

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555200		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2020	
NAME OF PROVIDER OR SUPPLIER VALLEY WEST POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CODE 1224 E STREET WILLIAMS, CA 95987			
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for a facility reported incident. Facility reported incident: 575894 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 32797, Health Facilities Evaluator Supervisor Deficiencies were issued for facility reported incident 575894 at F 600, F 609, and F 908.		F 000	The preparation and/or execution of this plan of correction does not constitute admission of agreement by the provider of truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. F600 FREE FROM ABUSE, NEGLECT AND EXPLOITATION CFR(s): 483.12(a)(1)			
F 600 SS=E	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:		F 600	Corrective Action for Affected Resident: Resident 2 no longer resides at the facility. Nursing Assistant B, and Certified Nursing Assistants D and E were previously terminated when the event was identified.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dont Wessels

TITLE

Administrator

(X6) DATE

4/10/20

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 60 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.

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F 800	<p>Continued From page 1</p> <p>Based on interview and record review the facility failed to ensure nursing staff did not use electronic devices (cell phones) in a resident room when filming a video of inappropriate staff behaviors. This had the potential to expose residents to inappropriate behaviors and mental anguish.</p> <p>Findings:</p> <p>A review of a facility policy titled "Abuse Prevention and the Reporting of Alleged Abuse and Suspicion of Crime" revised 11/2016, indicated the purpose was to ensure that residents' rights are protected by providing a method for the prevention of any type of resident abuse. Abuse was defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish. Also, verbal, sexual, physical and mental abuse including abuse facilitated or enabled through use of technology. Each resident has to right to be free from abuse.</p> <p>An untitled and undated facility policy was provided and indicated under Electronic Devices Policy that in order to provide our residents with the best care in the safest manner, the use of cell phones or any electronic device with audio or video capabilities is prohibited during working time. Employees should not take pictures, or make audio video recordings in private areas such as changing room locker rooms and restroom or share such pictures via social media or any other means. Due to the confidential nature of our business and to protect privacy of our residents electronic devices able to take pictures, video or audio shall not be used in patient care areas or other workrooms.</p>	F 600	<p>Other residents having the potential to be affected:</p> <p>All residents have the potential to be affected. No other residents were identified in connection to this 11/2017 event.</p> <p>Systemic Changes:</p> <p>The Administrator and DON implemented systems of accountability, reporting and education September 2019, with daily Risk Identification, Risk Resolution meetings, as well as monthly QAPI, ensuring timely discovery, investigation, and reporting of allegations or suspicions of abuse.</p> <p>The Director of Staff Development conducts annual, and on hire training on abuse reporting, including most recent annual abuse identification, prevention & reporting training, conducted in limited education moments, per COVID prevention guidelines, April 8, 2020 [attached].</p>		

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F 600	<p>Continued From page 2</p> <p>The facility policy titled "Abuse Prevention and the Reporting of Alleged Abuse and Suspicion of Crime" revised 11/2016, was reviewed. Under Prevention, it indicated Administrative staff, nursing supervisors, charge nurses are responsible for directing, supervising and evaluating all resident care activities. Facility will identify, correct and intervene in situations in which abuse and neglect are more likely to occur such as deployment of staff in sufficient numbers to meet the needs of the residents, supervision of staff to identify inappropriate behaviors and monitoring of residents with needs and behaviors which might lead to conflict or neglect.</p> <p>A facility reported incident dated 2/26/18 at 7:57 am, indicated one Nursing Assistants (NA, not certified) B and a Certified Nursing Assistants (CNA) D and E were reported as filming in a resident room of staff "pole dancing" (erotic dancing on a pole) in November 2017.</p> <p>During a interview on 3/12/18 at 10:50 am, the Administrator stated NA B and CNA D no longer employed at facility and CNA E was suspended due to prior cell phone violations.</p> <p>During an interview on 3/12/18 at 11:40 am, Licensed Nurse (LN) A stated around November 2017, she walked into an all male resident room with four beds when she saw NA B and CNA D dancing on a resident transfer pole (residents use for support when standing up). CNA D was video taping on cell phone of NA B dancing on the pole. LN A stated NA B and CNA D were planning on sending it to CNA E. LN A stated only one resident was in the room Resident 2. LN A had them delete the video and gave them a verbal</p>	F 600	<p>Monitoring:</p> <p>The Administrator or designee will monitor daily abuse identification, prevention & reporting, through the RI/RR process, for 60 days, to ensure ongoing compliance.</p> <p>The results of the review and any corrective action will be reported by the Administrator or designee at the Quarterly QAPI meeting for review and/or further action. The results will become part of the minutes and records of the meeting.</p> <p>Alleged compliance 4/10/2020</p>		

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F 600	Continued From page 3 warning for violation of cell phone policy. LNA confirmed she did not report this as abuse due to being worried due to NAB was the Administrator's child. LNA stated the Administrator determined what was abuse and what was reportable.	F 600	F609 REPORTING OF ALLEGED VIOLATIONS CFR(s): 483.12(c)(1)(4)		
F 609 SS=E	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced	F 609	Corrective Action for Affected Resident: Resident 2 no longer resides at the facility. Nursing Assistant B, and Certified Nursing Assistants D and E were previously terminated when the event was identified. Change of administrative leadership ensures now timely reporting of allegations, as well as investigative summaries meet regulatory compliance Other residents having the potential to be affected: All residents have the potential to be affected. No other resident events were identified as not reported or investigated timely. Systemic Changes: The Administrator and DON implemented systems of accountability, reporting and education September 2019, with daily Risk Identification, Risk Resolution meetings, as well as		

