

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Joshua Tree Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 8515 Cholla Ave Yucca Valley, CA 92284	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35183</p> <p>Based on interview and record review, the facility failed to protect against physical abuse for one of three sampled residents (Resident 1) when an Activities Staff (AS) person grabbed Resident 1 ' s right arm and yanked Resident 1 down onto her bed.</p> <p>This failure caused Resident 1 to suffer fear and abuse.</p> <p>Findings:</p> <p>An unannounced visit was made to the facility on [DATE], at 10:32 AM, to investigate a facility reported incident regarding an allegation of physical abuse.</p> <p>A review of Resident 1 ' s face sheet (a document that gives a summary of resident ' s information), undated, indicated an admitted [DATE]. Resident 1 had diagnoses that included dementia (a group of thinking and social symptoms that interferes with daily functioning).</p> <p>During an interview with a Certified Nursing Assistant (CNA 1) on July 17, 2024, at 11:43 AM, CNA 1 stated she came into the room with Resident 1 ' s roommate (Resident 2) because Resident 2 had complained of pain and wanted to go back to her bed. CNA 1 stated she began to help Resident 2 to bed when she saw Resident 1 stand up from her bed and begin walking to the door and she was not supposed to walk without assistance, but Resident 1 was a Spanish speaker and CNA 1 stated did not speak Spanish. CNA 1 stated she knew Spanish for sit down and pointed to Resident 1's bed. Resident 1 walked a few paces towards the door. CNA 1 stated an AS walked into the room with her handbag still on her shoulder and a big cup in her right hand. CNA 1 stated the AS grabbed Resident 1's right arm and pulled her roughly towards her bed and then yanked Resident 1 down towards her bed. CNA 1 stated Resident 1 stumbled onto her bed. CNA 1 stated she finished transferring Resident 2 to her bed and went immediately to Resident 1's bedside and lifted her legs onto the bed. CNA 1 stated Resident 1 made an attempt to hit the AS but missed and the AS immediately left the room making comments in Spanish and was met by a Housekeeper (HS 1) just outside the door. CNA 1 stated she heard HS 1 state Who are you taking to like that. The AS stated, That f**king old lady tried to hit me, dumb a** b*tch! Then the AS walked off. CNA 1 stated she stayed with Resident 1 because Resident 1 was crying and upset, and she knew Resident 1 would not stay in bed. CNA 1 stated she transferred Resident 1 to her wheelchair and positioned her at the nursing station to be monitored while she went to report the incident.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Staff Development (DSD) on July 17, 2024, at 12:15 PM, the DSD stated he had a conversation with the AS and the AS denied that she abused anyone and did not opt to provide a statement. The DSD stated the AS left the building on July 3, 2024, and never returned. The DSD stated the AS resigned her position via a text message. The DSD stated HS 1 was not currently on shift and he could not reach HS 1 by phone.</p> <p>The AS was unavailable for interview.</p> <p>HS 1 was unavailable for interview.</p> <p>During an interview with the Director of Nursing (DON) on July 17, 2024, at 12:03 PM, The DON stated the facility confirmed the AS acted abusively towards Resident 1. The DON stated the facility failed to protect Resident 1 from abuse.</p> <p>A review of the facility ' s policy and procedure titled, Abuse: Prevention of and Prohibition Against, dated January 2024, indicated, Policy: It is the policy of this Facility that each resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. The Facility will provide oversight and monitoring to ensure that its staff, who are agents of the Facility, deliver care and services in a way that promotes and respects the rights of the residents to be from abuse, neglect, misappropriation of resident property, and exploitation.</p>		