

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555896	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Arrowhead Healthcare Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4343 N Sierra Way San Bernardino, CA 92407	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a Registered Nurse (RN) was available onsite at least eight (8) hours a day, seven (7) days a week for 58 Residents from March 1, 2025, through April 10, 2025, when the facility did not have RN onsite for 3 days.</p> <p>This failure had a potential to negatively affect Residents overall health and safety by not having RN oversight and assessment in a universe of 58 residents.</p> <p>Findings:</p> <p>During an observation on April 10, 2025, there was no RN on duty.</p> <p>During an interview on April 10, 2025, at 10:47 AM, with the Administrator (Admin 1) The Admin 1 indicated that there is no RN available today as the Director of Nursing (DON 1) is absent due to Covid. She elaborated that the DON 1 is the only full-time RN on staff. Additionally, she mentioned that there is a part-time RN (RN 1) who is scheduled to work only on Mondays and Fridays from 8:00 am to 5:00 pm. The current census stands at 58 residents. She further stated according to the policy, the facility requires one RN for eight hours each day.</p> <p>During a concurrent interview and record review on April 10, 2025, at 11:07 AM, with the admin 1, the timecards for DON 1 and RN 1, covering March and April 2025, were examined. Admin 1 confirmed that there were no registered nurses present on Wednesday, March 19, 2025, Thursday, March 27, 2025, and Thursday, April 10, 2025. It was stated that the RN hour requirements are governed by CDPH policy, and according to the policy, the absence of an RN on those days resulted in a failure to meet the necessary requirements.</p> <p>A review of the facility policy and procedure (P&amp;P) titled, Staffing , dated December 2019, indicated, To ensure adequate staffing is provided to meet the needs of the current resident population and to comply with regulations. The facility will have sufficient nursing staff with the appropriate competencies and skills set to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considers the number, acuity and diagnosis of the resident population in accordance with the facility assessment .</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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