatic hyperplasia (prostate enlargement), dysphagia (difficulty swallowing), abdominal aortic aneurysm (bulge or swelling in the main blood vessel that runs from the heart) and aphasia (brain disorder that leaves one with trouble speaking or understanding people speaking).</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During observation of Resident 3 on September 22, 2022, at 12:28 PM, Resident 3 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the left ankle. In a concurrent interview with Resident 3, Resident 3 did not respond to questioning.</p> <p>During an interview with Correctional Officer (CO 2) on September 22, 2022, at 12:28 PM, CO 2 stated, Resident 3 is wearing the shackle because its ' s (name of state hospital) policy. It can be removed every two hours. The shackle is removed when JIR goes to physical therapy or for a shower. If Resident 3 is lying there for a while, we switch the shackle to the other ankle. Resident 3 can move while in the shackles. Resident 3 can stand. CO 2 stated further, I don ' t think Resident 3 does any activities. No, he has not done any activities while I ' ve been here.</p> <p>During an interview with Certified Nursing Assistant (CNA 2) on September 22, 2022, at 1:07 PM, CNA 2 stated, Resident 3 has shackles because he is a prisoner. The Shackles come off when we change, shower, or reposition him or when he goes to Therapy. Nothing else. If they go to the restroom (located in his room) then the shackles come off. CNA 2 stated that he does not go to activities. Resident 3 just goes to therapy.</p> <p>During a review of the clinical records for Resident 3, the Physician ' s order dated September 5, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract). This physicians order did not indicate the medical necessity for the shackles/restraint.</p> <p>During a review of the clinical records for Resident 3, the Care plan indicated,</p> <p>1. Focus: Resident 3 has limited ability to participate in Activities program Related to (name of state hospital) and corrections protocol. Needs in room activities visits. Goal: will accept one to one visit of interest for 15 minutes for 3 days a week. Interventions: Before giving anything to Resident 3 get consent from bedside corrections officer per (name of state hospital) instruction. Only provide writing materials that are provided by (name of state hospital) Social Worker. Dated September 6, 2022.</p> <p>2.Focus: Resident 3 is at risk for decline in mood and psychosocial wellbeing related to history that led to admission at (name of state hospital), always need for restraint with guard present related to (name of state hospital) and corrections protocol. Dated June 29, 2022.</p> <p>3.Focus: Resident 3 requires shackles to extremity due to under custody of California department of Corrections and (name of state hospital) Patient. Goal: Resident 3 will not have discomfort while shackle is on resident. Interventions: Rotate shackle as needed. Shackles used to protect (name of state hospital) patient, staff and to prevent elopement. Dated August 19, 2022.</p> <p>During a review of the clinical record for Resident 3, the Wandering/Elopement Risk assessment dated [DATE], at 6:05 PM, indicated Resident 3 was a low risk for elopement/wandering.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical record for Resident 3, the Restraint Physical Assessment (Initial Evaluation) dated August 18, 2022, at 8:11 AM, indicated Reasons for use of Physical Restraint. Restraint use is only mandated if the resident is in imminent danger of injuring him/herself or others. Describe resident behavior prompting restraint use: Shackles is to protect (name of state hospital) patient and staff and to prevent elopement .14. Explain how the above behaviors/issues impact this resident ' s or other resident ' s safety: Resident 3 is under custody of California Department of Corrections and (name of state hospital) patient. B. History Alternatives Attempted: Describe why these alternatives did not work, prompting need for a restraint: per (name of state hospital) protocol. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Resident 4 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 4 was admitted to the facility on [DATE], with diagnosis (DX) which included: sepsis (blood poisoning), abnormalities of gait, muscle wasting and atrophy (thinning or loss of muscle), schizophrenia (thought disorder characterized by hallucinations and delusions), depression, arthritis (swelling) of left knee, osteoarthritis (tissues in the joint breakdown over time), osteoporosis (thin and weakened bones), disorder of kidney and ureter (blockage in one or more of the tubes leading to the kidneys).</p> <p>During an observation and interview of Resident 4 on September 22, 2022, at 12:34 PM, Resident 4 was observed lying in bed without shackles. A correctional officer was standing beside Resident 4 ' s bed. Resident 4 was asked about the shackles, and she stated, Its ok. Every day, I see nursing staff. Everyday. I don ' t have any coloring books. In the hospital I colored and did stuff like that. They don ' t give me things like that. Resident 4 stated further, I cannot walk. I don ' t get physical therapy. I don ' t leave the room and I don ' t like the shackles.