

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2025
NAME OF PROVIDER OR SUPPLIER  Modoc Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  228 W MC Dowell Ave Alturas, CA 96101	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50363</p> <p>Based on interview and record review, the facility failed to report an injury of unknown origin for one of one residents (Resident 1) sampled for abuse. Resident 1 was found to have significantly large suspicious bruising on both of her breasts from an unknown cause. The facility had not reported this to the California Department of Public Health (CDPH), Ombudsman (Resident advocate agency), or to their local Law Enforcement agency, in accordance with their Abuse Policy.</p> <p>This failure resulted in the inability for CDPH, Ombudsman and Law Enforcement to gather additional information surrounding Resident 1's injuries and conduct their own investigation, which could negatively impact Resident 1's physical, emotional and psychosocial well-being and quality of life.</p> <p>Findings:</p> <p>A review of facility's policy provided by Director of Nursing (DON) titled, Elder Abuse dated January 2012, indicated abuse as the, willful infliction of injury .resulting in physical harm, pain, or mental anguish. Facility policy further indicated it would identify events such as suspicious bruises on patients .that may constitute abuse and determine the direction of the investigation. Facility policy indicated the facility would investigate alleged incidents and complete an SOC 341 form (a form used to report suspected elder abuse to the Ombudsman and CDPH), notify the Ombudsman, local Law Enforcement and call the Department of Health Services Licensing and Certification (CDPH), no later than two hours after the allegation is made. Then complete a written investigation report in writing to the Ombudsman, State Survey Certification Agency, and any other agency according to law.</p> <p>During a record review of Resident 1 ' s admission record, Resident 1 was admitted to the facility on [DATE] with diagnoses that included failure to thrive (decline in overall health, including weight loss, decreased appetite, and reduced physical function stemming from various underlying medical or psychosocial issues), and dementia (loss of memory, language, and other thinking abilities that are severe enough to interfere with daily life).</p> <p>A record review of Resident 1's, Wound, Skin Tear or Bruise Investigation Report dated 8/20/24, completed by Registered Nurse (RN) A indicated, Multiple bruises with different stages found [on Resident 1's breasts] during shower. Possible self-picking? RN A documented that, nursing interventions were to monitor until resolved.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 1's, Nursing Narrative Note Final Report dated 8/20/24 5:03 pm, written by RN A, indicated a Certified Nursing Assistant (CNA), reported that resident has multiple bruises on her breast and her right hand. Assessed resident [Resident 1's] body. Multiple bruises with different stages, yellowish and dark purple color. Physician Assistant assessed the bruises. DON and nurse supervisor notified. Nursing intervention: Monitor until healed .and continue to investigate the incident.</p> <p>A record review of Resident 1's, Long Term Care Progress Note Final Report dated 8/20/24 4:41 pm, Medical Doctor (MD) A documented, Extensive bruising to bilateral breast and right forearm. Noticed today by nursing while the patient received a bath.</p> <p>During a concurrent review of facility's Abuse Policy and interview with the DON on 3/26/25 at 1:48 pm, DON stated, we couldn ' t verify what happened. DON confirmed the facility had not completed an SOC-341 or reported Resident 1's suspicious bruises to CDPH, Ombudsman and local Law Enforcement, in accordance with their Abuse Policy and State and Federal regulations.</p>