STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056416	A. BUILDING _____ B. WING _____	**08/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAYERS MEMORIAL HOSPITAL	**43563 HWY 299 E FALL RIVER MILLS, CA 96028**

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 0600 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that one of one sampled resident (Resident 1), was not subjected to neglect or verbal abuse, when she asked Licensed Nurse (LN) A for medication to treat her stomach pain, and was ignored. This failure resulted in Resident 1 feeling neglected, and emotionally upset, which could have potentially caused negative clinical outcomes to occur. Findings: Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During an interview, on 10/4/19 at 12 pm, Resident 1 stated the other evening she had a burning pain in her stomach and had asked LN A if she could have medication to stop this pain. Resident 1 stated that LN A looked up at her, and spoke in a loud rough manner that she did not have anything like that, and then just ignored her. Resident 1 stated that LN A was very rude and had no reason to raise her voice at her. Resident 1 stated that she was confused because all she had wanted was something for her stomach pain, and she had been given that before. Resident 1 stated that another nurse brought her medication for the stomach pain. During an interview, on 10/4/19, at 11:30 am, LN B stated the incident with Resident 1 and LN A was witnessed by Certified Nursing Assistant (CNA) C. CNA C was not available for interview, and failed to return multiple calls. The facility provided documentation of CNA C's written statement, dated 9/30/19, which indicated that Resident 1 had walked up to LN A and asked for something for her stomach pain. LN A raised her voice and stated, I am busy what do you want? and when Resident 1 went to tell her again, LN A cut her off and was overheard saying, I can't understand a damn thing that you're saying, get away from me. CNA C documented in her statement that when she attempted to speak to LN A about Resident 1, and that LN A had told her, Not Now! The facility's investigation tool completed on 9/30/19, was reviewed and indicated that Resident 1 had been subjected to verbal abuse by LN A. LN A was removed from the schedule and placed on, 'Do Not Return Status.' Resident 1's record included a care plan initiated on 10/1/19, which indicated that Resident 1 had the potential for psychosocial well-being problems related to a reported incident of suspected abuse. Resident 1's record included a social worker note dated 10/1/19, which indicated that Resident 1 recalled the incident with LN A on 9/30/19, and had verbalized that she is still upset and angry about how she had been treated by LN A. During an interview, on 10/16/19 at 11:30 am, LN A stated she didn't remember Resident 1 at all, and didn't remember this incident. She confirmed that she was told by her agency that this facility had requested that she not return. The facility's policy titled, Abuse, Resident dated 2/20, was reviewed and indicated that each resident has the right to be free from abuse. This policy defined abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain or mental anguish. This also includes the deprivation of an individual by a caretaker of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This policy defined verbal abuse as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to a patient or their families, or within hearing distance, regardless of the age, ability to comprehend, or disability. This policy defined neglect as the failure of the the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

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.