</p> <p>During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM, CO 3 stated, the shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen, and the left ankle is bandaged up. So, Resident 4 can ' t tolerate the shackles right now. She is allowed to go without them. Resident 4 does not wear them when taking a shower. When CO 3 was asked why Resident 4 must wea the shackles, CO 3 stated, She is incarcerated. She is in the custody of (name of state hospital). Anywhere she goes custody must go. CO 3 stated further, Resident 4 goes to therapy and baths without the shackles/restraints.</p> <p>During observation of Resident 4 and concurrent interview with a licensed vocational nurse (LVN 1) on September 23, 2022, at 5:30 PM, Resident 4 was observed to be without shackles. LVN 1 stated, Resident 4 was bedridden, and does not get up. LVN 4 stated the activities assistant goes to Resident 4 ' s room and Resident 4 does not participate in group activities.</p> <p>During a review of the clinical records for Resident 4, the Physician ' s order dated September 21, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract). This physicians order did not indicate the medical necessity for the shackles/restraint.</p> <p>During a review of the clinical records for Resident 4, the Care plan indicated,</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. Focus: Resident 4 is unable to participate in group or out of room recreational or leisure activities related to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 will need in room activity visits during stay at this facility. Interventions: Do not give any item without Corrections officer at bedside and approval. Only give the writing implements provided by (name of state hospital.) Undated.</p> <p>2. Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and bedside corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/officer must be in place in this setting per [NAME] and Corrections guidelines for safety of self and others. Undated.</p> <p>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California department of Corrections and (name of State Hospital) Patient. Undated. Goal: Resident 4 will not have discomfort while shackle is on resident. Interventions: Rotate shackle as needed. Shackles used to protect (name of state hospital) patient, staff to prevent elopement. Undated.</p> <p>During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment dated [DATE], at 7:50 PM indicated Resident 4 was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 4, the Restraint Physical Assessment (Initial Evaluation) dated September 21, 2022, at 2:27 PM indicated Reasons for use of Physical Restraint. Restraint use is only mandated if the resident is in imminent danger of injuring him/herself or others. Describe resident behavior prompting restraint use: Shackles are to protect (name of state hospital) patient and staff and to prevent elopement .14. Explain how the above behaviors/issues impact this resident ' s or other resident ' s safety: Resident 4 is under custody of California Department of Corrections and (name of state hospital) patient. B. History Alternatives Attempted: Describe why these alternatives did not work, prompting need for a restraint: per (name of state hospital) protocol. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State hospital) patient.</p> <p>During review of Resident 5 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 5 was admitted to the facility on [DATE], with diagnosis (DX) which included: Pyelonephritis (infection of both kidneys), mycoses (skin disease caused by a fungus), diabetes (high blood sugar), lack of coordination, abnormality of gait, schizophrenia (thought disorder characterized by hallucinations and delusions), high blood pressure, hydronephrosis (swelling of a kidney due to a build-up of urine), obstructive uropathy (urine cannot drain through the urinary tract), and acute kidney failure (abrupt decrease in kidney function.)</p> <p>During a concurrent observation and interview of Resident 5 on September 22, 2022, at 12:44 PM, Resident 5 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the right ankle. Resident 5 stated he was not sure how often nursing staff was coming in to check the shackles. Resident 5 then stated, I don ' t remember how often they come. They did come a couple of times yesterday.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2022
NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	
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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical records for Resident 5, the Physician ' s order dated September 20, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 5, the Care plans indicated,</p> <p>1. Focus: Resident 5 is unable to participate in group or out of room recreational or leisure activities related to (name of state hospital) and Correction Officer guidelines. Goal: Resident 5 will allow and participate in room/bedside activity visits. Interventions: Do not give any item without Corrections officer at bedside and approval. Only give the writing implements provided by (name of state hospital.) Dated September 19, 2022.</p> <p>2. Focus: Resident 5 is at risk for decline in psychosocial wellbeing related to need for restraint and bedside corrections officer to be in place in this setting per (name of state hospital) and Corrections guidelines for safety of self and others. Dated September 19, 2022.