

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Arvin Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 323 Campus Drive Arvin, CA 93203	

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>50409</p> <p>Based on interview and record review, the facility failed to complete an investigation of a verbal abuse allegation within five working days for one of four sample residents (Resident 1). This failure had the potential to place Resident 1 at risk for suffering continuous verbal abuse.</p> <p>Findings:</p> <p>During an interview on 2/28/24 at 10:29 am with Resident 1, Resident 1 stated Certified Nursing Assistant (CNA) 1 was being rude to her. Resident 1 stated she woke up and called CNA 1 for help, and CNA 1 was already in Resident 1 ' s room attending to Resident 2. Resident 1 stated she was in her wheelchair and wheeled herself towards CNA 1. Resident 1 stated CNA 1 told her, Again? You? I hardly want to talk to you. Resident 1 stated she asked CNA 1, What have I done to you? and she stated CNA 1 told her, I don ' t want to have you. If I know you ' re here, I wouldn ' t have come. Resident 1 stated she is worried that it (verbal abuse) will happen again.</p> <p>During a review of Resident 1 ' s Progress Notes (PN), dated February 26, 2024, the PN indicated, Resident [1] was very upset stating that she wanted to leave because the CNA [1] was very mean and rude to her.</p> <p>During an interview on 3/7/24 at 8:44 am with Administrator, Administrator stated he is aware of submitting the facility investigation report within five working days of the (verbal abuse allegation) incident. Administrator stated the (verbal abuse allegation) incident took place on 2/26/24 and as of today 3/7/24 (eight working days after the alleged verbal abuse incident), the facility is still finalizing the (verbal abuse allegation) investigation.</p> <p>During an interview on 3/7/24 at 9:33 am with the Director of Nursing (DON), DON stated, It [completion of the verbal abuse allegation investigation within five working days] was not done within the timeframe.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation, and Misappropriation Prevention Program, dated April 2021, the P&P indicated, 9. Investigate and report any allegations within timeframes required by federal requirements.</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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