

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Valley Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 919 Freedom Blvd Watsonville, CA 95076	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48935</p> <p>Based on interview and record review, the facility failed to submit a report of a full investigation to the State Survey Agency (SSA) five days after sending an initial report of an altercation between two residents for one of three reported incidents reviewed.</p> <p>This failure resulted in the SSA potentially not receiving a full report of the incident.</p> <p>Review of Resident 1's clinical record indicated Resident 1 was admitted on [DATE] with a diagnosis of dementia (a disorder of the brain which causes loss of memory and function) and heart failure (a disease which affects the heart's ability to pump blood).</p> <p>Review of Resident 2's clinical record indicated Resident 2 was admitted on [DATE] with a diagnosis of Alzheimer's disease (a specific type of dementia) and polyneuropathy (a disorder of the nerve endings which causes feelings of numbness and tingling in the toes and fingers).</p> <p>During a concurrent interview and record review on 10/23/24 at 3:05 PM with the director of Nursing (DON) and the minimum data services (MDS, an assessment that is required for all residents in a skilled nursing facility) coordinator (MDSC), the MDSC said whoever is the person who witnessed the event should be the one to send the initial report to the SSA but that they help to send the initial report. The MDSC also stated she was not aware of a report that was done after five days but that the abuse coordinator would know if there was a report. The Administrator of the facility is the abuse coordinator.</p> <p>During an interview with the Administrator (ADM) on 10/23/24 at 3:33 PM, the ADM confirmed there was no report sent five days after the initial report was sent to the SSA. The ADM also said I did not know about any requirement to send a report after five days and that he wanted to see where in the regulations the requirement for a five day report.</p> <p>Review of facility policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, last revised September 2022, indicated Within five (5) business days of the incident, the administrator will provide a follow-up investigation report .The follow-up investigation report will provide sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified .The follow-up investigation report will provide as much information as possible at the time of submission of the report.</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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