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, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE
For information on the nursing home's	plan to correct this deficiency, please cont	Lact 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			

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

Facility ID: 555350

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, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0550 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>During a review of the clinical records for Resident 1, the Physician 's order dated September 22, 202 indicated, Resident under the custody of California Department of Corrections and Rehabilitation (CDC [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restr or seclusion (being apart from human beings or of being cut off from one's usual associates) strictly fo security and protection of patients and staff, and to prevent escape. (Exhibit A section S 2016 DSH- [n State Hospital] contract).</li> <li>During review of the care plans for Resident 1 on September 22, 2022, at 3:02 PM, with the Medical R Director, the Medical Records Director stated the facility did not have a care plan related to Resident 1 shackle/restraint.</li> </ul>			
	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.			
	During a review of the clinical record for Resident 1, the Restraint Physical assessment 1:24 PM, indicated Reasons for use of Physical Restraint . C. Decision to restrain: 1b. S decision to apply the restraint and why: under the custody of California Department of C of State Hospital) patient.			
	document indicated Resident 2 was included: encephalopathy (damage obstructive pulmonary disease (cor hyperlipidemia (high levels of fat in and delusions), Gastro-esophageal	mission Record (general demographic s initially admitted to the facility on [DA' ed area of the brain), pneumonia (infect nstriction of the airway and difficulty bre the blood), schizophrenia (mood disord I reflux disease (gastric fluid backflow in damage of the left ankle, and osteopore	TE], with diagnosis (DX) which ion of the lungs), chronic eathing), obesity (overweight), der characterized by hallucinations nto the esophagus), high blood	
	2 was observed lying in bed with or	nd interview of Resident 2 on September ne end of the shackle attached to the b nt 2 stated he does not know how ofter	ed and the other end of the shack	
	switch the shackles every two hour the shackles off is when staff are sl why the JIR 's are shackled, CO 1 crimes and not mentally capable of since they (JIR 's) are not allowed can walk a steps length away from them from running. It 's (shackle) ju	onal Officer (CO 1) on September 22, 2 s. We switch the shackles between the nowering the Justice involved residents stated, They are (name of state hospit going to court. CO 1 stated further, Th to go play bingo. CO 1 then stated, Ty the bed. The chain is about 3 feet. I pu ust long enough for them to step or sta nen outside of their room are: walk with	two legs. The only time we take (JIR). When the CO was asked al) patients. They have committed e Activity department will come in pically, with the shackles on they the restraint/shackle on to keep nd by the bed. CO 1 stated, the	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 10/10/2022
	555350	B. Wing	10/10/2022
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Madison Grove Post Acute		1618 Laurel Avenue	
		Redlands, CA 92373	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0550 Level of Harm - Immediate jeopardy to resident health or safety	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).		
Residents Affected - Some	During a review of the clinical recor	ds for Resident 2, the Care plans indic	ated,
	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.		
		d for Resident 2, the Wandering/Elope Resident was a low risk for elopement/	
	dated September 15, 2022, at 1:59	d for Resident 2, the Restraint Physica PM, indicated Reasons for use of Phy ecision to apply the restraint and why: me of State Hospital) patient.	sical Restraint. C. Decision to
	document indicated Resident 3 was stroke affecting the right side, seizu abnormalities of gait and mobility, h hypothyroidism (low activity of thyro (difficulty swallowing), abdominal a	mission Record (general demographic s admitted to the facility on [DATE], wit irres (uncontrolled electrical disturbance igh blood pressure, hyperlipidemia (hig bid gland), benign prostatic hyperplasia ortic aneurysm (bulge or swelling in the der that leaves one with trouble speaki	h diagnosis (DX) which included: e in the brain), lack of coordination gh levels of fat in the blood), n (prostate enlargement), dysphagi e main blood vessel that runs from
		Resident 3 on September 22, 2022, at 12:28 PM, Resident 3 was observed lying e shackle attached to the bed and the other end of the shackle connected to the l not respond to questioning.	
	Resident 3 is wearing the shackle b hours. The shackle is removed whe for a while, we switch the shackle to	al Officer (CO 2) on September 22, 20 because its 's (name of state hospital) en JIR goes to physical therapy or for a o the other ankle. Resident 3 can move n 't think Resident 3 does any activitie	policy. It can be removed every tw shower. If Resident 3 is lying ther while in the shackles. Resident 3
	(continued on next page)		

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
		B. Willy	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Madison Grove Post Acute		1618 Laurel Avenue Redlands, CA 92373	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	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. 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 S 2016 DSH- [name of State Hosp	I protection of patients and staff, and to ital] contract.	prevent escape. (Exhibit A section
	During a review of the clinical reco	rds for Resident 3, the Care plans indic	ated,
	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.		
	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.		
		kles to extremity due to under custody spital) Patient. Dated August 19, 2022	of California department of
		rd for Resident 3, the Wandering/Elope Resident was a low risk for elopement/	
	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.		
	document indicated Resident 4 wa sepsis (blood poisoning), abnorma schizophrenia (thought disorder ch (swelling) of left knee, osteoarthritis	Imission Record (general demographic s admitted to the facility on [DATE], wit lities of gait, muscle wasting and atroph aracterized by hallucinations and delus s (tissues in the joint breakdown over ti ey and ureter (blockage in one or more	h diagnosis (DX) which included: ny (thinning or loss of muscle), sions), depression, arthritis me), osteoporosis (thin and
	(continued on next page)		

