

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Blythe Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 285 West Chanslor Way Blythe, CA 92225	

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 - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</b></p> <p>Based on interview and record review, the facility failed to ensure an alleged abuse involving three of three residents reviewed (Residents 1, 2, and 3) were reported to the California Department of Public Health (CDPH) immediately or within 24 hours.</p> <p>This failure resulted in a delayed investigation of the alleged abuse causing a delay in implementation of corrective actions which placed the residents at risk for further abuse.</p> <p>Findings:</p> <p>On September 5, 2024, at 9:25 a.m., an unannounced visit was made to the facility to investigate an abuse allegation.</p> <p>A review of Resident 1 ' s Face Sheet, indicated the resident was admitted to the facility on [DATE], with diagnoses which included urinary tract infection (an illness in any part of the urinary tract, the system of organs that makes urine.)</p> <p>A review of Resident 1 ' s Change of Condition (COC) Assessment form, dated August 30, 2024, indicated, . allegedly (sic) verbally abused by CNA (Certified Nursing Assistant) .</p> <p>A review of Resident 1 ' s progress notes, dated August 30, 2024, indicated, CNA reported to Administrator that another CNA had shaken the resident ' s bed, antagonized her, stuck her finger in her face &amp; (and) told her to Shut your mouth at around 2130 (9:30 a.m.) on Sunday August 25th .</p> <p>A review of Resident 2 ' s, Face Sheet, indicated the resident was initially admitted to the facility on [DATE], with diagnoses which included dementia (A progressive brain disorder that effects cognitive ability such as memory, thinking and reasoning).</p> <p>A review of Resident 2 ' s COC assessment form dated August 30, 2024, indicated, allegedly given sleeping medicine by CNA .</p> <p>A review of Resident 2 ' s progress notes dated August 30, 2024, indicated, CNA alleging that fell ow CNA potentially gave resident ' sleeping medicine ' .</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:  555383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Blythe Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  285 West Chanslor Way Blythe, CA 92225	
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 - Some</p>	<p>A review of Resident 3 ' s Face Sheet, indicated, the resident was initially admitted to the facility on [DATE], with diagnoses which included dementia.</p> <p>A review of Resident 3 ' s COC assessment form dated August 30, 2024, indicated, Allegedly given ' sleeping medicine ' by CNA .</p> <p>A review of Resident 3 ' s progress notes dated August 30, 2024, indicated, CNA accused fell ow CNA of giving ' sleeping medicine ' .</p> <p>On September 5, 2024, at 1:05 p.m., during an interview, CNA 3 stated she was placed on suspension while an allegation was being investigated, but was cleared to come back to work. CNA 3 stated she received training on abuse, and they were supposed to report abuse as soon as possible to the Administrator.</p> <p>On September 5, 2024, at 1:35 p.m. to 1:50 p.m., during an interview, the Administrator stated, on August 28, 2024, at 8:00 p.m., she received a call from a CNA, alleging CNA 2 giving medication to Resident 3. The Admin stated the CNA reported witnessing CNA 2 getting a medication (unknown) from the staff ' s locker, crushing it, and mixing it with Resident 3 ' s coffee. The Administrator stated he did not report the CNA's allegation against CNA 2, as he was waiting on the cna ' s written statement of the allegation.</p> <p>The Administrator verified receiving a written statement from CNA 1 on August 30, 2024. The Administrator stated the written statement indicated CNA 1 ' s abuse allegation involved three residents (Residents 1, 2, and 3) and CNA ' s 2 and 3. The Administrator stated he did not report the abuse allegations, within 24 hours, as he thought he needed more proof to report to CDPH, to the Ombudsman, and to the local police. The Admin further stated, he reported to CDPH on September 4, 2024, and to the Ombudsman. The Admin verified, he should have reported the abuse allegations within 24 hours, in accordance with the facility policy.</p> <p>A review of the facility ' s Policy &amp; Procedure, titled, Abuse Allegation Reporting, updated, February 10, 2019, indicated, . 1. All allegations involving abuse of any type will be reported immediately to the Administrator/Abuse Coordinator or designee . 2. as a mandated reporter, an employee who identifies suspected abuse committed against an individual who is a resident must ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source . are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious body or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the Administrator/Abuse Coordinator or designee and to other official (including to the State Survey Agency, local law enforcement entity, local Ombudsman, and adult protective service where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures . 4. The Administrator/Abuse Coordinator or designee will report all allegations of abuse according to the Abuse Allegation Investigation time frames .</p>		