

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/29/2026
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility failed to protect one (1) of 3 sampled Residents (Resident 1) from misappropriation of property (the deliberate misplacement, exploitation, or wrongful use of a resident's money without their consent) when a Licensed Vocational Nurse 1 (LVN 1) allegedly withdrew funds from Resident 1's bank account without Resident 1's knowledge or permission. This failure had the potential to cause Resident 1 financial loss, emotional distress, and a loss of confidence in the facility's ability to safeguard their personal property. Findings: An unannounced visit was made to the facility on July 7, 2026, at 10 AM, to investigate a facility reported incident regarding an allegation of misappropriation of property. A review of Resident 1's face sheet (a document that gives a summary of resident's information), undated, indicated an admission date of December 16, 2025. Resident 1 had diagnoses that included dementia (a decline in mental ability severe enough to interfere with daily life). During an interview with the Assistant Administrator (AA) on July 7, 2026, at 10:07 AM, the AA stated she called the police and reported the allegation of misappropriation of property. The AA stated the police came on May 21, 2026, and interviewed Resident 1, and she was present during the interview. The AA stated the police officer asked what happened, and Resident 1 stated he went to the bank with the facility's [NAME] Assistant (BA) to check on his balance because when he had called the bank to check on his account, his balance was lower than expected. The AA stated that while at the bank, Resident 1 stated the bank informed him of several unauthorized withdrawals, and Resident 1 filed a fraud report with the bank. The AA stated Resident 1's bank statement with the unauthorized withdrawals indicated LVN 1's name, and she provided LVN 1's name and contact information to the police officer, who stated he would make contact with LVN 1. The AA stated the police officer called the facility and spoke with her on June 1, 2026, and stated the police department had made contact with and arrested LVN 1. The AA stated LVN 1's actual arrest occurred on May 28, 2026. The AA stated the facility terminated LVN 1's employment on June 15, 2026. During an interview with Resident 1 on July 7, 2026, at 12:06 PM, Resident 1 stated his bank card was in his drawer and it went missing and he reported it missing to the facility. Resident 1 stated a staff person from the facility helped him go to the bank to check on his money. Resident 1 stated it was at the bank where he found out someone had taken a lot of his money. Resident 1 stated he did not remember who had taken his money. Resident 1 stated he had received a new bank card from his bank, and it was now locked up with the facility for safety. A review of the facility's policy and procedure (P&P) titled, Resident Rights, dated August 22, 2017, indicated, Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . c. be free from abuse, neglect, misappropriation of property, and exploitation .		

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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