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F 609	<p>Continued From page 4</p> <p>by:</p> <p>Based on interview and record review the facility failed to ensure facility staff reported all allegations abuse using electronic devices when an inappropriate video was recorded in a room that had four residents. This failure had the potential to expose all residents' to abuse.</p> <p>Findings:</p> <p>The facility policy titled "Abuse Prevention and the Reporting of Alleged Abuse and Suspicion of Crime" revised 11/2016, was reviewed. Under Reporting, it indicated all mandated reporters are required by law to report incidents of known or suspected abuse by telephone or written report within two days to California Department Public Health (CDPH). First responder or first staff member informed shall be responsible for informing immediate supervisor and initiating incident report. The Licensed Nurse shall document objective data in medical record and initiate care plan to prevent further occurrence.</p> <p>A facility reported incident dated 2/26/18 at 7:57 am, indicated one Nursing Assistants (NA, not certified) B and a Certified Nursing Assistants (CNA) D and E were reported as filming in a resident room of staff "pole dancing" (erotic dancing on a pole) in Nonmember of 2017.</p> <p>During an interview on 3/12/18 at 11:40 am, Licensed Nurse (LN) A stated around November 2017, she walked into an all male resident room with four beds when she saw NA B and CNA D dancing on a resident transfer pole (residents use for support when standing up). CNA D was video taping on cell phone of NA B dancing on the pole. LN A stated NA B and CNA D were planning on</p>	F 609	<p>monthly QAPI, ensuring timely discovery, investigation, and reporting of allegations or suspicions of abuse. Further the Valley West leadership team updated the abuse reporting checklist [attached].</p> <p>The Director of Staff Development conducts annual, and on hire training on abuse reporting, including most recent annual abuse identification, prevention & reporting training, conducted in limited education moments, per COVID prevention guidelines, April 8, 2020 [attached].</p> <p>Monitoring:</p> <p>The Administrator or designee will monitor daily abuse identification, prevention & reporting, through the RI/RR process, for 60 days, to ensure ongoing compliance. The administrator or designee will further review the abuse reporting checklist for completion of timely reporting, measures to protect residents, and investigative summary completion according to regulations [attached].</p> <p>The results of the review and any corrective action will be reported by the Administrator or designee at the</p>		

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F 609	Continued From page 5 sending it to CNA E. LNA stated only one resident was in the room Resident 2. LNA had them delete the video and gave them a verbal warning for violation of cell phone policy. LNA confirmed she did not report this as abuse to anyone due to being worried due to NAB was the Administrator's child. LNA stated the Administrator determined what was abuse and what was reportable.	F 609	Quarterly QAPI meeting for review and/or further action. The results will become part of the minutes and records of the meeting.		
F 908 SS=F	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure their back up generator was functional during a power outage for an hour and did not call for service to determine the cause timely. This failure had the potential for all residents to at risk during a power outage without generator back up to provide quality of care. Findings: During an interview on 4/12/18 at 1:30 pm, the Dietary Services Supervisor (DSS) stated last week on Friday 4/6/2018, the generator did not come on during a power outage that lasted about an hour. During a concurrent observation and interview on 4/12/18 at 1:30 pm, the Maintenance Supervisor (MS) started within 5 seconds and stated there were no issues with the generator last Friday 4/6/18.	F 908	F908 ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION CFR(s): 483.90(d)(2) Corrective Action for Affected Resident: No residents were identified with this deficiency. The new/replacement generator battery was purchased and installed 4/13/2018 [invoice attached]. Other residents having the potential to be affected: All residents have the potential to be affected. No residents experienced negative outcome from this event. Systemic Changes: The generator battery was replaced 4/13/2018.		

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F 908	<p>Continued From page 6</p> <p>During a concurrent interview and record review on 4/12/18 at 3:10 pm, the Maintenance Assistant (MA) stated there were not issues with the generator last Friday, 4/6/2018, when there was not power for about an hour. A review of the emergency generator visual log indicated the generator was run for 30 minutes with no issues.</p> <p>During an interview on 4/12/18 at 3:30 pm, MS when questioned again about the generator during the power outage last week, he stated "I was not here", MA jump started the generator battery with a car battery. MS confirmed no service request was made to check the generator and no new battery had been ordered.</p> <p>During an interview on 4/12/18 at 3:45 pm, the Director of Clinical Services stated she was unaware of the generator battery issue and would get a new battery.</p> <p>A review of a document dated 12/20/16, indicated the battery for the generator was replaced back in 12/2016.</p>	F 908	<p>In anticipation of PG&E power outtages, administrator shut power off to test generator response, and observed staff inservice 10/9/2019 [attached]. This disaster drill was successful, including generator observed to initiate within 5 seconds, as designed. Routine monthly generator tests maintained since event. Currently administrator elevated the systems and preventive maintenance inspections, including emergency generator and battery inspection 12/30/2019 [attached].</p> <p>Monitoring:</p> <p>The Administrator or designee will monitor monthly generator tests, and battery inspection, through the RI/RR process, for 60 days, to ensure ongoing compliance.</p> <p>The results of the review and any corrective action will be reported by the Administrator or designee at the Quarterly QAPI meeting for review and/or further action. The results will become part of the minutes and records of the meeting.</p> <p>Alleged compliance 4/10/2020</p>		