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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055076 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Spring Valley Post Acute LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 14973 Hesperia Road Victorville, CA 92395 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</p> <p>Based on observation, interviews, and record review, the facility failed to protect the resident ' s right to be free from abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish), for one of five sampled residents (Residents 1), when a Certified Nursing Assistant (CNA 1) was witnessed using profanity towards Resident 1, on November 6, 2024.</p> <p>This failure had the potential for Resident 1 to experience psychosocial harm.</p> <p>Findings:</p> <p>During a review of Resident ' s 1 Admission Record (document containing clinical and demographic data), it indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis which included anxiety disorder unspecified (feeling of fear, dread, or uneasiness that can range from mild to severe).</p> <p>During a review of Resident 1's clinical records, the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated November 7, 2024, indicated, Resident 1 ' s score was a 15 which indicated Resident 1 ' s cognition (the mental process of thinking, learning, remembering, and being aware of surroundings) is intact.</p> <p>During an interview on November 7, 2024, at 2:02 p.m., with Certified Nursing Assistant (CNA 2), CNA 2 stated she was standing in the hallway with another staff member, when she overheard Resident 1 and CNA 1 engaged in a heated argument. CNA 2 stated Resident 1 was very upset and shouting regarding CNA 1 had gotten in his face and demanding him to Sit the hell down.</p> <p>During an interview on November 7, 2024, at 2:13 p.m., with Resident 1, Resident 1 stated, on November 6, 2024, he had asked CNA 1 for some ice, CNA 1 grabbed the water pitcher and left the room to grab some gloves. Resident 1 stated he mentioned I guess I am not getting ice, because he though he did something wrong. Resident 1 further stated CNA 1 returned to the room right away and approached Resident 1 in a confrontational manner and got very close to his face.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on November 7, 2024, at 3:18 p.m., with Resident 1 ' s roommate (Resident 2), Resident 2 stated he heard a verbal altercation between his roommate and a staff member on November 6, 2024. Resident 2 indicated that while he could hear the exchange, he was unable to observe it directly due to a curtain that separates their beds.</p> <p>During a telephone interview on November 7, 2024, at 4:11 p.m., with the Administrator, (ADM 1), ADM 1 stated CNA 1 ' s actions involved in the verbal altercation constituted a verbal abuse.</p> <p>During a telephone interview on November 13, 2024, at 3:21 p.m., with ADM 1, ADM 1 clarified detail regarding the facility ' s summary of investigation. ADM 1 stated Resident 1 asked a staff member for some ice, the staff member asked CNA 1 to bring ice for Resident 1. AMD stated, while in the room, CNA 1 realized he did not have the correct size of gloves, when CNA 1 walked out of the room to get some gloves without informing Resident 1, Resident 1 mistakenly thought he had done something wrong an exclaimed, Oh, f**k me. ADM 1 further stated CNA 1 returned to the room immediately upon hearing Resident 1 and told him If you don ' t sit your ass down, I will make you.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Policy and Procedure on Patient abuse and Prevention, dated October, 2014, the P&P indicated, The facility shall uphold resident ' s right to be free from any form of verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> | | |