<ul> <li>Level of Harm - Immediate jeopardy to resident health or safety</li> <li>Resident A was asked about the shackles, and she stated, it 's ok. Every day, I see nursing staff. I don 't have any coloring books. In the hospital I colored and did stuff like that. They don 't give ne like that. Resident 4 was asked about the shackles, and she stated, it 's ok. Every day, I see nursing staff. I don 't have any coloring books. In the hospital I colored and did stuff like that. They don 't give ne like that. Resident 4 stated further, I cannot walk. I don 't get physical therapy. I don't leave the re don 't like the shackles.</li> <li>During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM, CO 3 st shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen, left ankle is bandaged up. So, Resident 4 can 't tolerate the shackles right now. She is allowed to them. Resident 4 does not wear them when taking a shower. When CO 3 was asked why Residen the me. Resident 4 does not wear the mhen taking a shower. When CO 3 was asked why Residen them. Resident 4 does not wear the mhen taking a shower. When CO 3 was asked why Residen them. Resident 4 does not participate in group activities.</li> <li>During concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVN 1 September 23, 2022, at 530 PM, Resident 4 was observed to be in her room without shackles. LV stated, Resident 4 does not get up. LVN 1 stated the activities assistant goes to and Resident is under the custody of California Department of Corrections and Rehabilitation (name of State Hospital) Patients) is under jurisdiction of CDCR. CDCR officers may use physical or seclusion strictly for security and protection of frace patients and staff, and to prevent escape. (Exhibit S 2016 DSH- [name of State Hospital] and Correction Officer guidelines. Goal: Resident 4 with like et a stokide approval. Only give the writing implements provided by (name of state hospital) unda</li></ul>	STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           1618 Laurel Avenue Relands, CA 92373         578           For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.         500           (X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)           F 0550         During a concurrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM 4 was observed jing in bed without shackles. A correctional officer was standing beside Resident 1 don 't have any coloring books. In the hospital i colored and did stuff like that. They don 't give n like that. Resident 4 was asked about the shackles, and she stated, if 's ok. Every day, I see nursing staff. 1 don 't have any coloring books. In the hospital i colored and did stuff like that. They don 't give n like that. Resident 4 was asked about the shackles, and the stave, who hours. The right ankle is swollen thankle is bandaged up. So, Resident 4 can 't loterate the shackles inpit ankle is swollen uring an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM. CO 3 st shackles are switched from one ankle to another ankle every two hours. The inpit ankle is swollen user the shackles, CO 3 stated, She is incarcerated. She is in the custody of (name of state hospit Anywhere she goes custody must go. CO 3 stated further, Resident 4 yeas observed to be in her room without shackles. L During a concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVH September 23, 2022, at 5:30 PM. Resident 4 and interview with a licensed vocational nurse (LVH September 23, 2022, at 5:30 PM. Resident 4 was observed to be in hereaded the hospital nuring	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Madison Grove Post Acute       1618 Laurel Avenue Rediands, 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       During a concurrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM. 4 was observed bying in books. In the hospital i colared and distuff like that. They don't give in like that. Resident 4 stated further, I cannot walk. I don't get physical therapy. I don't give in like that. Resident 4 stated further, I cannot walk. I don't get physical therapy. I don't give in like that. Resident 4 data to was fast about the shackles, and she stated, it's ok. Every day, I see nursing staff. I don't like the shackles.         Residents Affected - Some       During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM. CO 3 state shackles are switched from one ankie to another ankle every two hours. The right ankle is swollen left ankle is bandaged up. So, Resident 4 can 't loterate the shackles assistent by Residen wear the shackles, CO 3 state (Linker, Resident 4 gues to therapy and baths. During concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVN 1 September 23, 2022, at 5:30 PM, Resident 4 and so not get up. LVN 1 stated the achivities assistant goes to and Resident 4 become on toget up. LVN 1 stated the achivities assistant goes to and Resident 4 becoma on toget up. LVN 1 stated the achivities assistant goes to and Resident 4 is unable to participate in group or out of correct corrections and Resident (name of State Hospital) Patients) is under (Incane of State Hospital) Correction sofficer		555350	B. Wing	10/10/2022	
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.           X(A) ID PREFIX TAC         SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)           F 0550         During a concurrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM 4 was observed lying in bed without shackles. A correctional officer was standing bedied Resident Resident 4 was asked about the shackles, and she stated, It's ok. Every day, I see nursing staff. 1 don't have any coloring books. In the hospital I colored and did stuff like that. They don't give in like that Resident 4 stated further, I cannot walk. I don't get physical therapy. I don't leave the or don't like the shackles.           During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM. CO stackles are switched from one ankle to another ankle every two hours. The right ankle is sovel in the shackles. CD stated, She is in the custody of (name of state hospital) ever the shackles. CD 3 stated, 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 babs. During a review of the clinical records for Resident 4 was observed to be in her room without shackles. LD stated, Resident 4 is bedridden, and does not get up. LVN 1 stated the activities assistant goes to and Resident 4 does not purifyciate in group activities.           During a review of the clinical records for Resident 4, the Care plans indicated, 1. Focus: Resident 4 is undable to participate in group or out of room recreational or leisure activitie to (name of state hospital) and Correction of fleare thospital) resident and restraint din oraccions	NAME OF PROVIDER OR SUPPLIE	ĒR	STREET ADDRESS, CITY, STATE, ZI	P CODE	
(X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)         F 0550       During a concurrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM. 4 was observed lying in bed without shackles. A correctional officer was standing beside Resident 5 afery.         Residents Affected - Some       During a non-urrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM. CO 3 sta shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen then health or the that. Resident 4 state further, I cannot walk. I don 't get physical therapy. I don 't like the shackles.         During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM. CO 3 state shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen the that Resident 4 state further, I cannot walk. I don 't get physical therapy. I don 't like the shackles, CO 3 state does not wear them when taking a shower. When CO 3 was asked why Residen wear the shackles, CO 3 stated does not year them the custody of (name of state hospital) Anywhere she goes custody must go. CO 3 state does not year the shackles is to thrane of the shackles.         During concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVM 1 September 23, 2022, at 5:30 PM. Resident 4 was observed to be in her room without shackles. LV indicated, Resident is under the custody of alifornither, Resident 4 aces sets therapy and the shackles.         During a review of the clinical records for Resident 4, the Physician 's order date September 21, indicated, Resident is under the custody of Califormis advelted.         During a review of	Madison Grove Post Acute				
(Each deficiency must be preceded by full regulatory or LSC identifying information)           F 0550           Level of Ham - Immediate jeopardy to resident health or safety           Residents Affected - Some           Besidents Affected - Some           During a concurrent observation and interview of Resident 4 on September 22, 2022, at 12:34 PM. The the shackles.           During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM. Or 3 thackles.           During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM. CO 3 stacks are switched from one ankle to another ankle every two hours. The right ankle is swollen. If ankle is bandaged up. So, Resident 4 can 't tolerate the shackles right now. She is allowed to them. Resident 4 does not wear them when taking a shower. Whom CO 3 was asked why Residen wear the shackles. CO 3 stated, She is incarcerated. She is in the cutsody of (name of state hospit Anywhere she goes cutsody must go. CO 3 stated further, Resident 4 goes to therapy and baths.           During a review of the clinical records for Resident 4, the Physician 's order date desptember 23, 2022, at 5:30 PM, Resident 4 is bedridden, and does not get up. LVN 1 stated the activities assistant goes to and Resident 4 does not participate in group activities.           During a review of the clinical records for Resident 4, the Care plans indicated.           1. Focus: Resident 4 is unable to participate in group or out of room recreational or lesure activitie to (name of State Hospital) Patients) is under jurisdiction of CDCR. CDCR officers may use physical to resolucions stirtly for security and protection of Patients an staff, and to prevent escape. (Exhibit S 2016 DS	For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.	
<ul> <li>4 was observed lying in bed without shackles. A correctional officer was standing beside Resident Resident 4 was asked about the shackles, and she stated, It's ok. Every day, I see nursing staff. I clored should be that. They don't give in like that. Resident 4 stated further, I cannot walk. I don't get physical therapy. I don't leave the re don't like the shackles.</li> <li>2 During an interview with Correctional Officer (CO 3) on September 22, 2022, at 12:34 PM, CO 3 st shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen left ankle is bandaged up. So, Resident 4 can't tolerate the shackles right now. She is allowed to them. Resident 4 does not wear them when taking a shower. When CO 3 was asked why Residen wear the shackles. CO 3 stated, She is incarcerated. She is in the custody of (name of state hospital) and therapy and baths. During concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVM 1 September 23, 2022, at 530 PM, Resident 4 was observed to be in her room without shackles. LV stated. Resident 1 is bedridden, and does not get up. LVM 1 stated the activities assistant goes to and Resident 4 does not participate in group activities.</li> <li>During a review of the clinical records for Resident 4, the Physician's order dated September 21, indicated, Resident 1 is under the custody of California Department of Corrections and Rehabilitation roma and during stay at this facility. Interventions. Do not give any item without of room recreational or leisure activities 2016 DSH- [name of State Hospital] Patients). Do not give any item without Orcenctions officer at bedside approval. Only give the writing implements provided by (name of state hospital) and corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital) and corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital) and corrections officer at bedside</li></ul>	(X4) ID PREFIX TAG			ion)	
<ul> <li>shackles are switched from one ankle to another ankle every two hours. The right ankle is swollen, left ankle is bandaged up. So, Resident 4 can 't tolerate the shackles right now. She is allowed to them. Resident 4 does not wear them when taking a shower. When CO 3 was asked why Residen wear the shackles, CO 3 stated, She is in the custody of (name of state hospit Anywhere she goes custody must go. CO 3 stated further, Resident 4 goes to therapy and baths. During concurrent observation of Resident 4 and interview with a licensed vocational nurse (LVN 1 September 23, 2022, at 5:30 PM, Resident 4 was observed to be in her room without shackles. LV stated, Resident 4 does not participate in group activities.</li> <li>During a review of the clinical records for Resident 4, the Physician 's order dated September 21, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation (name of State Hospital) Patients) is under jurisdiction of CDCR. CDCR officers may use physical or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit S 2016 DSH- [name of State Hospital] contract).</li> <li>During a review of the clinical records for Resident 4, the Care plans indicated,</li> <li>1. Focus: Resident 4 is unable to participate in group or out of room recreational or leisure activities to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 with ead in room ac during stay at this facility. Interventions: Do not give any item without Corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital) Undated.</li> <li>2. Focus: Resident 4 is a trisk for decline in sport-social wellbeing related to need for restraint and corrections officer to be in place. Resident 4 is a (name of state hospital) undated.</li> <li>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California departm Corrections and (name of State Hospital) Patient. Undated</li></ul>	Level of Harm - Immediate jeopardy to resident health or safety				
<ul> <li>September 23, 2022, at 5:30 PM, Resident 4 was observed to be in her room without shackles. LV stated, Resident 4 is bedridden, and does not get up. LVN 1 stated the activities assistant goes to and Resident 4 does not participate in group activities.</li> <li>During a review of the clinical records for Resident 4, the Physician 's order dated September 21, indicated, Resident is under the custody of California Department of Corrections and Rehabilitation [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit S 2016 DSH- [name of State Hospital] contract).</li> <li>During a review of the clinical records for Resident 4, the Care plans indicated,</li> <li>1. Focus: Resident 4 is unable to participate in group or out of room recreational or leisure activitie to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 will need in room activity gay at this facility. Interventions: Do not give any item without Corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital.) Undated.</li> <li>2. Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and corrections officer to be in place. Resident 4 is a (name of state hospital.) Undated.</li> <li>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California departmr Corrections and (name of State Hospital) Patient. Undated.</li> <li>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California departmr Corrections and (name of State Hospital) Patient. Undated.</li> </ul>		shackles are switched from one an left ankle is bandaged up. So, Resi them. Resident 4 does not wear the wear the shackles, CO 3 stated, Sh	kle to another ankle every two hours. T dent 4 can ' t tolerate the shackles righ em when taking a shower. When CO 3 ne is incarcerated. She is in the custod	The right ankle is swollen, and the it now. She is allowed to go withou was asked why Resident 4 has to y of (name of state hospital).	
<ul> <li>indicated, Resident is under the custody of California Department of Corrections and Rehabilitation [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical is or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibits S 2016 DSH- [name of State Hospital] contract).</li> <li>During a review of the clinical records for Resident 4, the Care plans indicated,</li> <li>1. Focus: Resident 4 is unable to participate in group or out of room recreational or leisure activitie to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 will need in room acd during stay at this facility. Interventions: Do not give any item without Corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital.) Undated.</li> <li>2. Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/offi be in place in this setting per (name of state hospital) and Corrections guidelines for safety of self a Undated.</li> <li>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California departm Corrections and (name of State Hospital) Patient. Undated.</li> <li>During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment d [DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.</li> </ul>		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.			
<ol> <li>Focus: Resident 4 is unable to participate in group or out of room recreational or leisure activitie to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 will need in room activity during stay at this facility. Interventions: Do not give any item without Corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital.) Undated.</li> <li>Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/office in place in this setting per (name of state hospital) and Corrections guidelines for safety of self a Undated.</li> <li>Focus: Resident 4 requires shackles to the extremity due to under custody of California departmemotive corrections and (name of State Hospital) Patient. Undated.</li> <li>During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment d [DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.</li> </ol>		indicated, Resident is under the cu [name of State Hospital] Patients) i or seclusion strictly for security and	stody of California Department of Corro s under jurisdiction of CDCR. CDCR o l protection of patients and staff, and to	ections and Rehabilitation (CDCR, fficers may use physical restraints	
<ul> <li>to (name of state hospital) and Correction Officer guidelines. Goal: Resident 4 will need in room acduring stay at this facility. Interventions: Do not give any item without Corrections officer at bedside approval. Only give the writing implements provided by (name of state hospital.) Undated.</li> <li>2. Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/offic be in place in this setting per (name of state hospital) and Corrections guidelines for safety of self a Undated.</li> <li>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California department Corrections and (name of State Hospital) Patient. Undated.</li> <li>During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment d [DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.</li> </ul>		During a review of the clinical record	rds for Resident 4, the Care plans indic	cated,	
<ul> <li>corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/office in place in this setting per (name of state hospital) and Corrections guidelines for safety of self a Undated.</li> <li>3. Focus: Resident 4 requires shackles to the extremity due to under custody of California department Corrections and (name of State Hospital) Patient. Undated.</li> <li>During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment d [DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.</li> </ul>		to (name of state hospital) and Cor during stay at this facility. Intervent	rection Officer guidelines. Goal: Reside ions: Do not give any item without Corr	ent 4 will need in room activity visit rections officer at bedside and	
Corrections and (name of State Hospital) Patient. Undated. During a review of the clinical record for Resident 4, the Wandering/Elopement Risk assessment d [DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.		corrections officer to be in place. R be in place in this setting per (name	esident 4 is a (name of state hospital)	resident and restraint/officer must	
[DATE], at 7:50 PM, indicated Resident 4 was a low risk for elopement/wandering.		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.			
(continued on next page)					
		(continued on next page)			

