

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER KERN VALLEY HEALTHCARE DISTRICT DP SNF		STREET ADDRESS, CITY, STATE, ZIP 6412 LAUREL AVE LAKE ISABELLA, CA 93240	
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 0608 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to ensure (1) employees report any suspicion of a crime against any resident, according to timelines; (2) post the notice of employee rights; and (3) prohibit and prevent retaliation for reporting. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their Abuse Prevention Program for one of 50 sampled residents (Resident 1). This failure resulted in Resident 1 not being protected from verbal abuse/intimidation, a delay in the facility's investigation process and a delay in notification to the Department. Findings: During a review of the facility's Investigative Report, dated 8/3/20, the Investigative Report indicated, On August 3, 2020, at approximately 10:15 AM, (Resident Monitor, RM) came in to my (Director of Nursing (DON)) office with a complaint; RM informed me that (Certified Nurse Assistant, CNA) .force feeding Resident (8/1/20 dinner) his fluids and meals .(Resident 1) saying 'no, no, no'. CNA stated, 'You have shingle pain and want medicine, then you have to eat.' I (DON) asked RM why she didn't try to stop her (CNA), her (RM) reply, 'I didn't know we could do that.' . During a concurrent observation and attempted interview, on 8/5/20, at 2:30 PM, with Resident 1, Resident 1 did not have direct eye contact when asked questions. Resident 1 was asked several questions and answered infrequently. Resident 1 unable to be understood when he did speak. During a record review of Resident 1's Minimum Data Set (MDS, an assessment tool) , dated 6/2/20, Resident 1 was [AGE] years old. Section B, Cognitive, indicated sometimes understands-responds adequately to simple, direct communication only .Severely impaired-never/rarely made decisions .short and long term memory problems . During a concurrent interview and record review on 8/5/20, at 2:30 PM, with the Director of Human Resources (DHR), DHR reviewed RM's personnel file. DHR stated, RM was hired as a resident monitor on 2/24/20. RM documented the initial orientation of Contract for Open Communication, dated 2/20/2020, which indicated, I am a mandated reporter of suspected abuse, and all reports of suspected abuse should be reported both to the ombudsman (independent resident advocate) and Department .all suspicions of abuse be reported to my supervisor. The new employee orientation certificates titled, Your Legal Duty to Report Abuse Exam and Mandated Reporting--Elder and Dependent Adult Abuse and Neglect in California were dated 2/26/20. The Facility Orientation Checklist Continued: Abuse Prevention Program, dated 4/14/20, was initialed by RM as viewed/discussed. During an interview on 8/19/20, at 11:41 AM, with RM, RM stated, Her (CNA) voice was raised and loud, stern. I would not like to be spoken to like that. Her face was close to his (Resident 1's face), leaning over while standing. He was yelling no and putting his hand up, like to signal stop. I wanted to say something, but I couldn't figure out what to say. I was taken aback. I didn't tell the charge nurse at the time. I don't know why I didn't. It was a Saturday. I wanted to tell the DON and Abuse Coordinator. I should've told the charge nurse. I didn't think of it at the time. During an interview on 8/21/20, at 4:15 PM, the DON stated, I asked (RM) when she told me what happened, why she didn't report the incident immediately to the charge nurse. RM told me she wanted to report it to me, the Abuse Coordinator. During a review of the facility's Report of Suspected Dependent Adult/Elder Abuse General Instructions, dated 11/18, the report indicated, If the abuse did not result in serious bodily injury, report (to the Department) within 24 hours of observing, obtaining knowledge of or suspecting .		

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.