STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555115	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Mountain Care Center	40131 Highway 49 Oakhurst, CA 93644

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38961 Based on interview and record review, the facility failed to report a sexual abuse allegation in accordance with the facility's policy and procedure and state regulations, for one of three sampled residents (Resident 1), when Resident 1 reported alleged sexual abuse to Licensed Vocational Nurse (LVN) 1 and the allegation was not reported immediately to the State Licensing Agency and Adult Protective Services as required by law. This failure resulted in a delayed investigation of the alleged sexual abuse and placed Resident 1 at risk for physical, emotional, and psychological harm. Findings: During a review of Resident 1's Admission Record (a document containing resident ' s information), indicated, Resident 1 was admitted to the facility on [DATE]. During a review of Resident 1's Diagnosis Report (a document listing resident's diagnoses) dated 04/17/24, indicated Resident 1 was admitted to the skilled nursing facility with diagnoses which included, Dementia (progressive or persistent loss of intellectual functioning), Parkinson ' s Disease [disorder of the central nervous system (made up of the brain and spinal cord)]. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool used to identify resident cognitive (mental process involved in knowing, learning, and understanding things) and physical functional level) assessment dated [DATE], indicated Resident 1's Brief Interview for Mental Status (BIMS-assessment of cognitive status for memory and judgement) assessment score of 11 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderate impairment, and 00-07 indicates severe impairment) indicating Resident 1 had moderate cognitive deficits. During an interview on 04/24/24 at 9:00 am., with the Director of Nursing (DON), the DON stated, Resident 1 stated, two male staff were trying to rape (unlawful sexual activity carried out by force) her during the night on 04/19/24. The DON stated, she was not made aware of the alleged sexual abuse until 04/22/24. The DON stated, LVN 1 and LVN 2 did not report the allegation to the Administrator (ADM) or DON when Resident 1 informed LVN 1 on 04/20/24. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555115	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Mountain Care Center	40131 Highway 49 Oakhurst, CA 93644

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 04/24/24 at 9:55 am., with LVN 1, LVN 1 stated, she walked into Resident 1 ' s room and was told by Resident 1 that two males had been in her room trying to rape her. LVN 1 stated, she informed LVN 2, who was the charge nurse. LVN 1 stated, I did not report the abuse. LVN 1 stated, she reported to LVN 2 and thought she would notify appropriate authorities. During a telephone interview on 04/24/24 at 10:30 am., with LVN 2, LVN 2 stated, she overheard staff talking about Resident 1 making accusations of rape and sexual assault. LVN 2 stated, LVN 1 came to her on 04/20/24 and reported the alleged accusation by Resident1. LVN 2 stated, she did not call the ADM or DON or complete required documents. LVN 2 stated, she did not call the police. LVN 2 stated she should have called the ADM and DON. LVN 2 stated, We are mandated reporters (required by law to report reasonable suspicions of abuse.) and are to report all abuse allegations to the proper authorities immediately. During a concurrent interview and record review on 04/24/24 at 11:20 am., with Registered Nurse (RN), the RN reviewed Resident 1's Nursing Note dated 04/20/24, the Nursing Note indicated, LVN 2 failed to document immediate reporting of the abuse. The RN stated, staff who were aware of abuse allegations were responsible to notify the Ombudsman, law enforcement and complete a form SOC-341 (a Report of Suspected Dependent Adult/Elder Abuse) and fax to the Ombudsman's office. The RN stated the allegation was serious and should have been reported immediately. During an interview on 04/24/24 at 12:25 pm., with the DON, the DON stated, LVN 1 was made aware by Resident 1 that she may have been raped by two male staff on 04/20/24 and reported the allegation to LVN 2. The DON stated she was not aware of the allegation until 4/22/24. The DON stated, LVN 2 failed to follow the facility Policy & Procedure (P & P) which indicates all abuse allegations are to be reported immediately. The DON stated, the alleged abuse or suspected abuse should be reported to local district office of the California Department of Public Health (CDPH) within 24 hours. DON stated, Resident 1 could be in danger as well as other residents if action was not taken immediately. DON stated, residents ' health and wellness could be in jeopardy when facility staff did not follow state law, and facility ' s policies and procedures (P&P) on reporting. During an interview on 04/24/24 at 1:00 pm., with ADM, the ADM stated, staff did not report the alleged abuse according to state law and facility P&P. ADM stated, the potential for harm was increased due to lack of knowledge and immediate action by staff. ADM stated, we did not follow our P & P. ADM stated, we failed to ensure the safety of our residents in the facility. During a review of the facility's P&P titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation dated September 2022, the P&P indicated, .Policy Statement . All reports of resident abuse (including injuries of unknown origin) .are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management .Reporting Allegations to the Administrator and Authorities .1. If resident abuse . is suspected, the suspicion must be reported immediately to the administrator and to other officials according to law. 2. The administrator or the individual making the allegation immediately reports his or her suspicions to the following persons or agencies .state licensing/certification agency .local and state ombudsman .The residents representative .Law enforcement . The residents attending physician .The facility medical director .3. Immediately is defined as; .within two hours of an allegation involving abuse .or within 24 hours of an allegation .Verbal/written notices to agencies are submitted via special carrier, fax, e-mail, or by telephone . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555115	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Mountain Care Center	40131 Highway 49 Oakhurst, CA 93644

