

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555517	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2025
NAME OF PROVIDER OR SUPPLIER  Kern Valley Healthcare District Dp Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  6412 Laurel Ave Lake Isabella, CA 93240	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>39763</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) grievance were investigated and resolved. This failure had the potential for psychosocial distress for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Concern/Comment From, (CCF) dated 4/1/25, the CCF indicated, Today, I had a particularly upsetting interaction with (Activities Supervisor [AS]) While I was stretching my leg during the activity, (AS) told me (Resident 1), If you don't want to be here, you can just go.the comment made (Resident 1) feel unwelcome and as if (Resident 1) didn't belong. when (residents) play Yahtzee [dice game], (AS) takes it upon herself to roll the dice for us, preventing us from fully participating in the game. (AS) confronted (Resident 1) and said, Why do you always play with (activities assistant) and not me? I'm the one who bought you biscuits and gravy. (Resident 1) never asked (AS) to buy (Resident 1) anything, and this comment made (Resident 1) feel uncomfortable and awkward.</p> <p>During a concurrent interview and record review, on 4/11/25 at 10:19 a.m. with Social Worker (SW), SW stated once the CCF is filled out and submitted, the CCF is taken to the department responsible for handling the issue. SW stated the facility's policy and procedure (P&amp;P) titled, Concern/Comment Procedure, indicated the CCF should be responded to and returned within 48 hours. Resident 1's CCF was reviewed. SW stated Resident 1 CCF regarding activities was filed on 4/1/25. SW stated Resident 1's CCF has not been investigated or resolved. SW stated it was not acceptable the CCF investigation was still pending 10 days after the CCF was filed. SW stated Resident 1's CCF was not handled according to the P&amp;P.</p> <p>During a review of the facility's P&amp;P titled, Concern/Comment Procedure, approved 6/3/15, the P&amp;P indicated, Policy Statement: Residents have the right to voice concerns without discrimination or fear of reprisal. 3. When immediate resolution is not possible, the concern is routed to Social Services within 24 hours. 4. Social Service routes the concern form to the appropriate department manager, who reviews the concern, responds within 48 hours and returns the concern/comment for to [sic] Social Services or designee.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39763</p> <p>Based on interview and record review, the facility failed to promote two of three sampled residents (Resident 1 and Resident 2) physical and emotional well-being. This failure resulted in Resident 1 and Resident 2 not to be able to fully take part in activities physically and the freedom to make their own choices.</p> <p>Findings:</p> <p>During a review of Resident 1's Minimum Data Set, (MDS - an assessment tool) dated 1/28/25, the MDS indicated, Resident 1's BIMS (Brief Interview for Mental Status with a range of 0-15) score was 15 (a score of 13 to 15 suggests the resident is cognitively intact). The MDS indicated Resident 1 had no impairment (loss of use) to upper extremities (shoulders, elbows, wrists, and hands).</p> <p>During an interview on 4/7/25 at 10:52 a.m. with Resident 1, Resident 1 stated the Activities Supervisor (AS) does not allow him to roll the dice in Yahtzee, he stated AS does not allow anyone to roll the dice. Resident 1 stated AS treats the resident like they are handicap. Resident 1 stated he chooses not to go to activities when AS is doing activities.</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated, Resident 2's BIMS score was 15. The MDS indicated Resident 2 had no impairment to upper extremities.</p> <p>During an interview on 4/7/24 at 11:19 a.m. with Resident 2, Resident 2 stated some activities staff do not allow residents to handle the dice. Resident 2 stated she thinks it is because some staff are overly cautious.</p> <p>During an interview on 4/10/25 at 10:35 a.m. with Activity Assistant (AA), AA stated she allows residents to play their game, if a resident is able or wants to roll the dice she allows them too. AA stated, I respect their (residents) wishes. AA stated AS tend not to let resident make their own decisions, she will do it for them, which makes some resident not want to play with (AS).</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Activity Program, approved on 9/2/15, the P&amp;P indicated, Policy: The Facility provides an ongoing program of activities designed to meet the interest as well as physical, mental and psychosocial well-being of each resident. Procedure: A. The activity program: . 3. Promotes physical, cognitive and/or emotional well-being; 4. Enhances to the extent practical each resident's physical, mental and psychosocial status; 5. Encourages self-respect through activities that support self-expression and choice; . 7. Reflects individual resident evaluations as well as MDS assessments. , mental and psychosocial status; 5. Encourages self-respect through activities that support self-expression and choice; . 7. Reflects individual resident evaluations as well as MDS assessments.</p>