STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555170	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arvin Post Acute	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop a comprehensive, person-centered care plan for one of two sampled residents (Resident 2) when the care plan did not address the protection of Resident 2 from further physical harm after Resident 1's Family Member (FM) hit Resident 2 in the face with a pillow. This failure had the potential to result in Resident 2 experiencing additional physical assault and potential for injury. Findings:During a review of Resident 2's SBAR (Situation, Background, Appearance, Review and Notify) dated 6/22/26, the SBAR indicated, Struck in the face by a resident's family [Resident's 1 FM]. During a review of Resident 2's Progress Notes (PN) dated 6/23/26, the PN indicated, Resident [2] was identified wandering into another resident's room on 6/22/26 during the PM [afternoon] shift. During this occurrence, the spouse of the roommate [Resident 1's FM] struck the resident [2] in the face with a pillow while staff were intervening and redirecting the resident [2] from the room.During an observation on 6/30/26 at 9:55 a.m. in the hallway outside of Resident 2's room, Resident 2 was sitting in a wheelchair and was unable to respond to questions regarding being struck in the face with a pillow by Resident 1's FM.During an interview on 6/30/26 at 1:16 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated they (staff) observed Resident 1's FM visiting Resident 1 on multiple occasions following the incident with Resident 2.During a concurrent observation and interview on 6/30/26 at 1:39 p.m. with Resident 1, in Resident 1's room, Resident 1's FM was sitting in a chair by Resident 1's bed. Resident 1 stated Resident 1's FM hit Resident 2 with a pillow after Resident 2 entered her room. Resident 1 stated Resident 1's FM was asked to leave following the incident but was allowed to return to the facility the following day.During a concurrent interview and record review on 7/20/26 at 11:46 a.m. with Director of Nursing (DON), Resident 2's Care Plan (CP) dated 6/22/26 was reviewed. Resident 2's CP indicated, [Resident 2] received physical aggression by a visitor [Resident 1's FM] on AEB [As Evidenced By] being hit on the face with a pillow. DON stated the CP did not address the protection of Resident 2 from Resident 1's FM.During a review of the facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered dated March 2022, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . 7. The comprehensive, person-centered care plan: . b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. e. reflects currently recognized standards of practice for problem areas and conditions. 9. Care plan interventions are chosen after clinical assessment and consideration of the resident's problems and consideration of the resident's problems and their causes. 10. Interventions should address the underlying sources(s) of the problem, not just the symptoms.11. Care plans are revised as residents' conditions or circumstances change. 12. The interdisciplinary team reviews and updates the care plan: . a. when there has been a significant change in the resident's condition.

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