

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Shafter Nursing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 140 East Tulare Avenue Shafter, CA 93263	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>48901</p> <p>During an interview and record review, the facility failed to follow their policy and procedures (P&P) titled, Abuse Prevention for two of 15 sampled employees (Licensed Vocational Nurse- LVN 2 and Certified Nursing Assistant- CNA 5) when reference checks were not completed prior to the date of hire. This failure had the potential to place residents at risk for abuse.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 5/22/24 at 11:49 a.m. with Director of Staff Development (DSD), LVN 2's References for Potential Hires Candidate Employer/Reference Check [RPHCERC], dated 1/25/24 was reviewed. The RPHCERC indicated, Recruiter/Hiring Manager Role: The Recruiter or Hiring Manager will ensure that all employment references are completed prior to the new hire starting work. There was no documented evidence of reference checks. DSD stated LVN 2 employee file was incomplete. DSD stated employee files need to be complete to ensure the staff member is safe to work with the residents.</p> <p>During a concurrent interview and record review on 6/13/24 at 4:11 p.m. with DSD, CNA 5's employee file was reviewed. CNA 5's employee file indicated date of hire was 2/8/24. There was no documented evidence of reference checks. The DSD stated CNA 5 reference check was not followed up.</p> <p>During a review of the facility's P&P titled, Abuse Prevention, dated 5/18/20, the P&P indicated, Policy: It is the policy of the Company to take appropriate steps to prevent the occurrence of abuse, neglect, injuries of unknown source and misappropriation of resident property and to ensure that all alleged violations of Federal or State laws which involve mistreatment, neglect, abuse, injuries of unknown source and misappropriation of resident property (alleged violations), are reported immediately to the Executive Director of the center/location.Application: All Employees working in California.Procedure: The center/location shall take the following steps to prevent, detect and report abuse.Screening: All applicants for employment in the Company shall, at a minimum, have the following screening checks conducted: 1. Reference checks with the current and/or past employer.</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
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