

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056346</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIDGEVIEW POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>521 LOREL WAY YUBA CITY, CA 95991</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to treat six of seven sampled residents (Residents 8, 21, 25, 57, 94, and 95) with dignity and respect when staff, who were able to speak English, chose instead to speak a non-English language, while in the presence of the residents, and while providing care. This failure had the potential to negatively impact dependent and vulnerable residents, particularly those with cognitive (intellectual) impairments. The inability to understand what their caregivers were saying, and whom, and what they were discussing, could have caused the residents to experience confusion, fear, and anxiety. This had the potential to threaten the residents' sense of well-being. Findings: A review of the facility's census, dated 11/25/19, indicated that there were 106 residents within the facility. The face sheets for those residents indicated that the primary language was English for 95 of these residents, Punjabi (one of the main languages spoken in India) for six residents, Spanish for three residents, and other, for two residents. Based on these numbers, 89.6%, of the residents were English speakers, 5.6% Punjabi speakers, 2.8% Spanish speakers, and 1.8% spoke a other, language. The facility's policy titled, Resident Rights, dated 12/1/2016, was reviewed and indicated that all the residents of the facility had the right to a dignified existence, and to be treated with respect, kindness, and dignity. The facility's policy titled, Quality of Life - Dignity, revised 8/1/2009, was reviewed and indicated that each resident should be cared for in a manner that promotes and enhances their quality of life, dignity, respect, and individuality. This policy defines, 'Treated with dignity,' as the residents will have been assisted in maintaining and enhancing their self-esteem, and self-worth. The staff is to speak respectfully to residents at all times, and should keep the residents informed and oriented to their environment. The facility's Company Employee Handbook, dated 1/1/19, was reviewed and indicated that employees are to speak English, or a language that the resident understands, while engaged in the resident's care, or when in areas where the residents are present. Social conversation among employees while in the presence of residents should be avoided, unless the residents are encouraged to participate in the conversation. The facility's Certified Nursing Assistant (CNA) job description, dated 1/1/2003, was reviewed and indicated that CNAs were instructed to perform all tasks in accordance with the facility's established policies and procedures, and to create an atmosphere of warmth, personal interest, and positive emphasis. The CNAs are instructed to treat all residents fairly, and with kindness, dignity, and respect. During an observation on 3/2/20 at 2:40 pm, three unidentified female staff members stood in the hall between rooms [ROOM NUMBERS], and spoke to one another in a non-English language. During an interview, on 11/26/19 at 5:55 pm, Resident 95 stated that her primary language was English. Resident 95 stated that she had lived at the facility for four years, and staff spoke to each other in a non-English language practically every day. Resident 95 stated that she did not appreciate it, but she just ignored it. Resident 95's clinical record was reviewed. Resident 95 was initially admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 95's Minimum Data Set (MDS, a standardized resident assessment) indicated a Brief Interview of Mental Status (BIMS, a screening tool used in nursing homes to assess intellectual function) score of 15, which indicated that Resident 95 was cognitively intact. During an interview, on 11/26/19 at 6:22 pm, Resident 94 stated that his first language was Spanish, but he also spoke English, and the staff spoke a lot in another non-English language (that was not Spanish). Resident 94 stated that when he said, English, they kept speaking their language. Resident 94 stated that it made him feel like they didn't care, and it wouldn't have done any good to complain. Resident 94's clinical record was reviewed. Resident 94 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 94's MDS showed a BIMS score of 14, which indicated that Resident 94 was cognitively intact. During an interview, on 11/26/19 at 6:25 pm, Resident 57 stated that staff spoke a non-English language all the time. Resident 57 stated that she didn't like it at all, but it wouldn't have done any good to complain about it. Resident 57's clinical record was reviewed. Resident 57 was initially admitted to this facility on 4/6/14, with [DIAGNOSES REDACTED]. Resident 57's MDS showed a BIMS score of 14, which indicated the resident was cognitively intact. During a concurrent interview, and observation, on 3/2/20 at 1:53 pm, Resident 21 sat in her room with a friend (Visitor A) next to her. Visitor A stated that Resident 21 had difficulties with communication and processing spoken language following a stroke. Visitor A stated that staff members spoke a non-English language while providing care to Resident 21, and when they did speak English, they spoke too fast for Resident 21 to understand. Resident 21's clinical record was reviewed. Resident 21 was admitted to this facility on 8/21/17, with [DIAGNOSES REDACTED]. During an interview, on 3/12/20 at 9:35 am, Resident 8 stated that staff spoke a non-English language during his care, but it, had gotten a little better. Resident 