</p> <p>3. Focus: Resident 5 requires shackles to extremity d/t under custody of California department of Corrections and (name of State Hospital) Patient. Dated September 19, 2022. Goal: Resident 5 will not have discomfort while shackle is on resident. Interventions: Prevent elopement. Shackles needed to protect the patient and staff.</p> <p>During a review of the clinical record for Resident 5, the Wandering/Elopement Risk assessment dated [DATE], at 11:15 PM indicated Resident 5 was a low risk for elopement/wandering.</p> <p>During a review of the clinical record for Resident 5, the Restraint Physical Assessment (Initial Evaluation) dated September 19, 2022, at 11:39 AM indicated Reasons for use of Physical Restraint Describe resident behavior prompting restraint use: Shackles needed to protect the patient and staff and to prevent elopement . 14. Explain how the above behaviors/issues impact this resident ' s or other resident ' s safety: Resident 5 is under custody of California Department of Corrections (name of state hospital). B. History Alternatives Attempted: Describe why these alternatives did not work, prompting need for a restraint: per (name of state hospital) protocol. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: under the custody of California Department of Corrections and (name of State Hospital) patient.</p> <p>During review of Resident 6 ' s Admission Record (general demographics) on September 22, 2022, the document indicated Resident 6 was initially admitted to the facility on [DATE], with diagnosis (DX) which included: squamous cell carcinoma (skin cancer), diabetes (high blood sugar), encephalopathy (damaged area of the brain), schizophrenia (affect ability to think, feel and behave clearly), anxiety disorder, high blood pressure, osteomyelitis (infection in a bone), abnormality of gait and mobility, lack of coordination.</p> <p>During a concurrent observation and interview of Resident 6 on September 22, 2022, at 12:44 PM, Resident 6 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle connected to the left ankle. Resident 6 stated Every day, I see nursing staff. They do everything. The shackles, they just leave them on the left foot. There is a sore on the right foot.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	
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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with Correctional Officer (CO 4) on September 22, 2022, at 12:44 PM, CO 4 stated, JIR ' s wear the shackles for security. CO 4 then stated, the shackles, I ' m responsible for them. The shackles are on until they (JIR ' s) must go to the bathroom and/or go to therapy. We do not take them off any other times. Nursing has nothing to do with the shackles.</p> <p>During an interview with Certified Nursing Assistant (CNA 1) on September 22, 2022, at 12:53 PM, CNA 1 stated, the (name of state hospital) residents are allowed to leave for therapy and to shower. Activities? I think activities comes to the room and gives them coloring books. I have not seen (name of state hospital) residents going to activities. The only time JIR ' s leave the room is for therapy and showers. JIR ' s have restraints because they are correctional inmates. CNA 1 stated further, If I were restrained and not allowed to leave my room like the (name of state hospital) residents. I would feel restrained and anxious if I had shackles and could not leave the room.</p> <p>During a review of the clinical records for Resident 6, the Physician ' s order dated September 5, 2022, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (CDCR, [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraints or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [name of State Hospital] contract).</p> <p>During a review of the clinical records for Resident 6, the Care plan indicated,</p> <p>1. Focus: Resident 6 has limited ability to participate in Activities program related to (name of state hospital) and corrections protocol. Goal: Resident 6 will participate actively in bedside activities. Interventions: Do not give any object to Resident 6 without consent of Corrections officer at bedside per (name of hospital) interdisciplinary team. Only give Resident 6 the writing implements that (name of state hospital) social worker has given and clear with correction officer prior to giving. Provide room visits three times a week. Dated September 6, 2022</p> <p>2. Focus: Resident 6 is at risk for decline in mood related to need for cuff/restraint to be in place while in this setting per (name of state hospital) and Department of Corrections. Cuff/restraint is required while off (name of state hospital) grounds for safety of self and others. Dated August 18, 2022.</p> <p>3. Focus: Resident 6 requires shackles to extremity due to under custody of California department of Corrections and (name of State Hospital) Patient. Goal: Resident 6 will not have discomfort while shackle is on resident. Interventions: Rotate shackle as needed. Prevent elopement. Shackles used to protect (name of state hospital) patient, staff and prevent elopement. Dated August 18, 2022.</p> <p>During a review of the clinical record for Resident 6, the Wandering/Elopement Risk assessment dated [DATE], at 8:45 PM, indicated Resident 6 was a low risk for elopement/wandering.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1618 Laurel Avenue Redlands, CA 92373	
