

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  04/09/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47095</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1 and Resident 2) were free from verbal abuse. This failure resulted in Activity Assistant (AA) verbally abused Resident 1 and Resident 2 during activities and had the potential to cause emotional harm.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 4/9/24 at 4:03 p.m. with Resident 1 in the dining room, Resident 1 had his eyebrows folded and moved his head side to side (right to left) and stated, I was in shock. He [AA] yelled and cursed at him and Resident 2 during activities on 4/7/24. Resident 1 stated AA lead activities at the facility and activities were supposed to be fun and it wasn't that day [4/7/24].</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 10/24/23, the H&amp;P indicated, Resident 1 had the mental capacity to make medical decisions.</p> <p>During a review of Resident 1's Weekly Summary Note (WSN), dated 4/25/24, the WSN indicated, Resident is alert and oriented, able to verbalize needs.</p> <p>During a concurrent observation and interview on 4/9/24 at 4:05 p.m. with Resident 2 in the dining room, Resident 2 had watery eyes with raised eyebrows and stated during activities on 4/7/24, AA picked up my popcorn and threw it at me. Resident 2 stated AA yelled at her and I was terrified and I am afraid he [AA] will come back.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated, Section C- Cognitive Patterns. C0500. BIMS Summary Score 13 [score 13 is cognitively intact].</p> <p>During a review of Resident 2's PN, dated 4/7/24, the PN indicated Resident 2 and Resident 1 were both yelled at during activities by AA, Resident 2 was scared and her popcorn was thrown on the floor.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/9/24 at 4:10 p.m. with Administrator, Administrator stated on 4/7/24, Receptionist called him and informed him AA yelled at Resident 1 and Resident 2 during activities. Administrator stated he was the facility abuse coordinator, and the expectation was all staff Cannot yell and mistreat them [residents]. Administrator stated AA was verbally abusive during activities to Resident 1 and Resident 2. Administrator stated, shouldn't have happened and verbal abuse is not tolerated.</p> <p>During an interview on 4/9/24 at 6:18 p.m. with AA, AA stated on 4/7/24 at approximately 11 a.m., during activities I yelled at them [Resident 1 and Resident 2] and lost my cool. AA stated he raised his arms up at Resident 2 and I told her [Resident 2] if you don't want to be here then leave. AA stated, Yeah I might of said a few curse words to Resident 1 and Resident 2. AA stated, I know that I should not have done what I did, it was verbal abuse. AA stated he should not yell at the residents.</p> <p>During a concurrent interview and record review on 4/9/24 at 7 p.m. with Receptionist, Receptionist written incident statement (WIS) dated 4/7/24 was reviewed. The WIS indicated, [AA] threw [Resident 2's] popcorn from the table to the floor. Receptionist stated AA yelled at Resident 1 and Resident 2 Get the Fuck out of the dining room you guys are getting me upset. Receptionist stated, He [AA] was screaming at them [Resident 1 and Resident 2] very bad. Receptionist stated the facility staff are expected to treat them [residents] with respect and the same way you want to be treated.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Abuse Prevention, dated 12/31/15, the P&amp;P indicated, Each resident has the right to be free from verbal, sexual, physical, and mental abuse. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff. Purpose To ensure the resident's rights are protected. SECTION 2: DEFINITIONS. VERBAL ABUSE: Verbal abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability.</p>		