STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055640	A. BUILDING _____ B. WING _____	**03/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SPRING HILL MANOR	**355 JOERSCHKE DR GRASS VALLEY, CA 95945**

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 one of two residents (Resident 1) was free from verbal abuse when Certified Nurse Assistant (CNA) B verbally abused Resident 1 on 2/21/20. This failure had the potential to negatively impact Resident 1's sense of security, emotional, and psychological well-being. Findings: Resident 1's medical record was reviewed on 3/3/20. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During an interview, on 3/3/20, at 10:55 am, with Licensed Nurse (LN) A, LN A reported she came down the hall and saw Resident 1 yelling and CNA B, was telling Resident 1 to calm down and to stop yelling. LN A could tell CNA B was not helping the situation, and just making it worse. CNA B's face was flushed and she looked very mad and upset. LN A reported that she told CNA B to leave, and go to a different nurse's station. LN A reported that she has seen CNA B walk down the hall venting about her night before, she does not think that CNA B deals with difficult residents very well. During an interview, on 3/3/20, at 1:33 pm, with Resident 1's Spouse, he stated, I am upset about my wife crying when she called me, and I don't think it was okay for her to be yelled at. She (Resident 1) was supposed to be there to get better, and not to get hurt. During a concurrent interview, and record review, on 3/3/20, at 4:00 pm, with Administrator (Admin), Resident 1's Investigation Report (IR) was reviewed. The Admin confirmed the IR notes indicated that CNA B was verbally aggressive towards Resident 1, and that she had lost her temper. During a concurrent interview, and record review, on 3/7/20, at 11:45 am, with CNA E, Resident 1's Nurse's Notes (NN), dated 2/20/20 were reviewed. The NN indicated, on 2/20/20 at approximately 2:30 am. That CNA E had stated, that she was in one of her resident's rooms, when she heard a blood curdling scream down the hall. When she got to the nurse's station, she heard CNA B tell the nurse, 'I can't deal with Resident 1 tonight.' CNA E looked down the hall towards Resident 1's room and saw her standing up with her gait belt falling off and pants half on. Resident 1 was yelling. CNA B came down the hall and started yelling back at Resident 1. CNA B yelled, 'No wonder your husband put you in here, he doesn't want to take care of you.' CNA B then yelled you are a psychotic delusional old lady. Resident 1 started screaming again at her. LN A came down the hall at this time and also told CNA B to leave. During an interview, on 3/11/20, at 2:00 pm, CNA B stated that she had not handled this interaction with Resident 1 appropriately. CNA B acknowledged that she had gotten more stressed and was probably not handling the situation as well as she should have. CNA B stated that she had yelled at Resident 1 and should not have. The facility's policy titled, Abuse Prevention, dated 7/17, was reviewed and indicated that all residents have the right to be free from abuse and neglect. This includes physical and verbal abuse, of any kind.

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.