

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VALLEY CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1205 8TH STREET BAKERSFIELD, CA 93304</b>	
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 0610  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Respond appropriately to all alleged violations.</b>  Based on observation, interview and record review the facility failed to follow its policy and procedures on abuse prevention for two of two sampled residents (Resident 1 and Resident 2) when: 1. Interventions such as disciplinary actions and anger management program for Licensed Vocational Nurse (LVN) 2 regarding the alleged abuse for Resident 1 were not completed. 2. LVN 2 failed to report an allegation of physical abuse to Resident 2. These failures have the potential for recurrence of abuse to Residents in the facility. Findings: 1. During a review of Resident 1's Nurses Notes (NN) dated 4/6/20, at 3:30 AM, the NN indicated, I (Resident 1) don't want her (LVN 2) as my nurse. I don't want her in this room. I feel verbally threaten. She yelled at me. I am afraid to report the incident because I don't want to make this situation worse. During a review of Conclusion of Investigation (COC) dated 4/8/20, signed by Administrator, the COC indicated, Regarding LVN (2) yelling at (Resident 1), I feel this will not be able to proven (sic) one way or the other. I feel the important point is when I confronted (LVN 2) with the statement made by the ombudsman office that they had at least 4 to 5 complaints concerning (LVN 2), (LVN 2) agreed that the figure given by the ombudsman office was probably accurate. I, (Administrator, and Director of Nursing -DON) decided that (LVN 2) will be required to enroll/attend Anger Management Courses and show proof of the enrollment and proof that it has been completed. However, I also informed (LVN 2) that even if the enrollment and courses have been completed, it still may not be enough to solve the situation and that it is up to the State of California to decide the measures that have to be done or whether or not she will continue to stay at our facility. During an interview on 5/16/20, at 11 AM, with the Administrator, the Administrator stated, . The conclusion of the investigation was for LVN 2 to complete an anger management class. The Administrator stated, he had not followed up with the completion of the anger management class. During an interview on 6/5/20, at 12:45 PM, with Resident 1, Resident 1 stated, she has no problems with the care at the facility but one nurse does not like her. She did not want anyone to get fired or in trouble. During an concurrent interview and record review, on 6/5/20, at 1 PM, with the Director of Staff Development (DSD) and DON, LVN'S 2's personnel record was reviewed. The DSD stated, she was unable to find any completion of an Anger Management class, or any disciplinary actions in LVN 2's file. DSD stated, she was unaware of the incident but the file should contain disciplinary actions. DON verified there was no anger management completion or disciplinary actions in LVN 2's file. During a review of the facility's policy and procedures (P&P) titled, Abuse Investigation and Reporting, dated 12/2016, the P&P indicated, Any allegations of abuse will be filed in the accused employee's personnel record along with any statement by the employee disputing the allegation, if the employee chooses to make one. During a review of the facility's Investigative Guide (IG) - Abuse, Neglect, Mistreatment, Misappropriation and Injury of Unknown Origin, the IG, indicated, Initiate corrective measures to prevent recurrence 2. During a review of Social Service Progress Notes (SSPN), dated 6/5/20, at 1:02 PM, the SSPN, indicated Resident reported to his Son by phone that he was hit by a staff member with the tv (television) control. responsible party called the facility and spoke with (LVN 3). SSD (Social Service Director) and MDS (Minimum Data Set Registered Nurse - MDSRN) interviewed resident, he (Resident 2) stated that a nurse hit him with the control on his eye. Resident is alert and verbally responsive, he described the nurse as a African America, heavy set with string hair. During an interview on 6/5/20, at 12 PM, with LVN 3, LVN 3 stated, she received a call from Resident 2's family member regarding a report from Resident 2 of being hit in the right eye. While she was talking to the family member, Certified Nursing Assistant (CNA) 2 reported to her that Resident 2 was complaining of pain to his right eye. LVN 3, stated she was not told about an allegation of abuse by LVN 2. During an interview with CNA 2, on 6/5/20, at 12:10 PM, CNA 2 stated around 8 AM this morning, she answered the call light for Resident 2, and he reported to her that his eye was so painful. CNA 2 stated, Resident 2 stated a black nurse threw a remote control at his eye. During a concurrent interview and record review on 6/5/20, at 11:42 AM with SSD and MDSRN, LVN 2's Nurses Progress Notes (NPN), dated 6/5/18, at 5:18 AM, were reviewed, the NPN indicated, Resident sitting at bedside, writer responding to call light, Resident stated someone came in and punched him in the eye. MDSRN stated, Resident 2 was alert, and had been consistent in stating he had been hit by a tv remote by a black nurse. MDSRN verified LVN 2 did not follow their policy for reporting allegations of abuse. During an interview on 6/5/20, at 3:50 PM, with LVN 2, LVN 2 stated, she was answering the call light for Resident 2 around 4 AM when he stated to me, someone hit me, was it you? LVN 2 stated, she turned on the light, and assessed Resident 2. LVN stated, she backed away from Resident 2. LVN 2 stated, he made the allegation against me. I reported the incident to Certified Nursing Assistant (CNA) 1, and I also told RNA 1 of the incident. During an interview with CNA 1, on 6/10/20, at 6:30 AM, CNA 1 stated, she was not told by LVN 2 of any allegation by Resident 2 being hit in his eye. During an interview on 6/10/20, at 6:35 AM, with RNA 1, RNA 1 stated, she was not aware of any incident regarding Resident 2 and LVN 2. During a review of the Staff Investigation Report dated 6/9/20, at 3:45 PM, In conclusion, (LVN 2) is counseled in proper communicating resident, proper handling of resident's call light, bed control and she was given education in regard to Mandatory reporting of any kind of resident claims abuse or any kind of resident's abuse. During a review of the facility's Investigative Guide (IG) - Abuse, Neglect, Mistreatment, Misappropriation and Injury of Unknown Origin, the IG, indicated, 1. Immediately, *Secure resident's safety, *Assess the resident, provide medical and/or psychosocial treatment as necessary *Examine the resident's injury, and/or psychosocial changes and document the description in the medical record. *Take measures to prevent recurrence if alleged perpetrator is a resident *Document date and time injury was discovered in the resident's medical record.		

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.