

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Pioneers Memorial Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 320 Cattle Call Dr. Brawley, CA 92227	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50175</p> <p>Based on interview and record review, the facility failed to ensure a care plan (a document providing a way of communication among facility staff) was revised for one of two residents (Resident 1) when Resident 1's care plan did not reflect that he had an inappropriate behavior toward a female resident.</p> <p>This failure had the potential for Resident 1's inappropriate behavior to continue.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including dementia (a condition that causes memory loss and changes in behavior).</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) 1 on 10/11/24 at 12:12 P.M. CNA 1 stated Resident 1 had been seen placing his hand on female residents' arm or thigh. CNA 1 stated it seemed like a friendly touch, but others may think it was inappropriate.</p> <p>An interview was conducted with Licensed Nurse (LN) 2 on 10/11/24 at 2:40 P.M. LN 2 stated Resident 1 had a history of sitting next to female residents to help them eat or to touch their arm. LN 2 stated they would redirect Resident 1 or move Resident 1 away from the female resident, but he would become aggressive with the staff.</p> <p>A review of Resident 1's progress notes was conducted on 10/11/24. A progress note dated 9/30/24 at 2:34 P.M., indicated Resident 1 had an interaction with two female residents and touched them on their legs. One of the female residents informed a staff member. A progress note dated 10/7/24 at 1:28 A.M., indicated Resident 1 tends to latch onto female residents and professes his love to them.</p> <p>A concurrent interview and record review was conducted with the Director of Nursing (DON) on 10/11/24 at 2:51 P.M. The DON stated there was no care plan about Resident 1's inappropriate behavior of unwelcome touching of female residents. The DON stated it was important to have a care plan because it would alert the staff of the behavior that needed to be stopped and what interventions to implement.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy titled Comprehensive Person-Centered Care Planning, revised on 8/24/23, indicated .the comprehensive care plan will also be reviewed and revised at the following times .to address change in behavior .</p>