

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Westview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12225 Shale Ridge Lane Auburn, CA 95602	

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 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** 36681</p> <p>Based on observation, interview, and record review, the facility failed to protect one of 4 sampled residents (Resident 2) from abuse when Resident 1 hit Resident 2 on the arm during an altercation.</p> <p>This failure resulted in Resident 2 sustaining a skin tear on the left forearm and for Resident 2 to potentially experience emotional distress.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated he was admitted with multiple diagnoses including hemiplegia (paralysis or inability to move and feel on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke, blood flow to the brain was blocked) affecting the right dominant side.</p> <p>A review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 7/26/24, indicated, he was cognitively intact.</p> <p>A review of Resident 2's admission record indicated he was admitted with multiple diagnoses including paraplegia (paralysis of the lower half of the body including the legs) and unruptured cerebral aneurysm (a weak and bulging blood vessel in the brain).</p> <p>A review of Resident 2's MDS dated [DATE], indicated, he had moderate cognitive impairment (can affect a person's ability to think, remember, use judgment, and make decisions).</p> <p>A review of Resident 2's Nurse's Note dated 8/23/24 at 11:11 a.m., indicated, Writer was notified by administrator of resident/resident altercation today, [Resident 2] was having a conversation with another alert and oriented resident regarding some sort of conflict between the two of them when the other resident removed is [sic] wheelchair armrest and struck [Resident 2] on the L [left] forearm causing a laceration measuring 3.5x1.5cm. [centimeters, unit of measurement]. Noted scant red blood, skin flap in place . Reported incident . received order . apply steri strips .</p> <p>In an interview on 8/27/24 at 10:43 a.m., the Licensed Nurse 1 (LN 1) stated Resident 1 was alert and oriented x 4. The LN 1 further stated she was told Resident 1 got irritated with Resident 2 and Resident 1 hit Resident 2.</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: 055776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Westview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12225 Shale Ridge Lane Auburn, CA 95602	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a concurrent observation and interview on 8/27/24 at 10:48 a.m., Resident 1 was propelling his wheelchair towards his room. Resident 1 stated he had an incident with Resident 2. Resident 1 further stated Resident 2 called him a liar, [used profanity word], and Resident 1 admitted he hit Resident 2.</p> <p>In an interview on 8/27/24 at 11:11 a.m., the Director of Staff Development (DSD) stated she heard a noise while she was coming back via the sliding door near the smoking area. The DSD saw and heard Resident 1 and Resident 2 cursing at each other. The DSD stated when she asked the residents what happened, Resident 2 told her Resident 1 hit him and Resident 1 admitted to hitting Resident 2.</p> <p>In a concurrent observation and interview on 8/27/24 starting at 11:33 a.m., Resident 2 was sitting in a wheelchair inside his room. Resident 2 stated the incident with Resident 1 happened last week and he thought Resident 1 just wanted to talk to him when Resident 1 said, hey, let's go outside. Resident 2 further stated Resident 1 took out his wheelchair armrest and Resident 1 hit his left leg first then Resident 1 hit him on his left arm which caused the skin tear. Resident 2 added he feels safe in the facility at the same time he did not feel safe because he was hit twice. Resident 2 stated earlier today he had to take the long way and turn around when he saw Resident 1 in the smoking area.</p> <p>A review of the facility's policy & procedure titled, Abuse Prevention Program, revised April 2024, indicated, Our residents have the right to be free from abuse . As part of the resident abuse prevention, the administration will . Make every attempt to protect our residents from abuse by anyone including . other residents .</p>