STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056132	A. BUILDING _____ B. WING _____	**07/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AVALON HEALTH CARE - SAN ANDREAS	**900 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249**

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 0609 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to report an allegation of abuse within 24 hours as required, when Certified Nurse Assistant (CNA) 1, CNA 2, and Licensed Nurse (LN) 1 did not report an alleged abuse of Resident 2 by Resident 1 on 2/28/20, per the facilities policy, and State law. This failure put Resident 2, and other patients in the facility, at risk for continued abuse and not being protected from Resident 1 who has a history of violent behavior. Findings: Resident 1 was admitted to the facility with [DIAGNOSES REDACTED]. His Minimum Data Set (MDS, an assessment tool), dated 2/13/20, revealed Resident 1 had a Brief Interview for Mental Status (BIMS-an assessment screening tool used to assess cognition) score of 99, which indicted Resident 1 was unable to complete the interview due to cognitive impairment. Resident 2 was admitted to the facility with [DIAGNOSES REDACTED]. Resident 2's MDS dated [DATE], revealed a BIMS score of 5, which indicated severe cognitive impairment. During an interview with CNA 2 on 3/24/20, at 11:30 a.m., CNA 2 revealed she witnessed Resident 1 throwing a yellow highlighter across the room and almost hitting Resident 2 in the head. CNA 2 went on to say Resident 1 then, Threw his plate of food at me. CNA 2 stated Resident 1 is very aggressive without provocation and she and the other staff do their best to keep him away from other patients without isolating him. CNA 2 stated she informed her charge nurse, LN 1, of the incident. During an interview with CNA 1 on 3/24/20, at 12:23 p.m., CNA 1 revealed she witnessed Resident 1 throwing a yellow highlighter across the room and the highlighter hitting Resident 2. CNA 1 stated Resident 1 was very aggressive that day. CNA 1 went on to say she immediately removed Resident 1 from the room but did not report the incident to anyone. During an interview with LN 1 on 3/24/20, at 3:45 p.m., LN 1 stated he was aware of the incident but did not witness the occurrence. LN 1 went on to say he could not remember which CNA told him about the incident, but remembers a CNA coming to him on 2/28/20, to inform him Resident 1 threw a highlighter at Resident 2. LN 1 went on to say he was charting at the time and told the CNA to, Fill out a SOC (SOC 341, a form used to report suspected abuse). A review of Resident 1 and Resident 2's Progress Notes both dated 2/28/20, showed no documentation of the incident between Resident 1 and Resident 2 by LN 1. A review of Resident 1's Nursing care plan dated 10/13/19, indicated Resident 1 has .a potential to be physically aggressive . The care plan also revealed Resident 1 .is at risk for injuring others as well as himself . During an interview with the Administrator (ADM) on 3/25/20, at 9:30 a.m., the ADM stated he expects the staff to inform him of any incident of alleged abuse. The ADM went on to say abuse is a slippery slope and he does not leave it up to the staff to decide if the incident should be reported to the Department or not. The ADM said he was unaware of the incident between Resident 1 and Resident 2. A review of the facility policy titled, FREEDOM FROM ABUSE, NEGLECT and EXPLOITATION revised 05/2018, reads, .2. Staff will report suspicions of violations to the administrator and to other officials according to State law .5. If the allegation does not involve abuse and does not result in serious bodily injury the facility will report the allegation within 24 hours .

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.