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 SUPPLI	FP.	STREET ADDRESS, CITY, STATE, ZI		
Madison Grove Post Acute		1618 Laurel Avenue Rediands, CA 92373		
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)	
F 0550 Level of Harm - Immediate jeopardy to resident health or safety	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.			
Residents Affected - Some	During review of Residents 5 's Admission Record (general demographics) on September 22, 2022, th document indicated Resident 5 was admitted to the facility on [DATE], with diagnosis (DX) which include Pyelonephritis (infection of both kidneys), mycoses (skin disease caused by a fungus), diabetes (high b 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-urine), obstructive uropathy (urine cannot drain through the urinary tract), and acute kidney failure (abru decrease in kidney function.)			
	During a concurrent observation and interview of Resident 5 on 5 5 was observed lying in bed with one end of the shackle attached connected to the right ankle. Resident 5 stated he was not sure l check the shackles. Resident 5 then stated, I don ' t remember h couple of times yesterday.			
	der dated September 20, 2022, ections and Rehabilitation (CDCR, fficers may use physical restraints o prevent escape. (Exhibit A section			
	During a review of the clinical recor	ds for Resident 5, the Care plans indic	cated,	
	to (name of state hospital) and Corr room/bedside activity visits. Interve	articipate in group or out of room recre rection Officer guidelines. Goal: Reside ntions: Do not give any item without C ements provided by (name of state ho	ent 5 will allow and participate in orrections officer at bedside and	
	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.			
	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.			
	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.			
	dated September 19, 2022, at 11:3	d for Resident 5, the Restraint Physica 9 AM, indicated Reasons for use of Ph ecision to apply the restraint and why: me of State Hospital) patient.	ysical Restraint . C. Decision to	
	(continued on next page)			

