

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555623	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER HEMET VALLEY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 371 NORTH WESTON PL HEMET, CA 92543	
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)		
<p>F 0610</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure the results of the investigation were reported within five working days to the California Department of Public Health (CDPH), for one resident (Resident 1). This failure placed Resident 1 at risk for further abuse. Findings: On May 26, 2020, at 2:25 p.m., an unannounced visit was conducted to the facility to investigate a facility reported incident of an allegation of abuse. On May 28, 2020, the record of Resident 1 was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The History and Physical (H & P), dated May 6, 2020, was reviewed. The H & P indicated, .Social History .Home .Lives with (FM) at home. History of domestic violence . The social service documentation titled, Progress Note Inquiry, dated May 6, 2020, indicated, .patient (Resident 1) stated that her (family member (FM)) pushed her last Friday and that's how she hurt her knee, patient stated that her body went one way and her knee went the other way, patient stated that she was trying to adjust, plug in her (FM's) oxygen and that when (the FM) pushed her and that (FM) slap her with slippers, patient also showed her bruises on her upper arms/shoulders and she stated that they were from her (FM) . There was no documented evidence the results of the investigation were reported to CDPH within five working days. On July 13, 2020, at 3:15 p.m., the Assistant Director of Nursing (ADON) was interviewed. The ADON stated the facility did not report the result of the investigation to CDPH within five working days. The facility policy and procedure titled, ABUSE, PROHIBITION OF; TRAINING, INVESTIGATING AND REPORTING, was reviewed. The policy indicated, .Purpose .To provide a method for the prevention of any type of dependent adult or elderly abuse .and to identify and appropriately report any actual or suspected dependent adult or elderly abuse . Management of Suspected Abuse .Cases of suspected or known abuse shall be given priority, investigated thoroughly and reported immediately to the appropriate agency . Reporting .The Chief Hospital Executive Officer and/or Chief Nursing Officer or designee shall investigate all suspected and alleged abuse . Upon completion of the investigation of the suspected or alleged abuse, but in no instance more than five (5) working days after the incident, the Chief Hospital Executive Officer/Chief Nursing Officer or designee, shall report the results of the investigation to the California Department of Health .</p>		
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.