STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555229	A. BUILDING _____ B. WING _____	**04/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VALLEY CONVALESCENT HOSPITAL	**1205 8TH STREET BAKERSFIELD, CA 93304**

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 0600 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** Based on observation, interview, and record review, the facility failed to protect one of two sampled residents (Resident 1) from physical abuse. This failure violated Resident 1's rights, and had the potential for residents to sustain emotional distress and physical injuries. Findings: During an interview on 2/19/20, at 2:19 PM, with Certified Nursing Assistant (CNA) 1, CNA 1 stated, as she was walking into the facility through the side door on 2/19/20, she observed through a room window CNA 2 hit Resident 1 with a hospital gown two times. CNA 1 stated, I saw her (CNA 2) hit (Resident 1) with a gown and then she (CNA 2) shoved her (Resident 1), and hit her again with the gown. During an observation on 2/19/20, at 2:32 PM, in Resident 1's room, Resident 1 was lying in bed. Resident was confused and unable to answer questions. During an interview on 2/19/20, at 2:40 PM, with Resident 2 (Resident 1's room mate), with CNA 3 (translator), CNA 3 stated, Resident 2 stated, she saw CNA 2 hit Resident 1 four times in the stomach. Resident 2 stated she heard Resident 1 was screaming. Resident 2 stated CNA 2 also took care of her and felt CNA 2 was rough. Resident 2 stated, I am scared of her (CNA 2). During a review of Resident 2's Social Services Progress Notes (SSPN), dated 2/19/20, the SSPN indicated, Interview resident (2) regarding the incident, SSD (Social Services Director) asked if she was ever hit by CNA (2), resident denies being hit by CNA (2). During an interview on 2/20/20, at 1:26 PM, with CNA 2, CNA 2 stated she was trying to be soft with Resident 1. CNA 2 stated Resident 1 gets confused, strikes, kicks, and hits. CNA 2 stated, It's nothing new. When I was changing her, I had the gown in one hand and my other hand trying to hold her hand cause she was trying to hit me already. During an interview on 3/2/20, at 12:12 PM, with Director of Staff Development (DSD), DSD reviewed CNA 2's personnel file and stated CNA 2 had a previous issue with another resident. During a review of CNA 2's Employee Warning Report (EWR), dated 8/1[DATE]8, the EWR indicated, CNA (2) was alleged by a resident to be rude by tossing the call light carelessly on the bed and also turning him around in bed, not thinking that he might be in pain. During a review of the facility policy and procedure titled, Abuse Prevention Policy (P&P) undated, the P&P indicated, It is the policy of (facility) that each resident shall be free from any form of abuse. Residents must not be subjected to abuse by anyone, including but not limited to facility staff, other residents, consultants or volunteers, staff of other agencies serving the client, family members or legal guardians, friends, or any other individual. Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This includes the deprivation by an individual, including caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This assumes that instances of abuse of all residents, even those in a coma, cause physical harm or pain or mental anguish.
F 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** Based on interview and record review, the facility failed to implement the plan of care for one of two sampled residents (Resident 1) indicating Resident 1 was to be assisted by two plus persons with activities of daily living (ADL). This failure had the potential for Resident 1 to not get enough appropriate care to meet her personal needs. Findings: During an observation on 2/19/20, at 2:32 PM, in Resident 1's room, Resident 1 was lying in bed. Resident was confused and unable to answer questions. During an interview on 3/4/20, at 8:18 AM, with Certified Nursing Assistant (CNA) 2, CNA 2 stated she assisted Resident 1 with personal care by herself. CNA 2 stated Resident 1 was combative and needed two persons assist but CNA 2 stated she did not ask for another staff to help assist with Resident 1. During a review of Resident 1's Care Plan (CP), dated 12/20/19, the CP indicated, The resident has an ADL self-care performance deficit related to confusion. Interventions: Bed Mobility: The resident requires extensive assistance by 2 staff to turn and reposition in bed. Dressing: The resident requires extensive assistance by 2 staff to dress. Toilet Use: The resident requires extensive assistance by 2 staff for toileting. The Minimum Data Set (MDS-comprehensive assessment tool), dated 12/20/19 was reviewed. The MDS indicated, Resident 1 was totally dependent and required two plus persons physical assist with toilet use and personal hygiene. During a review of the facility's policy and procedure (P & P) titled, Care Plans-Comprehensive, undated, the P&P indicated, Each resident comprehensive care plan is designed to: e. Reflect treatment goals, timetables and objectives in measurable outcomes.

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

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.