| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055776 | A. Building<br>B. Wing | 04/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Westview Healthcare Center | 12225 Shale Ridge Lane<br>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) |
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| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>Based on interviews and record review, the facility failed to protect one of four sampled residents (Resident 1) from abuse when Resident 2 inappropriately touched Resident 1.This failure had the potential for Resident 1 to feel shame and emotional distress.Findings: Resident 1 was admitted to the facility in July 2025 with diagnoses that included dementia (a progressive decline in mental abilities) and dysphagia (difficulty swallowing, which can cause garbled or unclear speech).A review of Resident 1's Brief Interview for Mental Status (BIMS), dated 3/9/26, showed a BIMS score of 7, which indicated severe impairment (significant memory problems and required substantial supervision).Resident 2 was admitted to the facility in June 2025 with diagnoses that included dementia with severe behavioral disturbance and cerebral infarction (a stroke caused by a blocked blood vessel in the brain).A review of Resident 2's BIMS, dated 4/1/26, showed a BIMS score of 5, which indicated severe impairment (significant memory problems and required substantial supervision).A review of Resident 1's Nurse's Notes, dated 4/6/26 at 1:50 p.m., by the Assistant Director of Nursing (ADON), indicated that Resident 1 was in the hallway next to the dining room when Resident 2 was seen touching Resident 1's breast.During a concurrent observation and interview on 4/7/26 at 9:50 a.m. with Resident 1, Resident 1 was calm and lying in bed. Resident 1 stated, Somebody touched my tits in the hallway, and further stated that Resident 2 squeezed her breast. Resident 1 shook her head side to side and denied feeling scared or mad.During an interview on 4/17/26 at 10:40 a.m. with the ADON, the ADON stated she had just walked out of her office near the activity room when she saw Resident 2 come up behind Resident 1 while both were in their wheelchairs and grab Resident 1's breasts, with one of his hands on each of her breasts. The ADON stated that after the incident, Resident 1 did not engage in conversation and only wanted to go to the activity. The ADON further stated that it was the facility's responsibility to keep residents safe.During an interview on 4/17/26 at 10:45 a.m. with Licensed Nurse (LN) 1, LN 1 stated this was the first time she was aware of Resident 2 inappropriately touching another resident. LN 1 also stated that Resident 2 had been closely monitored by staff because of past inappropriate incident toward female resident. During an interview on 4/7/26 at 11:38 a.m. with Resident 2, Resident 2 stated, I was putting her boobs back, and he further stated he was fixing Resident 1's clothes because her breasts were showing. During an interview on 4/7/26 at 12:41 p.m. with the Social Services Director (SSD), the SSD stated she assessed both residents after the incident and neither of the residents did show changes in behavior since the incident. The SSD stated it seemed Resident 1 was happy on 4/7/26 and acknowledged that it was the facility's responsibility to ensure residents felt safe and free from abuse.A review of the facility's policy titled Abuse Prevention Program, undated, showed that residents had the right to be free from abuse and that the facility was required to make every attempt to protect residents from abuse by anyone, including other residents. |

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 |
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