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, Reporting Suspicion of a Crime dated September 2022, the P & P indicated, .Policy Statement . The administrator, director of Nursing services, or any other designated individual will report (within the required time frame) any reasonable suspicion of a crime against a resident to state agency and local law enforcement agency . Based on interview and record review, the facility failed to report a sexual abuse allegation in accordance with the facility's policy and procedure and state regulations, for one of three sampled residents (Resident 1), when Resident 1 reported alleged sexual abuse to Licensed Vocational Nurse (LVN) 1 and the allegation was not reported immediately to the State Licensing Agency and Adult Protective Services as required by law. This failure resulted in a delayed investigation of the alleged sexual abuse and placed Resident 1 at risk for physical, emotional, and psychological harm. Findings: During a review of Resident 1's Admission Record (a document containing resident's information), indicated, Resident 1 was admitted to the facility on [DATE]. During a review of Resident 1's Diagnosis Report (a document listing resident's diagnoses) dated 04/17/24, indicated Resident 1 was admitted to the skilled nursing facility with diagnoses which included, Dementia (progressive or persistent loss of intellectual functioning), Parkinson's Disease [disorder of the central nervous system (made up of the brain and spinal cord)]. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool used to identify resident cognitive (mental process involved in knowing, learning, and understanding things) and physical functional level) assessment dated [DATE], indicated Resident 1's Brief Interview for Mental Status (BIMS-assessment of cognitive status for memory and judgement) assessment score of 11 (a score of 13-15 indicates cognitively intact, 08-12 indicates moderate impairment, and 00-07 indicates severe impairment) indicating Resident 1 had moderate cognitive deficits. During an interview on 04/24/24 at 9:00 am., with the Director of Nursing (DON), the DON stated, Resident 1 stated, two male staff were trying to rape (unlawful sexual activity carried out by force) her during the night on 04/19/24. The DON stated, she was not made aware of the alleged sexual abuse until 04/22/24. The DON stated, LVN 1 and LVN 2 did not report the allegation to the Administrator (ADM) or DON when Resident 1 informed LVN 1 on 04/20/24. During a telephone interview on 04/24/24 at 9:55 am., with LVN 1, LVN 1 stated, she walked into Resident 1's room and was told by Resident 1 that two males had been in her room trying to rape her. LVN 1 stated, she informed LVN 2, who was the charge nurse. LVN 1 stated, I did not report the abuse. LVN 1 stated, she reported to LVN 2 and thought she would notify appropriate authorities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555115	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Mountain Care Center	40131 Highway 49 Oakhurst, CA 93644

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 04/24/24 at 10:30 am., with LVN 2, LVN 2 stated, she overheard staff talking about Resident 1 making accusations of rape and sexual assault. LVN 2 stated, LVN 1 came to her on 04/20/24 and reported the alleged accusation by Resident1. LVN 2 stated, she did not call the ADM or DON or complete required documents. LVN 2 stated, she did not call the police. LVN 2 stated she should have called the ADM and DON. LVN 2 stated, We are mandated reporters (required by law to report reasonable suspicions of abuse.) and are to report all abuse allegations to the proper authorities immediately. During a concurrent interview and record review on 04/24/24 at 11:20 am., with Registered Nurse (RN), the RN reviewed Resident 1's Nursing Note dated 04/20/24, the Nursing Note indicated, LVN 2 failed to document immediate reporting of the abuse. The RN stated, staff who were aware of abuse allegations were responsible to notify the Ombudsman, law enforcement and complete a form SOC-341 (a Report of Suspected Dependent Adult/Elder Abuse) and fax to the Ombudsman's office. The RN stated the allegation was serious and should have been reported immediately. During an interview on 04/24/24 at 12:25 pm., with the DON, the DON stated, LVN 1 was made aware by Resident 1 that she may have been raped by two male staff on 04/20/24 and reported the allegation to LVN 2. The DON stated she was not aware of the allegation until 4/22/24. The DON stated, LVN 2 failed to follow the facility Policy & Procedure (P & P) which indicates all abuse allegations are to be reported immediately. The DON stated, the alleged abuse or suspected abuse should be reported to local district office of the California Department of Public Health (CDPH) within 24 hours. DON stated, Resident 1 could be in danger as well as other residents if action was not taken immediately. DON stated, residents' health and wellness could be in jeopardy when facility staff did not follow state law, and facility's policies and procedures (P&P) on reporting. During an interview on 04/24/24 at 1:00 pm., with ADM, the ADM stated, staff did not report the alleged abuse according to state law and facility P&P. ADM stated, the potential for harm was increased due to lack of knowledge and immediate action by staff. ADM stated, we did not follow our P & P. ADM stated, we failed to ensure the safety of our residents in the facility. During a review of the facility's P&P titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation dated September 2022, the P&P indicated, .Policy Statement . All reports of resident abuse (including injuries of unknown origin) .are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management .Reporting Allegations to the Administrator and Authorities .1. If resident abuse . is suspected, the suspicion must be reported immediately to the administrator and to other officials according to law. 2. The administrator or the individual making the allegation immediately reports his or her suspicions to the following persons or agencies .state licensing/certification agency .local and state ombudsman .The residents representative .Law enforcement . The residents attending physician .The facility medical director .3. Immediately is defined as; .within two hours of an allegation involving abuse .or within 24 hours of an allegation .Verbal/written notices to agencies are submitted via special carrier, fax, e-mail, or by telephone . During a review of the facility's P&P titled, Reporting Suspicion of a Crime dated September 2022, the P & P indicated, .Policy Statement . The administrator, director of Nursing services, or any other designated individual will report (within the required time frame) any reasonable suspicion of a crime against a resident to state agency and local law enforcement agency .