

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  06/26/2025
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 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>Based on interview and record review, the facility failed to implement their policy and procedure (P&amp;P) on Abuse Prevention Program - Reporting for two of three sampled residents (Resident 1 and Resident 2) when:</p> <ol style="list-style-type: none"> <li>1. The facility did not report an allegation of sexual abuse to the California Department of Public Health (CDPH), the Ombudsman (representatives advocating residents in long-term care facilities) and the local law enforcement (LLE) within 24 hours.</li> <li>2. The facility did not complete a follow-up investigative report (FIR) within five working days.</li> </ol> <p>These failures had the potential to result in continuous sexual abuse and emotional distress for Resident 1 and Resident 2.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of the SOC-341 (Report of Suspected Dependent Adult/Elder Abuse), dated 6/14/25, the SOC-341 indicated, (Activities Assistant [AA]) reported that (Resident 2) stated that (Resident 1) grabbed her breast.</li> </ol> <p>During a concurrent interview and record review on 6/26/25 at 1:39 p.m. with Director of Nursing (DON), the FAX Transmission Status (FTS), dated 6/16/25 was reviewed, the FTS indicated the SOC-341 was submitted to CDPH on 6/16/25 (two days after the allegation of sexual abuse on 6/14/25). DON stated there was no documentation to verify the SOC-341 was submitted to the Ombudsman and the LLE. DON stated the SOC-341 should have been submitted to CDPH, the Ombudsman and the LLE within 24 hours of the allegation of sexual abuse on 6/14/25.</p> <p>During a review of the facility's P&amp;P titled, Abuse Prevention Program - Reporting, dated 2016, the P&amp;P indicated, All reports of suspected and/or alleged sexual abuse must be immediately reported to the identified local law enforcement agency to be investigated as well as the immediate State Agency Report. Initial reporting of allegations: If an incident or allegation is considered reportable, the licensed nurse will make a report to California Department of Public Health and the Ombudsman within 24 hours.</p> <ol style="list-style-type: none"> <li>2. During an interview on 6/26/25 at 1:39 p.m. with DON, DON stated she has not completed the FIR after the allegation of sexual abuse on 6/14/25. DON stated the FIR should have been submitted within five working days from 6/14/25 (by 6/20/25).</li> </ol> <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During a review of the facility's P&P titled, Abuse Prevention Program - Reporting, dated 2016, the P&P indicated, After the report of the incident, a complete written report of the conclusion the investigation, including steps the facility has taken in response to the allegation, will be sent to California Department of Public Health within 5 business days.		