

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Valley Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 8th Street Bakersfield, CA 93304	

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>Based on interview and record review, the facility failed to report results of investigation of the allegation of abuse to the California Department of Public Health (CDPH) within five days of the incident for two of two sampled residents (Resident 1 and Resident 2). This failure had the potential to delay the investigation of the abuse allegation incident. Findings: During a review of facility document titled SOC 341 - Report of Suspected Dependent Adult/Elder Abuse (SOC 341-a state form used in California for mandated reporters to report suspected elder and dependent adult abuse or neglect. The SOC stands for Social Services, and 341 is the specific document number for this report), dated 9/1/25, the SOC 341 indicated an allegation of resident-to-resident abuse involving Resident 1 and Resident 2 on 9/1/25. During an interview on 9/11/25 at 12:25 p.m. with the Director of Nursing (DON), DON stated the facility became aware of an allegation of abuse involving Resident 1 and Resident 2 on 9/1/25 and reported it to the CDPH on 9/2/25 using the SOC 341. DON stated the facility investigated the incident and completed an investigative report but had not yet submitted it to the CDPH. DON provided a copy of results of the investigation of allegation of abuse on 9/11/25 (10 days later). During a review of facility policy and procedures (P&P) titled, Abuse Prevention and Prohibition Program, dated January 31, 2020, the P&P indicated, The administrator will provide the state survey agent. with a copy of the investigative report within 5 days of the incident.</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
---	-------	-----------