8 felt that it was easier for staff to speak in their language. Resident 8 had not asked them to speak English in his presence, and he had not complained about it. Resident 8's clinical record was reviewed. Resident 8 was initially admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 8's MDS indicated a BIMS score of 15, which indicated that Resident 8 was cognitively intact. During an interview, on 3/12/20 at 9:20 am, Resident 25 stated that staff spoke a non-English language in the hall outside her room, and sometimes while providing care. Resident 25's clinical record was reviewed. Resident 25 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 25's MDS indicated a BIMS score of 15, which indicated that Resident 25 was cognitively intact. During an interview, on 3/12/20 at 9:30 am, Confidential Staff (CS) B stated that staff members frequently speak in a non-English language, while providing resident care. During an interview, on 3/16/20 at 3 pm, CS C stated that residents complained about staff speaking a non-English language and that it was a continuing problem. CS C stated that not all of the English-speaking residents were bothered by it, but some residents were very upset by it. (Refer to F - 585) During an interview, on 3/12/20 at 10:09 am, to 10:40 am, the Administrator stated that he had encouraged staff to communicate in English. The facility had wanted to try education instead of being punitive (punishing), and to have conversations with the staff about this. The Administrator stated that he had tried to educate the residents about how staff communicate with one another. The Administrator stated that, employees have rights too.</p> <p><b>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to make prompt efforts to resolve grievances when:</p> <p>1. Complaints expressed at three Resident Council (a monthly meeting of residents within the facility) meetings about staff speaking a non-English language in resident care areas, were not investigated and not resolved. 2. One complaint from a family member of one of seven sampled residents (Resident 71) about staff speaking non-English language was not</p>		
F 0585  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to make prompt efforts to resolve grievances when:</p> <p>1. Complaints expressed at three Resident Council (a monthly meeting of residents within the facility) meetings about staff speaking a non-English language in resident care areas, were not investigated and not resolved. 2. One complaint from a family member of one of seven sampled residents (Resident 71) about staff speaking non-English language was not</p>		
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.

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F 0585  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>investigated, not addressed, and not resolved. 3. One general complaint from a group of unidentified residents, and staff about staff speaking a non-English language while in the presence of the residents, and while providing care was not investigated, and not resolved. The failure to respond to and investigate these complaints had the potential to threaten the well-being of the residents and put them at risk for abuse and neglect. When direct care staff, who were able to speak English, instead chose to speak a non-English language around the residents, their behavior had the potential to negatively impact dependent and vulnerable residents, particularly those with cognitive (intellectual) impairments. Findings: A review of the facility's census, dated 11/25/19, indicated that there were 106 residents currently receiving care within the facility. The face sheets for these residents indicated that the primary language was English for 95 residents, Punjabi (one of the major languages spoken in India) for six residents, Spanish for three residents, and other, for two residents. Based on these numbers, 89.6% of the residents were English speakers, 5.6% Punjabi speakers, 2.8% Spanish speakers, and 1.8% spoke other, languages. The facility's policy titled, Resident Rights, dated 12/1/2016, was reviewed and indicated that all residents of the facility had the right to voice grievances (complaints) about the facility, and to have the facility respond to those grievances. The facility's undated policy titled, Grievances/Complaints, Filing, was reviewed and indicated that residents and their representatives, had the right to file grievances, either orally or in writing, to the facility staff. Upon receipt of a complaint, the Grievance Officer would review and investigate the allegations and submit a written report of such findings to the Administrator, within five working days of receiving the complaint. The resident, or person filing the complaint on behalf of the resident, would have been informed verbally, and in writing, of the findings of the investigation, and the actions that would have been taken to correct any identified problems. A written summary of the investigation would also have been provided to the resident, and a copy would have been filed and maintained for a minimum of three years by the facility. During an observation on 3/2/20 at 2:40 pm, three unidentified female staff members stood in the hall between rooms [ROOM NUMBERS], and spoke to one another in a non-English language. During an interview, on 3/12/20 at 9:30 am, Confidential Staff Member (CS) B stated that staff members frequently speak in non-English language while providing resident care. During an interview, on 3/16/20 at 3 pm, CS C stated that residents complained about staff speaking non-English language and that it was a continuing problem. CS C stated that not all