

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555773	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2020
NAME OF PROVIDER OF SUPPLIER YUCCA VALLEY NURSING		STREET ADDRESS, CITY, STATE, ZIP 57333 JOSHUA LANE YUCCA VALLEY, CA 92284	
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 F 0839	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>Based on interview and record review, the facility failed to ensure that a Licensed Vocation Nurse (LVN1) licensed was updated to practice as an LVN. This failure resulted in LVN1 working at the facility putting 78 Residents at the facility in danger of receiving care from this unlicensed nurse. Findings: During a review of the employee file for LVN, the employee file indicated, that there was no LVN license included in file. During an interview on November 4, 2019, at 10:30 AM, with the Director of Staff Development (DSD), the DSD stated that the license check was not done for LVN1 when she was hired as an LVN. The DSD states that they do not have a policy and procedure for license verification with hiring licensed staff. During an interview on November 4, 2019, at 10:51 AM, with LVN1, LVN1 stated she didn't have her license and was put on schedule to work. During an interview on November 4, 2019, 12:00 PM, with the Administrator (ADM), the ADM states we knew she finished her LVN program and she was ready to start working. She was put on the schedule and we dropped the ball. The ADM stated that there is no excuse for not running the license verification.</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.