

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2025
NAME OF PROVIDER OR SUPPLIER  Barton Hospital D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  2170 South Avenue South Lake Tahoe, CA 96150	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44946</b></p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse for one of three sampled residents (Resident 1) when Resident 2 hit Resident 1 on the face as witnessed by Resident 2 ' s one-on-one sitter.</p> <p>This failure reduced the facility's potential to protect Resident 1's right to be free from physical abuse and had the potential for</p> <p>Resident 1 to suffer physical and emotional injury.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including intestinal adhesions (scar-like tissue that form inside the abdomen), severe protein-calorie malnutrition (lack of sufficient protein and calories), weakness, hypertension (high blood pressure) and encounter for surgical aftercare following surgery on the digestive system.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 2/2/25, the MDS indicated, Resident 1 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 11 out of 15, which indicated moderate memory impairment, with 15 indicating no memory impairment.</p> <p>During a review of Resident 1 ' s Progress Note (PN), dated 2/20/25, the PN indicated, at approximately 0430 [4:30 a.m., after midnight] resident ' s roommate walked over and slapped her in the right side of the face unprovoked .</p> <p>During a review of Resident 2 ' s AR, the AR indicated Resident 2 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including dementia with other behavioral disturbance (a progressive state of decline in mental abilities), hypercalcemia, unspecified psychosis not due to a substance or known physiological condition (a severe mental condition in which thought, and emotions are so affected that contact is lost with reality), anorexia (eating disorder that causes a severe and strong fear of gaining weight) and Alzheimer ' s disease with late onset (a disease characterized by a progressive decline in mental abilities.)</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:  555698	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2025
NAME OF PROVIDER OR SUPPLIER  Barton Hospital D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  2170 South Avenue South Lake Tahoe, CA 96150	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2 ' s PN from her initial admission, PN indicated that on 12/22/24, Resident 2 struck staff on three separate occasions.</p> <p>During a review of Resident 2 ' s entry MDS, dated [DATE], cognitive patterns section assessment was not completed.</p> <p>During a review of Resident 2 ' s Discharge Return Anticipated MDS, dated [DATE] cognitive patterns section assessment was not completed due to Resident 2 ' s unplanned discharge. Resident 2 ' s behavior MDS dated [DATE], indicated Resident 2 exhibited physical and verbal behavioral symptoms directed towards others, had rejected evaluation or care, and had been wandering, respectively.</p> <p>During a review of Resident 2 ' s PN, dated 2/20/25, the PN indicated, Resident [2] while being supervised by one-on-one sitter struck another resident/roommate [Resident 1] in the face unprovoked. Resident [1] that was struck was sitting on bed .</p> <p>During a telephone interview on 3/22/25 at 12:54 p.m. with Patient Safety Technician (PST, sitter), PST stated Resident 2 was walking toward the hallway when Resident 2 suddenly turned and struck Resident 1 in the face. PST reported he was positioned behind and to the side of Resident 2 at the time. The PST stated, Resident 1 ' s bed was near the doorway and Resident 1 was sitting upright at the foot of the bed. The PST confirmed he witnessed Resident 2 strike Resident 1 in the face.</p> <p>During an interview on 3/22/25 at 12:59 p.m. with Interim Director of Nursing (IDON), IDON stated that all residents have the right to be free from abuse.</p> <p>During an interview on 3/22/25 at 1:45 p.m. with Resident 1, Resident 1 stated that when Resident 2 struck out, the motion caused the material of Resident 2 ' s clothing to hit her in the right eye, which she described as painful at the time. Resident 1 stated that, at the time of the incident, she was sitting at the foot of her bed. Resident 1 expressed frustration, stating she was upset because</p> <p>Resident 2 was supposed to have a one-on-one staff monitor, yet Resident 2 was still able to strike her. She added that Resident 2 had been heading toward the door when she suddenly turned and hit her.</p> <p>During an interview on 3/22/25 at 2:34 p.m. with IDON, IDON confirmed the incident between Resident 1 and Resident 2 met the facility ' s definition of abuse, as outlined in their P&amp;P.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Abuse Policy, dated 8/2024, the P&amp;P indicated, . It is the policy of the Skilled Nursing Facility to promote an environment free from any type of abuse for all its residents .</p>		