of the English-speaking residents were bothered by it, but some residents were very upset by it. (Refer to F - 550) The facility's Resident Grievance/Complaint Form, dated 4/24/19, was reviewed and indicated that a complaint from, many, residents and staff (identities unknown) concerning non-English language having been spoken in resident care areas. During an interview, on 3/12/20 at 10:00 am, the Administrator (ADM) stated that he had no record of an investigation into this complaint because it happened before he got there, and the previous ADM had boxed up a lot of stuff, and it was kept in another location. The facility's Resident Council Report, dated 8/2/19, was reviewed and indicated that the long-term care Ombudsman (a government official who helps residents with complaints, and other issues) attended this meeting. The Ombudsman prepared a list of issues from direct comments made by the residents. One entry read, Spoken language in front of residents can only be English. Speaking other languages is rude, shows disrespect, and causes suffering in many residents. It is a form of psychological abuse and will be reported to the Bureau of MediCal Fraud and Elder Abuse (BMFEA). A review of the facility's Special Resident Council Meeting, dated 8/13/19, indicated a written response from the facility. It read, Speaking language other than English in Patient (resident) Care areas. It is our policy that all staff speak only English in Patient areas, we continue to in service staff about the use of non-English language on the floor. We encourage residents to ask staff to please speak English and to report them to management so corrective action can be taken. During an interview, on 3/12/20 at 10:00 am, the ADM stated that no residents had reported any staff members to him. The ADM stated that Resident Council often had general complaints, but he needed specific staff members' names to fix them. The issue of non-English language use by staff had not been brought up as much lately. This complaint was not investigated or documented according to the facility's complaint policy. A review of the facility's Resident Council Report, dated 9/6/19, indicated concerns discussed from the previous month's meeting on 8/2/19. The issues listed under New Business, included staff not wearing name badges, and staff continuing to speak non-English language in resident care areas. A review of the facility's Resident Grievance/Complaint Form, dated 9/12/19 at 9:50 am, indicated that the caregiver (CG) of Resident 71 had complained to the Social Services Assistant (SSA). The CG stated that she had gone into Resident 71's room and found a bag of soiled clothes had been placed on the bed, on top of Resident 71's clean sweat pants. When CG went to tell the nurse who was outside of the room, she encountered five CNAs speaking a non-English language, and when she told the nurse and CNAs, about the clothing, they just looked at her and finished talking in their own language. During an interview, on 3/12/20 at 10:20 am, the ADM and the Director of Nursing (DON) stated that this complaint was not investigated because the resident had been transferred out of the facility on 9/14/19. The was nothing else that had been documented about this complaint. A review of a Resident Council Report, dated 10/4/19, indicated the concern, speaking non-English language still a problem in residents' rooms if two or more are in the room doing care. During an interview on 3/12/20 at 10:15 am, the ADM stated that there was no documented investigation of this complaint because there was no specific name, time, etc., to pinpoint. During an interview, on 3/2/20 at 3:40 pm, the Social Services Director (SSD) stated that all complaints came through Social Services (SS). The DON responded to complaints, or they were distributed to the appropriate department. The SS only responded to those complaints that were specific to SS. The SSD stated that she had not received any complaints about language usage since she had begun working there in August 2019. She was not aware of any follow-ups to complaints about staff speaking in a non-English language. During an interview, on 3/12/20 at 10:09 am, the ADM stated that he had check-ins with the Resident Council, but did not document the resident interviews about language use among staff. It was not an on-going investigation. He didn't feel this issue met Quality Assurance/Performance Improvement (QAPI) level. He could not do anything with blanket statements. He only investigated specific complaints. The ADM did not have any formal investigations on file for complaints of any kind that had been filed by residents per the facility's complaint policy. The ADM stated that he had not received any formal complaints since he began working there in May 2019. He met with the department heads as a group and asked if they had heard anything, but they had not brought the issue of language up. He had had informal meetings with four residents (identities unknown) on the topic of language use among staff. They hadn't noticed it as a problem. The ADM had not conducted any private resident interviews in response to the complaints about language use. He had encouraged staff to communicate in English. He had not done any on the spot correction of employees. He had not given any verbal warnings or disciplinary actions to any staff members about non-English language use. The ADM stated that they had wanted to try education instead of being punitive (punishing), and to have conversations with the staff. He had tried to educate the residents about how staff communicated with one another. The ADM stated that, employees have rights too.</p>		