STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555476	A. BUILDING _____ B. WING _____	**09/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
APPLE VALLEY CARE CENTER	**11959 APPLE VALLEY ROAD APPLE VALLEY, CA 92308**

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 observation, interview, and record review, the facility failed to ensure that an allegation of misappropriation of property was promptly reported to the California Department of Public Health (CDPH) in accordance to the facility's policy and procedure, for one of three sampled residents (Resident 3). This failure had the potential for an allegation of theft to go uninvestigated and unreported thereby increasing the chances of greater loss to Resident 3. Finding: An unannounced visit was made to the facility on [DATE], at 1:46 PM to investigate a complaint regarding an allegation of misappropriation of property for Resident 3 who had money taken out of her account without her consent. A review of Resident 3's face sheet (contains demographic information and diagnoses) indicated that Resident 3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 3's Nurses Note, dated August 30, 2020, at 12:27 PM, indicated, Resident (3) left out on pass with son at approximately 11 AM and when she returned at 12:25 PM with her son, he stated that he needed to talk to someone regarding a stolen credit card and over 4000 dollars missing from his mother's bank account. (Licensed Vocational Nurse) let son and resident know to speak to social services department tomorrow morning (Monday) . During an interview with Social Worker (SW 1), on September 2, 2020, at 2:13 PM, SW 1 stated Resident 3 received a debit card in Pasadena 3 or four months ago and never used it. Resident 3 stated that her son noticed that money was missing from her checking account, 8000 dollars. SW 1 stated that she informed the Administrator and the Ombudsman, on September 1, 2020, but did not inform California Department of Public Health. SW 1 was not aware that CDPH had to be notified of Resident 3's allegation of misappropriation of property. During an interview with Resident 3, on September 2, 2020, at 4:08 PM, Resident 3 stated, My debit card wasn't lost. It was stolen. They took 8000 dollars out of my account. A review of the State of California (SOC) form 341 titled Report of Suspected Dependent Adult/Elder Abuse, dated September 1, 2020, reflected a report was submitted regarding Resident 3's allegation of misappropriation of property that 8000 dollars was missing from her checking account. Further review reflected that telephone and written reports were made to the Police Department and the local Ombudsman on September 1, 2020. The form 341 report did reflect that the California Department of Public Health received notification of the allegation. During an interview with the Administrator (AD), on September 2, 2020 at 4:30 PM, the AD received notification that the first time Resident 3 reported the allegation of misappropriation of property to the facility was on August 30, 2020. The AD stated the facility did not report the alleged incident of misappropriation of property to the state survey agency (California Department of Public Health - CDPH). AD further stated, It (allegation of misappropriation of property) should have been reported. The facility policy and procedure titled Unusual Occurrence Reporting, revised December 2017, indicated Policy Statement: As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors. Policy and Interpretation and Implementation, 1. Our facility will report the following events to appropriate agencies: .g. Allegations .misappropriation of resident property; .2. Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations. 3. A written report detailing the incident detailing the incident and actions taken by the facility after the event shall be sent or delivered to the stated agency within forty-eight hours of reporting the event or as required by federal and state regulations. The facility policy and procedure titled Abuse Investigation and Reporting dated July 2017, indicated All reports of .misappropriation of resident property, .shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management .Reporting 1. All alleged violations involving .misappropriation of property will be reported to the facility Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for the surveying/licensing the facility;

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.