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5555350	(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, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE	
or information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.	
(4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
<sup>2</sup> 0550 Level of Harm - Immediate eopardy to resident health or afety Residents Affected - Some	<ul> <li>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 ((damage 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.</li> <li>During a concurrent observation and interview of Resident 6 on September 22, 2022, at 12:44 PM, Reside 6 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shackle so onnected 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.</li> <li>During an interview with Correctional Officer (CO 4) on September 22, 2022, at 12:44 PM, CO 4 stated, 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 oth times. Nursing has nothing to do with the shackles.</li> <li>During an interview with a Certified Nursing Assistant (CNA 1) on September 22, 2022, at 12:53 PM, CN 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 immates. CNA 1 stated further, If I were restrained and not allower 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.</li> </ul>			
	indicated, Resident is under the cus [name of State Hospital] Patients) is	rds for Resident 6, the Physician ' s ord stody of California Department of Corre s under jurisdiction of CDCR. CDCR of I protection of patients and staff, and to tal] contract).	ections and Rehabilitation (CDCR, ficers may use physical restraints	
	During a review of the clinical records for Resident 6, the Care plans indicated,			
	and corrections protocol. Goal: Res give any object to Resident 6 witho interdisciplinary team. Only give Re	sility to participate in Activities program sident 6 will participate actively in bedsi ut consent of Corrections officer at bed esident 6 the writing implements that (n officer prior to giving. Provide room vis	ide activities. Interventions: Do noi Iside per (name of hospital) ame of state hospital) social work	
	setting per (name of state hospital)	ecline in mood related to need for cuff/ and Department of Corrections. Cuff/r of self and others. Dated August 18, 2	estraint is required while off (name	
		kles to extremity due to under custody spital) Patient. Dated August 18, 2022.		
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) 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, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE
For information on the nursing home's	plan to correct this deficiency, please cont		agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying informati	on)
F 0550 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>[DATE], at 8:45 PM, indicated the F</li> <li>During a review of the clinical record dated August 18, 2022, at 12:55 PM restrain: 1b. State who made the destination of the JIR 's wear restraints the DON this type of post-acute care, a non-know inmates are shackled for sectors psychiatric facility and JIR 's are no So, that they don 't get out and get</li> <li>During an interview with Registered of state hospital) residents? Occasis patients because they have shackle officer 's decision to have the restrict the shackles off at any time. I have than that, they continuously wear the RN 1 stated further why the JIR 's we have to follow it. It is for the proof participate in activities. They don 't do group activities.</li> <li>In a follow up interview with the DON the keys, and they can remove ther discretion. When asked can the JIR security and for protection of the (not really doing a lot with them. AD let us take them out of the room. Is Unless I see a guard walking them.</li> <li>When AD 1 was asked, why do the (name of state hospital) that don 't status and they are a criminal too. A</li> </ul>	A Nurse (RN 1) on September 22, 2022 onally, I admit them. We have special es. They come with shackles, and they aints off or on. It is their policy to have requested for the shackles to be taken he shackles. They rotate the sites, but the wear shackles, Like I said it is the polic tection of the other residents. RN 1 the participate in public areas. They do act N on September 22, 2022, at 3:06 PM stated, Like I said its controlled by the n. The correctional officers completely are of state hospital) resident. Director (AD 1) on September 22, 2022 . One on one, three times a week but y 1 stated further, JIR's do not participate i have seen that twice in two months. JIR's wear restraints? AD 1 stated, I have a good reason to be there. I belic AD 1 then stated, They ' re criminally in tor on September 22, 2022, at 6:20 PM scipline. They are here because they a t participate in group activities. Where	vandering. I Assessment (Initial Evaluation) al Restraint . C. Decision to Conservator. 2, at 1:26 PM, when asked why do ospital) policy. When they are in a that they have to be shackled. I ause they reside in a locked ere is for the safety of the patient. 4, at 2:07 PM, RN 1 stated, (name orders for (name of state hospital) keep them on. It is the correctionat the shackles on. We do not to take off to go to the restroom. Other hey continue to wear the shackles cy of (name of state hospital). So, n stated, All of the JIR 's stivities in their room. They don 't , When the DON was asked can Correctional Officer 's. They have control that. Its upon their stated, No, they are used for , at 3:37 PM, AD 1 stated, for JIR ' with (name of state hospital) we are the in group activities. They won 't ave never seen them outside. just don 't think they put people in eve they have a altered mental isane. A, Administrator stated, the re criminals with medical issues.

