STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055372	A. BUILDING _____ B. WING _____	**03/12/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VALLEY VIEW POST ACUTE	**3111 SANTA ANITA AVE EL MONTE, CA 91733**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed failed to ensure that one of three sampled residents (Resident 1) was free from physical and verbal abuse from Certified Nursing Assistant 1 (CNA 1). CNA 1 grabbed the curtain and threw it at Resident 1 and yelled at the resident with foul language. This deficient practice had the potential to cause emotional distress to the resident and negatively affect the resident's well-being. Findings: A review of Resident 1's Admission Record indicated the resident, a [AGE] year-old female, was initially admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 10/8/19, indicated the resident had severe impairment in cognition (mental action or process of acquiring knowledge and understanding). A review of Licensed Vocational Nurse 1's (LVN 1's) Note, dated 10/16/19 timed at 8:51 a.m., indicated that at 12:10 a.m., Registered Nurse 1 (RN 1) overheard Resident 1 constantly yelling, Get the *F.* out of my room! The note indicated RN 1 overheard CNA 1 yelling back, *B.*, don't you ever put your hand on me! You don't ever hurt someone who is trying to help you, *B.*! The note indicated that when Registered Nurse (RN) 1 ran to the room to attend to Resident 1, CNA 1 grabbed the curtain and threw it at the resident's direction and yelled, Yeah, how about that you *F.ing B.!* The note indicated that CNA 1 was instructed to go home at 12:30 a.m. and Resident 1 was re-assigned to another CNA. A review of Resident 1's Situation Background Assessment and Recommendation (SBAR) Communication Form, dated 10/16/19, indicated the resident has increased confusion or disorientation. The form indicated Resident 1 had physical aggression by grabbing, scratching nurses and made false accusations against CNAs of stealing things. A review of the Employee Disciplinary Action Form, dated 10/16/19, indicated Resident 1 was placed on suspension, pending abuse allegation investigation due to failure to follow the facility's policy in deescalating a combative resident. During a concurrent observation and interview on 10/17/19 at 11:51 a.m., Resident 1 was sitting on her wheelchair with a one-to-one (1:1, one staff assigned to monitor one resident). Resident 1 was unable to recall any altercation incident with a staff member. A review of CNA 1's Separation Checklist form, dated 10/21/19, indicated CNA 1 was terminated due to CNA 1 did not follow the facility's policy and got into an altercation with Resident 1. During an interview on 11/[DATE]9 at 12:48 p.m., CNA 2 stated she was coming from the kitchen when she overheard Resident 1 yelling at CNA 1, Get out of my house! I don't want you here. CNA 2 stated she went to the resident's room immediately and saw that RN 1 was already there. CNA 2 stated Resident 1 was calling CNA 1 a *B.* CNA 2 stated that in response, CNA 1 yelled, *F.* you! CNA 2 stated the staff should have just walked away and waited for the resident's mood to get better. During a telephone interview on 11/[DATE]9 at 2:27 p.m., RN 1 stated during the start of shift, she overheard Resident 1 yelling, Get the *F.* out! and a loud sound as if something fell , so she ran to the resident's room. RN 1 stated she saw CNA 1 in Resident 1's room and CNA 1 told her, This *B.* is trying to hit me! RN 1 stated CNA 1 got upset and told Resident 1, You do that to me, and I'll hit you back. RN 1 stated CNA 1 then got the curtain and threw it at Resident 1. RN 1 stated when Resident 1 started to yell, CNA 1 need to leave the resident's room to prevent the resident from getting more agitated. RN 1 stated the incident could have traumatized Resident 1. During an interview on 11/[DATE]9 at 2:41 p.m., RN 3 stated CNA 1 should have left Resident 1 alone and came back later or asked another staff member to come in the room. RN 3 stated the verbal altercation between the staff and resident put the resident at risk for injuries. RN 3 stated Resident 1 might have felt threatened and scared. A review of the facility's policy and procedures, titled Abuse Prevention, dated 12/31/15, indicated each resident has the right to be free from verbal, physical, and mental abuse and must not be subjected to abuse by anyone, including, but not limited to, facility staff and other residents. The policy indicated the facility would take proactive measures to prevent the occurrence of abuse to any resident. The policy indicated any employee suspected of alleged abuse would be suspended during the investigation and ultimately terminated if the investigation confirms willful abuse.

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.