

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Knolls West Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 16890 Green Tree Blvd Victorville, CA 92395	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35183</p> <p>Based on interview, and record review, the facility failed to protect residents from potential abuse and mistreatment, in a universe of 112 residents, when the facility employed a Licensed Vocational Nurse (LVN 1) with a disciplinary action (a formal process that imposes consequences or corrective measures for misconduct or violations of professional standards), in effect, against her professional license.</p> <p>This failure had the potential to cause residents to suffer abuse and mistreatment.</p> <p>Findings:</p> <p>An unannounced visit was made to the facility on [DATE], at 10:46 AM, to investigate a facility reported incident regarding an allegation of physical abuse and deprivation of services by LVN 1.</p> <p>During a concurrent interview and record review on September 10, 2024, at 12:39 PM, with a Director of Staff Development (DSD), LVN 1 ' s personnel file and professional license was reviewed. The DSD stated LVN 1 ' s date of hire was February 14, 2024.</p> <p>A review of LVN 1 ' s professional license, dated expiration January 31, 2025, indicated, DISCIPLINARY ACTIONS START: JULY 31, 2023, ACTION: A FORMAL STATEMENT OF CHARGES FILED AGAINST A LICENSEE. PUBLIC RECORD ACTIONS PUBLIC DOCUMENTS (1), CASE NUMBER 4302023000964, DOCUMENT TYPE: ACCUSATION, DOCUMENT POSTED: JULY 31, 2023.</p> <p>A review of LVN 1 ' s Disciplinary Action, dated July 31, 2023, indicated, FACTUAL ALLEGATIONS: 9. While working as a licensed vocational nurse at [name of a nursing facility] on November 30, 2022, Respondent verbally and physically mistreated Patient Y.C., an [AGE] year-old woman suffering from dementia. Specifically, multiple witnesses observed Respondent become angry with Patient Y.C., telling her to shut the fuck up and stating, I hate you and I'm going to kill you. Multiple witnesses also observed Respondent push Patient Y.C.'s wheelchair into a hallway and let go, allowing the wheelchair to roll into an isolation cart and causing Patient Y.C. to hit her knee. WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Vocational Nursing and Psychiatric Technicians issue a decision: 1. Revoking or suspending Vocational Nurse License Number ., issued to [LVN 1]; 2. Ordering [LVN 1] to pay the Board of Vocational Nursing and Psychiatric Technicians the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and, 3. Taking such other and further action as deemed necessary and proper.</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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<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a continued interview with the DSD, the DSD stated she had not been involved with the hiring of LVN 1 but the disciplinary action on LVN 1 ' s license was a hard stop on the hiring process. The DSD stated if she had been handling LVN 1 ' s hiring paperwork she would have sent the information to the Human Resources (HR) Department and waited for guidance.</p> <p>During an interview with the Administrator (Admin) and the Director of Nursing (DON) on September 10, 2024, at 1:55 PM, the DON stated she knew LVN 1 had a disciplinary action, in effect, on her license before LVN 1 was hired. The DON stated she did not read the publicly posted Accusation, document, dated July 31, 2023, and did not know what LVN 1 had been accused of. The Admin stated he knew LVN 1 had a disciplinary action, in effect, on her license before LVN 1 was hired. The Admin stated he did not read the publicly posted Accusation, document, dated July 31, 2023, and did not know what LVN 1 had been accused of. The Admin stated the facility was short staffed and he was desperate to hire LVNs so they looked past the disciplinary action and hired LVN 1 anyway.</p> <p>A review of the facility ' s policy and procedure titled, Patient Abuse and Prevention, dated August 2017, indicated, Policy. The facility shall uphold resident's right to be free from any form of verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility shall establish system to prevent patient abuse including those practices and omissions, neglect and misappropriation of property that if left unchecked, may lead to abuse. Residents shall not be subjected to abuse by anyone, including, but not limited to, facility staff; other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends, or other individuals. Procedures. In order to abide with the state and federal regulations governing abuse, the facility shall establish general procedures covering specific fundamentals of the regulatory requirement, as such, screening, training, prevention, identification, investigation, protection and reporting/response. These procedural guidelines shall, hence, be integrated into facility's daily operational procedures. 1. Screening. Prior to hiring of an employee, facility shall ensure provisions covering employment screenings for potential history of abuse, neglect or mistreatment of residents as defined above. This includes, but is not limited to, disclosure of information via application forms (e.g. self-declaration from the applicant), obtaining information from previous and current employers, making appropriate inquiries to applicable licensing boards and registries, criminal background check for those offered a position in direct patient care and others.</p>		