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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, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0550 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	restraints, it was for the safety of of danger to self and others. Administ appointments. I determined the use the criminally insane. So, the reaso deemed criminally insane. I just knd I don 't know the parameters. I just was asked did the Policy and proce residents and the Administrator sta During an interview with the Medica (name of state hospital) residents v diagnosis for them. Those are not r requires that they not have shackle the MD was asked about the policy on the policy and procedure if they follow their policy and procedure in During random interviews of reside how they would feel if shackled to t their room or the facility, when othe a. 7:29 AM Resident 7 stated, I would b. 7:32 AM Resident 8 stated, I ' d a broken hip. It didn 't feel very goo c. 7:36 AM Resident 9 stated, That d. 9:48AM Resident 10 stated, Let During a review of the facility 's po policy and procedure indicated, Em Federal and state laws guarantee of resident 's right to: a. dignified exis corporal punishment (punishment v seclusion, and physical or chemica or her rights as a resident of the facility in exercising his or her rights the facility in exercising his or her rights	ministrator on September 26, 2022, at 2 thers based on their diagnosis and med rator stated the JIR 's were able to lea e of a restraint was because they come on you would be at (name of state hosp pow that if you are there you are deemed t know that you are there because you adure titled, Residents Rights pertain to ted, Yes. al Director (MD) on September 26, 2022 were wearing shackles. MD stated, I as my patients, and I don 't see them. MD is. MD then stated, I am saying then the and procedure titled, Residents ' Right (facility) did something else, they violat relation to restraints and residents ' rig nts on September 28, 2022, between 7 he bed and to not be able to participate er residents were not shackled, they res uld feel wronged, and I would not be hat feel like I was in jail. It would make me bod. It depressed me. No group activities would not be good. I would feel helples 's say they took my rights away. I 'd b licy and procedure titled, Residents Rig ployees shall treat all residents with kin certain basic rights to all resident of this stence; b. be treated with respect, kindr which is intended to cause physical pair I restraints not required to treat the resi cility and as a resident or citizen of the I ights; I. exercise his or her rights withou aliation) from the facility; m. exercise rig	dical necessity because they are a ve the room for therapy, and from (name of state hospital) for ital) is because you would be d mentally ill. You are incarcerated. are criminally insane. Administrator of the (name of state hospital) 2, at 3:24 PM, when asked why sume they have a medical stated, if there is a policy that ey didn ' t follow their policy. When ts for the JIR ' s, MD stated, Based ted it. MD stated the facility did not hts. 7:29 AM and 9:48 AM, when asked e in activities or move freely around sponded as follows: appy about it. feel sad. I was like that when I had s too. ss and abandoned. e mad as the devil. ghts,revised December 2016, the ndness, respect, and dignity. 1. facility. These rights include the ness, and dignity; d. be free from n to a person) or involuntary ident 's symptoms; g. exercise his United States; h. be supported by ut interference, coercion,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	555350	B. Wing	10/10/2022	
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Madison Grove Post Acute		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 DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)	
F 0550 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	and procedure indicated, Restraints only after other alternatives have be resident 's medical symptom (s) ar indicated, the least restrictive altern Restraints are defined as any manu attached or adjacent to the resident of movement or restricts normal act functional status of the resident and manner in which the staff applied it down, rather than climbed over), ar device is considered a restraint. 3. include leg restraints .4. Practices t considered restraints and are not p twelve hours unless the resident 's as the placement of a resident alon restraints will reflect interventions th underlying problems that may be ca taken to systematically reduce or el An immediate jeopardy (IJ- a situat	ion that has threatened or is likely to th September 22, 2022, at 6:14 PM in the	well-being of the residents(s) and all only be used to treat the nce . When the use of restraints is of time necessary. 1. Physical evice, material or equipment hove easily, which restricts freedom of a restraint is based on the remove a device in the same on (i.e., side rails are put back change position or place, the considered physical restraints or prevent resident mobility are not be enforced for longer than t. 13. Seclusion, which is defined . Care plans for residents in dical symptom (s), but the shall also include the measures reaten the health and safety of a	

