

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055448</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DINUBA HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1730 SOUTH COLLEGE AVE. DINUBA, CA 93618</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 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b>  Based on interview and record review, the facility failed to perform an inventory of personal belongings upon admission for one (Resident 1) of three sampled residents. This failure resulted in the facility's inability to reconcile Resident 1's belongings upon her discharge. Findings: During an interview on 8/19/20, at 12:15 PM, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that personal belongings should be inventoried right away on admission and the inventory form should be in the resident's chart. During an interview on 8/24/20, at 10:59 AM, with the Director of Nursing (DON), the DON stated that there was no copy of the Resident 1's personal belongings inventory at the facility. During a concurrent interview and record review, on 8/28/20, at 4:07 PM, with the DON, the facility's policy Personal Property, dated 9/12, was reviewed. The DON validated that the personal belongings and clothing should be inventoried upon admission. The policy stated, The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished.		

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.