

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/28/2024
NAME OF PROVIDER OR SUPPLIER  Mountain View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  27555 Rimrock Road Barstow, CA 92311	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47110</b></p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 1) was free from misappropriation (deliberate misplacement or wrongful use of a resident ' s belongings without consent) of property when Resident 1 ' s debit card was used by the facility Business Office Manager to pay for Resident 1 outstanding balance rather than for Resident 1 ' s personal necessities like clothing and shoes as indicated in the agreement with the bank.</p> <p>This failure had the potential for Resident 1 ' s personal needs not being met and further misappropriation of Resident ' s property.</p> <p>Findings:</p> <p>During an interview on October 28, 2024, at 1:07 PM, with Resident 1. Resident 1 acknowledged that he gave the facility permission to use his debit card to cover personal expenses like clothing and shoes.</p> <p>During a review of Resident 1 ' s clinical records, the face sheet (contains demographic information) indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included Hypercapnia (a condition where there is too much carbon dioxide (CO2) in the blood), chronic obstructive pulmonary disease (COPD - is a common lung disease that makes it difficult to breathe).</p> <p>A review of Resident 29's History and Physical, dated July 26, 2023, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During an interview on October 28, 2024, at 12:19 PM, with the Business Office Manager (BOM 1), the BOM 1 stated the bank issues a debit card for the resident in order to pay for resident personal items such as clothing and shoes, and she told the bank that resident will get everything he needed at a Department Store. She was aware that the activity and spending would be closely monitor by the bank. She claimed she never mentioned to the bank that the money will be used to pay for resident 1 ' s outstanding balance. She further explains that because resident had such a significant outstanding balance and they are only receiving small amount from resident 1 ' s social security, they had been charging the card to pay for resident 1 past due balance instead of the clothing and shoes that Resident 1 need. She acknowledged that this was against the terms of the bank agreement, that the situation can be seen as neglect of resident needs.</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
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on October 29, 2024, at 8:34 AM with the Administrator (Admin 1), the Admin1 stated since the resident put the card on file for the facility, his understanding is that the debit card is to be used for resident 1's personal costs, including paying off the resident 1's past due balance.</p> <p>A review of the facility policy and procedure (P&amp;P) titled, Resident Trust Funds indicated, .2) Management of Personal Funds: A resident has the right to manage their own financial affairs. However, upon written authorization the facility must hold, safeguard, manage and account for a resident ' s personal funds. Before the facility can involve itself in the management of a resident ' s trust fund, the Resident Fund Management Service form needs to be completed. This form Resident Fund Management Service needs to then be mailed to National Data care and Resident added into the RFMS accounting system.</p> <p>A review of Resident 1 ' s Resident Fund Management Service dated June 11, 2024, indicated, .Resident fund account .Transferring account (automatic transfer of care cost payment due the facility.) with \$35 monthly allowance amount .Direct Deposit - Please enroll my indicated recurring benefit payments for direct deposit Social Security .</p>		