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, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	 tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that each resident is free from **NOTE- TERMS IN BRACKETS Here Based on observation, interview, a for physical restraints was followed enforcement, in custody, held invol- residents (Residents 1, 2, 3, 4, 5, a including the right to be free from a required to treat the resident 's me of the California Department of Cor- public offenders (inmates) to alway These failures had the potential to risk of serious injury and psychosod include the involuntary seclusion of Findings: During review of Resident 1 's Adm document indicated Resident 1 was included: urinary tract infection (infe does not produce enough hormone disorder characterized by hallucina backflow into the esophagus) and f During a review of the clinical recor- indicated, Admission Summary Not diagnoses: leukocytosis, colon can- that connect the liver) and chronic a During a concurrent observation an 1 was observed lying in bed with or connected to the right ankle. Resid checks my shackles every hour to the During an interview with Correction switch the shackles every two hour the shackles off is when staff are sh	om the use of physical restraints, unless IAVE BEEN EDITED TO PROTECT Con- nd record review, the facility failed to ef- for Justice involved residents (JIR; res- untarily through operation of law enford nd 6) were denied the right to be treated ny physical restraint imposed for the pr- dical condition. The facility instead imp- rections and Rehabilitation (CDCR), w is be shackled at the ankle and to the b- place clinically compromised Residents cial harm resulting from the continuous these 6 residents. hission Record (general demographics is initially admitted to the facility on [DA action of the bladder), diabetes (high bl is), hyperlipidemia (high levels of fat in tions and delusions), Gastro-esophage high blood pressure. d for Resident 1, the Nurses Note date e. Resident 1 can make needs known cer, liver cancer and history of cholang anemia (lack red blood cells). d interview of Resident 1 on September he end of the shackle attached to the b ent 1 stated, The nurses don 't do any wo hours. al Officer (CO 1) on September 22, 20 s. We switch the shackles between the nowering the Justice involved residents stated, They are (name of state hospit	s needed for medical treatment. DNFIDENTIALITY** 37837 Insure their policy and procedure idents under the care of law sement authorities) when six of six ad with respect and dignity urpose of discipline and not osed the policies and procedures hich maintained the custody of edrail. s (Resident 1, 2, 3, 4, 5 and 6) at use of shackles/restraints to ) on September 22, 2022, the TE], with diagnosis (DX) which ood sugar), hypothyroidism (thyroi the blood), Schizophrenia (though ral reflux disease (gastric fluid ad September 21, 2022, at 7:44 PM . (Resident 1) arrives with iocarcinoma (cancer of the tubes er 22, 2022, at 12:10 PM, Resident ed and the other end of the shackle thing to me. The correctional office 22, at 12:10 PM, CO 1 stated, We two legs. The only time we take a (JIR). When the CO was asked

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NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute		STREET ADDRESS, CITY, STATE, ZI 1618 Laurel Avenue Redlands, CA 92373	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)	
F 0604 Level of Harm - Immediate jeopardy to resident health or safety	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.			
Residents Affected - Some		er 23, 2022, at 5:18 PM, Resident 1 wa bed and the other end of the shackle a	, 0	
	During a review of the clinical records for Resident 1, the Physician 's order dated September 22, indicated, Resident under the custody of California Department of Corrections and Rehabilitation ( [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical r or seclusion strictly for security and protection of patients and staff, and to prevent escape. (Exhibit S 2016 DSH- [name of State Hospital] contract) Resident is a risk for negative effects of use of sha as skin discoloration, impaired circulation, and skin break down.			
		record review of the care plans for Res Director, the Medical Records Director shackle/restraint.		
		rd for Resident 1, the Wandering/Elope dent 1 was a low risk for elopement/wa		
	1:24 PM, indicated Reasons for use and to prevent elopement. B. Histo facility) protocol. C. Decision to res	rd for Resident 1, the Restraint Physica e of Physical Restraint. Shackles need ry Alternatives Attempted: Resident 1 r train: 1b. State who made the decision partment of Corrections and (name of S	ed to protect the patient and staff requires shackle per (name of state to apply the restraint and why:	
	document indicated Resident 2 was included: encephalopathy (damage obstructive pulmonary disease (cor hyperlipidemia (high levels of fat in hallucinations and delusions), Gast	nission Record (general demographics s initially admitted to the facility on [DA ed area of the brain), pneumonia (infect nstriction of the airway and difficulty bre the blood), schizophrenia (thought dise tro-esophageal reflux disease (gastric f ced tissue damage of the left ankle, an	TE], with diagnosis (DX) which tion of the lungs), chronic eathing), obesity (overweight), order characterized by fluid backflow into the esophagus),	
	During a concurrent observation and interview of Resident 2 on September 22, 2022, at 12:10 PM, Reside 2 was observed lying in bed with one end of the shackle attached to the bed and the other end of the shack connected to the left ankle. Resident 2 stated he did not know how often the nurses came in to check his shackles.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
	555350	B. Wing	10/10/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Madison Grove Post Acute		1618 Laurel Avenue Redlands, CA 92373	
For information on the nursing home's	plan to correct this deficiency, please cont	tact 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 0604 Level of Harm - Immediate jeopardy to resident health or safety	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).		
Residents Affected - Some	During a review of the clinical recor	ds for Resident 2, the Care plan indica	ted,
	<ol> <li>Focus: Resident 2 is unable to participate in group or out of room recreational or leisure activ to (name of state hospital) and Correction Officer guidelines. Goal: Resident 2 will need in room during stay at this facility. Interventions: Do not give any item without Corrections officer at beds approval. Only give the writing implements provided by (name of state hospital.) Undated.</li> <li>Focus: Resident 2 is at risk for decline in psychosocial wellbeing related to need for restraint corrections officer to be in place. Resident 2 is a (name of state hospital) resident and restraint/ be in place in this setting per (name of state hospital) and Corrections guidelines for safety of se Undated.</li> </ol>		
<ol> <li>Focus: Resident 2 requires shackles to extremity d/t under custod and [NAME] State Hospital Patient. Goal: Resident 2 will not have d Interventions: Rotate shackle as needed. Prevent elopement. Shack staff. Undated.</li> </ol>			fort while shackle is on resident.
	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.		
	dated September 15, 2022, at 1:59 behavior prompting restraint use: S . 14. Explain how the above behavi is under custody of California Depa Attempted: Describe why these alte hospital) protocol. C. Decision to re	d for Resident 2, the Restraint Physica PM, indicated Reasons for use of Phy hackles needed to protect the patient a ors/issues impact this resident 's or ot rtment of Corrections (name of state h ernatives did not work, prompting need strain: 1b. State who made the decisio partment of Corrections and (name of S	sical Restraint. Describe resident and staff and to prevent elopemen her resident ' s safety: Resident 2 ospital). B. History Alternatives for a restraint: per (name of state n to apply the restraint and why:
	document indicated Resident 3 was stroke affecting the right side, seizu abnormalities of gait and mobility, h hypothyroidism (low activity of thyro (difficulty swallowing), abdominal ad	nission Record (general demographics s admitted to the facility on [DATE], wit irres (uncontrolled electrical disturbance high blood pressure, hyperlipidemia (high blo gland), benign prostatic hyperplasia ortic aneurysm (bulge or swelling in the der that leaves one with trouble speaking	h diagnosis (DX) which included: e in the brain), lack of coordination gh levels of fat in the blood), (prostate enlargement), dysphagi e main blood vessel that runs from
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555350         NAME OF PROVIDER OR SUPPLIER Madison Grove Post Acute       Madison Grove Post Acute		(X2) MULTIPLE CONSTRUCTION       (X3) DATE SURVEY         A. Building       COMPLETED         B. Wing       10/10/2022         STREET ADDRESS, CITY, STATE, ZIP CODE       1618 Laurel Avenue         Redlands, CA 92373       Particular	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>bed with one end of the shackle att ankle. In a concurrent interview with</li> <li>During an interview with Correction Resident 3 is wearing the shackle to hours. The shackle is removed whe for a while, we switch the shackle to can stand. CO 2 stated further, I do activities while I' ve been here.</li> <li>During an interview with Certified N stated, Resident 3 has shackles be or reposition him or when he goes of then the shackles come off. CNA 2</li> <li>During a review of the clinical recor indicated, Resident is under the cus [name of State Hospital] Patients) is or seclusion strictly for security and S 2016 DSH- [name of State Hospi for the shackles/restraint.</li> <li>During a review of the clinical recor 1. Focus: Resident 3 has limited ab and corrections protocol. Needs in minutes for 3 days a week. Interver corrections officer per (name of stat (name of state hospital) Social Wor</li> <li>2.Focus: Resident 3 is at risk for de admission at (name of state hospital hospital) and corrections protocol. I</li> <li>3.Focus: Resident 3 requires shack Corrections and (name of state hospital hospital) and corrections: Rotate s patient, staff and to prevent eloperr</li> </ul>	cline in mood and psychosocial wellbe al), always need for restraint with guard Dated June 29, 2022. cles to extremity due to under custody of pital) Patient. Goal: Resident 3 will not hackle as needed. Shackles used to pr	the shackle connected to the left and to questioning. 22, at 12:28 PM, CO 2 stated, policy. It can be removed every two shower. If Resident 3 is lying there e while in the shackles. Resident 3 s. No, he has not done any er 22, 2022, at 1:07 PM, CNA 2 come off when we change, shower, he restroom (located in his room) . Resident 3 just goes to therapy. er dated September 5, 2022, tections and Rehabilitation (CDCR, ficers may use physical restraints prevent escape. (Exhibit A section not indicate the medical necessity ted, Related to (name of state hospital) one to one visit of interest for 15 ent 3 get consent from bedside iting materials that are provided by ing related to history that led to present related to (name of state of California department of have discomfort while shackle is otect (name of state hospital) ment Risk assessment dated

