

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Indian Canyon Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 57333 Joshua Lane 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 female residents (Resident 1) when a male resident (Resident 2) kissed Resident 1 on the mouth and fondled her (to touch in a sexual way) when Resident 1 did not have the capacity to consent.</p> <p>This failure had the potential to cause Resident 1 to suffer psychological distress, anxiety, and shock.</p> <p>Findings:</p> <p>An unannounced visit was made to the facility on [DATE], at 10:45 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 brain disorder that causes a decline in mental abilities, such as memory, thinking, reasoning, and problem-solving) and quadriplegia (a condition characterized by the loss or severe impairment of motor function, sensation, and nervous system functions in all four limbs--arms and legs).</p> <p>A review of Resident 1 ' s physician ' s history and physical (H&P-a formal assessment of a patient's health that includes a medical history, physical exam, and a summary of any testing), dated March 30, 2024, indicated, Patient Informed of Medical Condition: No, Patient Capable of Admitting Self: No, Patient Capable of Making Decisions: No.</p> <p>During an interview with Resident 2 on January 29, 2025, at 11:41 AM, Resident 2 stated he kissed Resident 1 on the mouth and put his hands on Resident 1 ' s breasts. Resident 2 stated Resident 1 had asked him to stop, so he stopped and that was when the nurse told him to step away from Resident 1, so I walked away.</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 Resident 1 on January 29, 2025, at 12 PM, Resident 1 stated she had called Resident 2 over as he passed in the hallway and kissed him. Resident 1 stated Resident 2 was receptive to her advance and began touching her breast. Resident 1 stated she told Resident 2 that was as far as he could go, and Resident 2 stopped. Resident 1 stated that was when the nurse came and told Resident 2 move away from her. Resident 1 stated she had wanted the sexual contact and Resident 2 had been receptive to her.</p> <p>During an interview with a Certified Nursing Assistant (CNA 1) on January 29, 2025, at 12:30 PM, CNA 1 stated she was standing at the nursing station, the 400 hallway was behind her, and as she turned around, she saw Resident 2 leaning over Resident 1 with his hand down inside her shirt. CNA 1 stated Resident 1 was in her Geri chair (large, padded chair with a wheeled base) positioned in the hallway and Resident 2 was leaning over her and she said to Resident 2 to step away, back away from Resident 1. CNA 1 stated Resident 1 and Resident 2 looked up at her with shocked expressions and did not say anything and Resident 2 began walking down the hallway away from Resident 1. CNA 1 stated she stood next to Resident 1 to provide protection and flagged down another staff person to get the Charge Nurse for the 400 hallway, the Charge Nurse came, and she gave report of the situation. CNA 1 stated Resident 1 seemed to laugh it off as the Charge Nurse asked her questions about what had happened, and Resident 1 did not appear to be upset by the situation.</p> <p>During an interview with the Director of Nursing (DON) on January 29, 2025, at 1:43 PM, the DON stated Resident 1 did not have the capacity to consent to sexual contact and sexual contact had occurred between Resident 1 and Resident 2. The DON stated the facility had not protected Resident 1 from physical abuse.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Resident Rights, dated December 2021, indicated, Policy Interpretation and Implementation:1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property, and exploitation .</p>		