

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Veterans Home of California - Barstow		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East Veterans Parkway Barstow, CA 92311	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36404</p> <p>Based on interview and record review, the facility failed to implement their policy for Theft and Loss Reporting and Investigation for one of three sampled residents (Resident 1), when the Report of Suspected Dependent Adult-Elder Abuse (Form SOC 341) for Resident 1 was not completed and sent to the ombudsman. This failure had the potential to result in an inadequate investigation of the loss of Resident 1's property.</p> <p>Findings:</p> <p>On 1/6/25 at 10:30 a.m., an unannounced visit was conducted at the facility to investigate a facility reported incident regarding a resident loss of one hundred dollars and a fifty dollar gift card.</p> <p>Resident 1, an [AGE] year-old male admitted on [DATE], with diagnoses of Hypertension, and Emphysema.</p> <p>During an interview on 1/6/25 at 10:50 a.m. with the Health and Safety officer (HS 1), HS 1 stated the incident was reported on 12-29-24 by the CNA (CNA 1) for Resident 1. CNA 1 verified the resident had one hundred dollars and a fifty dollar gift card in his wallet and the money and gift cards were now missing. The resident can access the nightstand lockbox by himself. The resident cannot remember what happened to the money or gift card because of memory issues. Form SOC 341 (Report of Suspected Dependent Adult-Elder Abuse) was not completed.</p> <p>During an interview on 1/7/25 at 10:20 a.m. with the Ombudsman (Omb1), Omb1 stated the facility did not submit a SOC 341 (Report of Suspected Dependent Adult-Elder Abuse) regarding Resident 1's loss of property.</p> <p>During a review of the facility's policy and procedure titled, Theft and Loss Reporting and Investigation, dated 12/17/2024, indicated Theft or losses \$100 or greater will be reported by Security to 1. Highway Patrol, 2. California Department of Public Health, 3. Ombudsman for Skilled Nursing Facility Residents (Form SOC 341).</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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