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		l tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>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.</li> <li>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).</li> <li>During an observation and interview of Resident 4 on September 22, 2022, at 12:34 PM, Resident 4 was</li> </ul>			
	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.			
	<ul> <li>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 with 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.</li> <li>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 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.</li> <li>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 (CDCF [name of State Hospital] Patients) is under jurisdiction of CDCR. CDCR officers may use physical restraint 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 necess for the shackles/restraint.</li> </ul>			
	During a review of the clinical records for Resident 4, the Care plan indicated,			
	(continued on next page)			

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 con	tact 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 0604 Level of Harm - Immediate jeopardy to resident health or safety	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.		
Residents Affected - Some	<ul> <li>Some</li> <li>2. Focus: Resident 4 is at risk for decline in psych-social wellbeing related to need for restraint and bed corrections officer to be in place. Resident 4 is a (name of state hospital) resident and restraint/officer r be in place in this setting per [NAME] 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. Goal: Resident 4 will not have discomfort w shackle is on resident. Interventions: Rotate shackle as needed. Shackles used to protect (name of state hospital) patient, staff to prevent elopement. Undated.</li> <li>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.</li> <li>During a review of the clinical record for Resident 4, the Restraint Physical Assessment (Initial Evaluatid dated September 21, 2022, at 2:27 PM indicated Reasons for use of Physical Restraint. Restraint use: mandated if the resident is in imminent danger of injuring him/herself or others. Describe resident beha prompting restraint use: Shackles are to protect (name of state hospital) patient and staff and to prever elopement .14. Explain how the above behaviors/issues impact this resident ' s or other resident ' s saf Resident 4 is under custody of California Department of Corrections and (name of state hospital) patient History Alternatives Attempted: Describe why these alternatives did not work, prompting need for a res per (name of state hospital) protocol. C. Decision to restrain: 1b. State who made the decision to apply restraint and why: under the custody of California Department of Corrections and (name of State hospital) patient.</li> </ul>		
	document indicated Resident 5 was Pyelonephritis (infection of both kid sugar), lack of coordination, abnorr hallucinations and delusions), high	nission Record (general demographics s admitted to the facility on [DATE], wit neys), mycoses (skin disease caused l nality of gait, schizophrenia (thought di blood pressure, hydronephrosis (swell cannot drain through the urinary tract),	h diagnosis (DX) which included: by a fungus), diabetes (high blood sorder characterized by ing of a kidney due to a build-up o
	5 was observed lying in bed with or connected to the right ankle. Resid	Id interview of Resident 5 on Septembe ne end of the shackle attached to the b ent 5 stated he was not sure how often n stated, I don ' t remember how often	ed and the other end of the shack nursing staff was coming in to
	(continued on next page)		

