

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  06/04/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure (P&amp;P) on abuse, neglect, exploitation or misappropriation reporting and investigating when:</p> <ol style="list-style-type: none"> <li>1. The facility did not complete a follow-up investigation report (FIR) after a resident-to-resident altercation (RRA) within five days for two of seven sampled residents (Resident 1 and Resident 2). This failure had the potential for Resident 1 and Resident 2 to have another altercation, and to develop distress and injuries.</li> <li>2. The facility did not report an allegation of financial abuse to California Department of Public Health (CDPH) within 24 hours of an allegation for one of seven sampled residents (Resident 3). This failure had the potential for emotional distress for Resident 3.</li> </ol> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 1's SBAR (Situation, Background, Assessment, Recommendation), dated 5/20/25, the SBAR indicated, Resident (1) states he woke up and saw (Resident 2) sitting on the end of the bed, (Resident 2) grabbed (Resident 1's) pillow from behind his head and starting to hit him with the pillow multiple times, then (Resident 2) proceeded to go around the bed, grabbed the water pitcher threatening to hit (Resident 1).</li> </ol> <p>During a review of Resident 2's Brief Interview for Mental Status (BIMS), dated 5/16/25, the BIMS indicated Resident 2 had a score of 3 (score 0-7 indicates severe cognitive impairment).</p> <p>During a review of Resident 1's BIMS, dated 5/17/25, the BIMS indicated Resident 1 had a score of 15 (score of 13-15 indicates cognitively intact).</p> <p>During an interview on 6/4/25 at 12:48 p.m. with Resident 1, Resident 1 stated Resident 2 went to his room while he was asleep and hit him with a pillow.</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
-----------------------------------------------------------------------	-------	-----------

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  06/04/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/4/25 at 2:55 p.m. with the Administrator, the facility's P&amp;P titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022 was reviewed. The P&amp;P indicated, Findings of all investigations are documented and reported. Within five (5) business days of the incident, the administrator will provide a follow-up investigation report. 2. The follow-up investigation report will provide sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified. The Administrator stated he did not complete the FIR after Resident 1 and Resident 2's RRA on 5/20/25 and the P&amp;P was not followed. The Administrator stated the FIR should have been submitted to CDPH by 5/25/25.</p> <p>2. During a review of the SOC-341 (Report of Suspected Dependent Adult/Elder Abuse), dated 6/2/25, the SOC-341 indicated, REPORTED TYPES OF ABUSE. Financial. On 5/15 (Family Member [FM] 1) contacted Social Services via phone call. She stated she was worried about paperwork that was signed by (Resident 3). (FM 2) had brought in paperwork and had (Resident 3) sign without notifying any family. On the same day Social Services went to talk to (Resident 3). (Resident 3) was asked what paperwork she signed and she stated (FM 2) had her sign financial paperwork so he is able to help pay her bills. (Resident 3) did not know much about the paperwork. (Resident 3) stated if she needs to she will get authorities involved. On 6/2/25 Social Services talked to (FM 2) via phone call. (FM 2) stated (Resident 3) did sign POA (Power of Attorney - legal document that grants one person the authority to act on behalf of another person) paperwork. (FM 1) does not want (FM 2) to have any authority over (Resident 3) . Other neighbors have told (FM 1) they do not trust (FM 2) and he may have ill intention.</p> <p>During a review of Resident 3's admission Record (AR), dated 6/4/25, the AR indicated FM 1 was Resident 3's Responsible Party (RP).</p> <p>During a review of Resident 3's BIMS, dated 3/5/25, the BIMS indicated Resident 3 had a score of 13 (score of 13-15 indicates cognitively intact).</p> <p>During an interview on 6/4/25 at 1:11 p.m. with Resident 3, Resident 3 stated FM 1 was her granddaughter and FM 2 was her neighbor. Resident 3 stated she may have given FM 2 the POA after she signed a paperwork he brought. Resident 3 stated she was not sure what the paperwork was about. Resident 3 stated the inheritance should go to FM 1 and that the POA for FM 2 needed to be revoked.</p> <p>During a concurrent interview and record review on 6/4/25 at 2:55 p.m. with the Administrator, Resident 3's Communication Note (CN), dated 5/15/25 was reviewed. The CN indicated FM 1 told the facility she did not agree with FM 2 managing Resident 3's finances and requested to be informed if Resident 3 was asked to sign any further documents. The Administrator stated since FM 1 raised the concern about Resident 3's finances, she maybe is also trying to get Resident 3's assets. The Administrator stated the facility should have notified the California Department of Public Health (CDPH) about the allegation of financial abuse by 5/16/25.</p> <p>(continued on next page)</p>		

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  06/04/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&amp;P titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022, the P&amp;P indicated, If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility. 'immediately' is defined as. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p>		