

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Los Banos Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 931 Idaho Ave. Los Banos, CA 93635	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47254</p> <p>Based on observation, interview and record review, the facility failed to protect one of four sampled residents (Resident 1) from misappropriation (the unauthorized, improper, or unlawful use of funds or other property for purposes other than that for which intended) of property and personal belongings when a Certified Nursing Assistant (CNA) 1 used Resident 1's debit card without his consent or permission and charged \$376.38.</p> <p>This failure resulted in Resident 1 loss of \$376.38 from his bank account.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool used to identify resident cognitive and physical function) assessment dated [DATE], Resident 1's MDS assessment indicated Resident 1's Brief Interview for Mental Status (BIMS -assessment of cognitive status for memory and judgment) assessment score was 15 out of 15 (0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, 13-15 no cognitive impairment) indicating Resident 1 had no cognitive impairment.</p> <p>During an interview on 1/6/25 at 1:30 p.m., with the Director of Nurses (DON), DON stated Certified Nursing Assistant (CNA) 1 was using Resident 1's debit card without his permission or consent to order food on the phone delivery application for herself, stepmother and sister. The sum of 12 delivery transactions charged to Resident 1's debit card was \$376.38. The DON stated CNA 1 had saved Resident 1's debit card number on her personal phone and used it for the 12 transactions. The DON stated the facility expectation was that the Activity Director (ACTDIR) is allowed to make approved purchases for residents with permission of their responsible parties (RP-person who is responsible for paying the patient's account). The DON stated no other staff are allowed to make purchases, handle resident cash or resident debit cards. The DON stated the facility did not have a protocol in place prior to this incident to reinforce that the ACTDIR was the only one to make purchases on behalf of residents. The DON stated no formal education or training was provided to staff regarding using residents personal funds. The DON stated she considered CNA 1s unauthorized use of Resident 1's debit card as stealing. The DON stated CNA 1 was terminated due to financial elder abuse and law enforcement was notified.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Los Banos Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 931 Idaho Ave. Los Banos, CA 93635	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/6/25 at 2:30 p.m., with the Activity Director (ACTDIR), ACTDIR stated Resident 1 approached her for some assistance regarding money missing from his account. The ACTDIR stated while reviewing Resident 1's financial records, it was identified that unauthorized purchases were made on the food delivery application under the name of CNA 1 in the sum of \$376.38 the transactions were verified with Resident 1, and 12 out of the 13 purchases made were not approved by Resident 1. The ACTDIR stated she is in charge of making purchases for residents in the facility. The ACTDIR stated Resident 1 had asked CNA 1 to make a purchase of food on the food delivery application, CNA 1 made the purchase through her own account and had saved Resident 1's debit card number and continued to make unauthorized purchases. The ACTDIR stated when CNA 1 made additional purchases and used Resident 1's debit card number without his permission it was stealing. The ACTDIR stated CNA 1 also failed to notify leadership prior to making a purchase for Resident 1.</p> <p>During an interview on 1/6/25 at 3:02 p.m., with the Social Service Director (SSD), the SSD stated the facility did not have policy or procedure in writing to educate staff on proper protocols or guidelines concerning purchasing items on behalf of the residents. SSD stated It wasn't until after CNA 1 made unauthorized purchases for Resident 1 that staff received education regarding purchases for residents.</p> <p>During an interview on 1/7/25 at 10 a.m., with Resident 1, Resident 1 stated he initially asked CNA 1 to assist him with making a phone delivery application order online but since he didn't have a phone CNA 1 used her phone and her food delivery account to assist him. Resident 1 stated he provided her with his debit card number and the order was completed. Resident 1 stated it wasn't until a few weeks later he noticed his bank funds decreasing without making any purchases, he requested the assistance of ACTDIR and that's when he found out that CNA 1 was stealing from him by using his card to make unauthorized purchases for herself. Resident 1 stated the total sum of money spent was close to \$400 dollars. Resident 1 stated he was reimbursed his money by the facility once the investigation was completed.</p> <p>During a review of facility's policy and procedure titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated April 2021, indicated, .Facility-wide commitment and resource allocation to support .develop and implement policies and protocols to prevent .theft, exploitation or misappropriation of resident property .</p> <p>During a review of facility's policy and procedure titled, Investigating Incident of Theft and/or Misappropriation of Resident Property dated April 2021, indicated, .Residents have the right to be free from exploitation, theft and/or misappropriation of person property .implementing policies that strictly prohibit . staff or employee theft or misappropriation of resident property .providing measures to safeguard resident valuables .</p>		