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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During a review of the clinical record for Resident 6, the Restraint Physical Assessment (Initial Evaluation) dated August 18, 2022, at 12:55 PM indicated Reasons for use of Physical Restraint. Restraint use is only mandated if the resident is in imminent danger of injuring him/herself or others. Describe resident behavior prompting restraint use: Shackles needed to protect the patient and staff and to prevent elopement . 14. Explain how the above behaviors/issues impact this resident ' s or other resident ' s safety: Resident 6 is under custody of California Department of Corrections (name of state hospital). B. History Alternatives Attempted: Describe why these alternatives did not work, prompting need for a restraint: Patient requires shackles per protocol. C. Decision to restrain: 1b. State who made the decision to apply the restraint and why: Conservator.</p> <p>During an interview with Director of Nursing (DON) on September 22, 2022, at 1:26 PM, when asked why do the JIR ' s wear restraints the DON stated, That is part of (name of state hospital) policy. When they are in this type of post-acute care, a non-locked facility. It ' s their policy, practice that they must be shackled. I know inmates are shackled for security reasons. JIR ' s are shackled because they reside in a locked psychiatric facility and JIR ' s are not in a locked facility. Being shackled here is for the safety of the patient. So, that they don ' t get out and get harmed.</p> <p>During an interview with Registered Nurse (RN 1) on September 22, 2022, at 2:07 PM, RN 1 stated, (name of state hospital) residents? Occasionally, I admit them. We have special orders for (name of state hospital) patients because they have shackles. They come with shackles, and they keep them on. It is the correctional officer ' s decision to have the restraints off or on. It is their policy to have the shackles on. We do not to take the shackles off at any time. I have requested for the shackles to be taken off to go to the restroom. Other than that, they continuously wear the shackles. They rotate the sites, but they continue to wear the shackles. RN 1 stated further why the JIR ' s wear shackles, Like I said it is the policy of (name of state hospital). So, we must follow it. It is for the protection of the other residents. RN 1 then stated, All of the JIR ' s participate in activities. They don ' t participate in public areas. They do activities in their room. They don ' t do group activities.</p> <p>In a follow up interview with the DON on September 22, 2022, at 3:06 PM, When the DON was asked can the shackles be removed the DON stated, Like I said its controlled by the Correctional Officer ' s. They have the keys, and they can remove them. The correctional officers completely control that. Its upon their discretion. When asked can the JIR ' s be without the shackles, the DON stated, No, they are used for security and for protection of the (name of state hospital) resident.</p> <p>During an interview with Activities Director (AD 1) on September 22, 2022, at 3:37 PM, AD 1 stated, for JIR ' s we do our visits a tiny bit different. One on one, three times a week but with (name of state hospital) we are not really doing a lot with them. AD 1 stated further, JIR ' s do not participate in group activities. They won ' t let us take them out of the room. I see JIR ' s only inside of their rooms. I have never seen them outside. Unless I see a guard walking them. I have seen that twice in two months.</p> <p>When the AD 1 was asked, why do the JIR ' s wear restraints? AD 1 stated, I just don ' t think they put people in (name of state hospital) that don ' t have a good reason to be there. I believe they have an altered mental status, and they are a criminal too. AD 1 then stated, They ' re criminally insane.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview with Administrator on September 22, 2022, at 6:20 PM, Administrator stated, the prisoners are not in restraints for discipline. They are here because they are criminals with medical issues. They leave their rooms. They don ' t participate in group activities. Where does it say that they have to participate in group activities? They are prisoners.</p> <p>In a follow up interview with the Administrator on September 26, 2022, at 2:57 PM, Administrator stated, The restraints, it was for the safety of others based on their diagnosis and medical necessity because they are a danger to self and others. Administrator stated the JIR ' s were able to leave the room for therapy, and appointments. I determined the use of a restraint was because they come from (name of state hospital) for the criminally insane. So, the reason you would be at (name of state hospital) is because you would be deemed criminally insane. I just know that if you are there you are deemed mentally ill. You are incarcerated. I don ' t know the parameters. I just know that you are there because you are criminally insane.</p> <p>During an interview with the Medical Director (MD) on September 26, 2022, at 3:24 PM, when asked why (name of state hospital) residents were wearing[TRUNCATED]</p>		