

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  04/23/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 2) responsible party (RP) was notified of a change of condition (COC). This failure had the potential for Resident 2's RP not to be aware of Resident 2's COC.</p> <p>Findings:</p> <p>During a concurrent interview and record review, on 4/23/25 at 2:10 p.m. with Licensed Vocational Nurse (LVN) 1, Resident 2's Change in Condition, (COC) dated 4/9/25 was reviewed. The COC indicated Resident 2 had a witnessed fall. Resident 2's Admission Record, (AR) indicated Resident 2 had RP. Resident 2's Minimum Data Set, (MDS - an assessment tool) dated 1/31/25 was reviewed. The MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status) score was 6 (a score of 0-7 points severely impaired cognition). LVN 1 reviewed Resident 2's progress notes and confirmed no RP notification was documented. LVN 1 stated Resident 2's RP should have been notified regarding Resident 2's fall on 4/9/25.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Change of Resident's Condition or Status, revised February 2021, the P&amp;P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition . 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. the resident is involved in any accident or incident that results in an injury . 5. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental conditions or status.</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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