

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ALDERSON CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>124 WALNUT STREET WOODLAND, CA 95695</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 0557  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure Resident B treated Resident A with dignity and respect. This failure caused Resident A to sustain a skin tear on her right shin. Findings: Resident A was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident A's Quarterly Minimum Data Set (MDS-an assessment tool), dated 12/21/19 documented her BIMS (a brief screening that aids in detecting cognitive impairment) score was 2 which indicated she had severe cognitive impairment. Resident B was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident B's Quarterly MDS, dated [DATE], documented her BIMS score was 8 which indicated she had moderate cognitive impairment. The MDS described Resident A as having no signs or symptoms of [MEDICAL CONDITION] or behavioral symptoms. Review of the facility's Follow-up on Resident to Resident Incident on 1/28/20 indicated on 1/28/20 at around 1:40 p.m. Resident A was observed yelling. Please help me while wheeling herself across the large activity room heading towards Resident B who was parked in her wheelchair in the middle of the room. Resident B asked her, What did you need help with? Resident A didn't respond so Resident B stated, I'll give you something you can get help with and proceeded to kick Resident A's right shin causing a skin tear. Review of Resident A's Interdisciplinary Progress Notes dated 1/28/20 at 3:08 p.m. Indicated after the incident Resident A had small amount of active bleeding from her R (right) shin. The progress note indicated pressure was applied and steri strips were applied. During an interview with Resident B on 2/13/20 at 10:18 a.m., she stated Resident A was verbally rude. and told her Go to hell, so Resident B stated she kicked her. Review of the facility's Abuse, Prevention of, revised 11/28/16 indicated, To ensure that residents' rights are protected by providing a method for the prevention of any type of resident abuse. Abuse, neglect, mistreatment will not be tolerated in this facility at any time.		
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.