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 con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC		
F 0604 Level of Harm - Immediate jeopardy to resident health or safety	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).		
Residents Affected - Some	During a review of the clinical recor	rds for Resident 5, the Care plans indic	ated,
	1. Focus: Resident 5 is unable to participate in group or out of room recreational or leisure activiti to (name of state hospital) and Correction Officer guidelines. Goal: Resident 5 will allow and parti room/bedside activity visits. Interventions: Do not give any item without Corrections officer at bed approval. Only give the writing implements provided by (name of state hospital.) Dated September		
2. Focus: Resident 5 is at risk for decline in psychosocial wellbeing r corrections officer to be in place in this setting per (name of state ho safety of self and others. Dated September 19, 2022.			
	3. Focus: Resident 5 requires shackles to extremity d/t under custody of California departmer and (name of State Hospital) Patient. Dated September 19, 2022. Goal: Resident 5 will not have while shackle is on resident. Interventions: Prevent elopement. Shackles needed to protect the staff.		
		rd for Resident 5, the Wandering/Elope ident 5 was a low risk for elopement/w	
	dated September 19, 2022, at 11:3 behavior prompting restraint use: S . 14. Explain how the above behavi is under custody of California Depa Attempted: Describe why these alte hospital) protocol. C. Decision to re	rd for Resident 5, the Restraint Physica 9 AM indicated Reasons for use of Phy shackles needed to protect the patient a iors/issues impact this resident 's or ot intment of Corrections (name of state h ernatives did not work, prompting need estrain: 1b. State who made the decisio partment of Corrections and (name of S	vsical Restraint Describe resident and staff and to prevent elopemen her resident 's safety: Resident 5 ospital). B. History Alternatives for a restraint: per (name of state n to apply the restraint and why:
	document indicated Resident 6 was included: squamous cell carcinoma area of the brain), schizophrenia (a	nission Record (general demographics s initially admitted to the facility on [DA u (skin cancer), diabetes (high blood su ffect ability to think, feel and behave cl n a bone), abnormality of gait and mobi	TE], with diagnosis (DX) which gar), encephalopathy (damaged early), anxiety disorder, high bloo
	6 was observed lying in bed with or connected to the left ankle. Reside	nd interview of Resident 6 on Septembe ne end of the shackle attached to the b nt 6 stated Every day, I see nursing sta he left foot. There is a sore on the right	ed and the other end of the shack iff. They do everything. The
	(continued on next page)		

NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         Madison Grove Post Acute       1618 Laurel Avenue         Redlands, CA 92373       Redlands, CA 92373			
	1618 Laurel Avenue		
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)			
<ul> <li>F 0604</li> <li>Level of Harm - Immediate jeopardy to resident her the shackles of security. Col 4 then stated, the shackles of then stated, the shackles of then shackles of the shackles of security. Col 4 then stated, the shackles of the shackles and could not leave the room in the shackles of the shackles of the shackles of the shackles and could not leave the room. If the shackles and could not leave the room is of the shackles and the shackles of the shackles is the sh</li></ul>	ackles are ther times. CNA 1 ties? I ospital) s have allowed to ad 022, 0 (CDCR, estraints : A section hospital) s: Do not al) cial worker pated hile in this off (name of hackle is t (name of		

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 cont		tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	<ul> <li>dated August 18, 2022, at 12:55 PM mandated if the resident is in immir prompting restraint use: Shackles r Explain how the above behaviors/is under custody of California Departr Attempted: Describe why these alte shackles per protocol. C. Decision why: Conservator.</li> <li>During an interview with Director of the JIR 's wear restraints the DON this type of post-acute care, a non-know inmates are shackled for seci psychiatric facility and JIR 's are no So, that they don 't get out and get</li> <li>During an interview with Registered of state hospital) residents? Occasis patients because they have shackle officer 's decision to have the restr. the shackles off at any time. I have than that, they continuously wear the RN 1 stated further why the JIR 's we must follow it. It is for the protect in activities. They don 't participate activities.</li> <li>In a follow up interview with the DON the keys, and they can remove there discretion. When asked can the JIR security and for protection of the (n) During an interview with Activities I is we do our visits a tiny bit different not really doing a lot with them. AD let us take them out of the room. I is Unless I see a guard walking them.</li> </ul>	d Nurse (RN 1) on September 22, 2022 ionally, I admit them. We have special of es. They come with shackles, and they aints off or on. It is their policy to have for requested for the shackles to be taken he shackles. They rotate the sites, but t wear shackles, Like I said it is the polic tion of the other residents. RN 1 then s in public areas. They do activities in the ON on September 22, 2022, at 3:06 PM, stated, Like I said its controlled by the m. The correctional officers completely R's be without the shackles, the DON s	I Restraint. Restraint use is only hers. Describe resident behavior and to prevent elopement . 14. esident 's safety: Resident 6 is pital). B. History Alternatives for a restraint: Patient requires cision to apply the restraint and 2, at 1:26 PM, when asked why do ospital) policy. When they are in a that they must be shackled. I uuse they reside in a locked ere is for the safety of the patient. , at 2:07 PM, RN 1 stated, (name orders for (name of state hospital) keep them on. It is the correctional the shackles on. We do not to take off to go to the restroom. Other hey continue to wear the shackles. y of (name of state hospital). So, tated, All of the JIR 's participate leir room. They don 't do group When the DON was asked can Correctional Officer 's. They have control that. Its upon their stated, No, they are used for , at 3:37 PM, AD 1 stated, for JIR ' with (name of state hospital) we are ate in group activities. They won 't have never seen them outside.

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 cont		tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	prisoners are not in restraints for di They leave their rooms. They don ' participate in group activities? They In a follow up interview with the Adu restraints, it was for the safety of ot danger to self and others. Administ appointments. I determined the use the criminally insane. So, the reaso deemed criminally insane. I just know I don ' t know the parameters. I just	ministrator on September 26, 2022, at 2 hers based on their diagnosis and med rator stated the JIR 's were able to lea of a restraint was because they come n you would be at (name of state hosp ow that if you are there you are deemed know that you are there because you al Director (MD) on September 26, 2022	re criminals with medical issues. does it say that they have to 2:57 PM, Administrator stated, The lical necessity because they are a ve the room for therapy, and from (name of state hospital) for ital) is because you would be d mentally ill. You are incarcerated. are criminally insane.	