

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055776	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER WESTVIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 12225 SHALE RIDGE LANE AUBURN, CA 95602	
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)		
F 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on interview and record review, the facility failed to protect residents' right to be free from any type of abuse for 2 of 3 sample residents (Resident 1, Resident 2) when staff found the two residents grabbing each other and they fell to the floor together. This failure resulted in a physical altercation between Resident 1 and Resident 2 which resulted in both residents falling to the floor. Findings: Resident 1, a [AGE] year-old male was admitted to the facility late in 2019 with multiple [DIAGNOSES REDACTED]. Resident 1's Minimum Data Sheet (MDS - An assessment tool) dated 1/7/20, indicated a Brief Interview for Mental Status (BIMS - a memory assessment) score of 12 over 15, which indicated Resident 1's cognition was mildly impaired. The MDS also indicated Resident 1 had verbal behavioral symptoms (e.g., threatening others, screaming at others, cursing at others) and significantly intruded on the privacy or activity of others. The MDS further indicated Resident 1 required supervision and 1-person physical assistance when walking in corridor and locomotion in unit. Resident 2, a 69- year-old male was admitted to the facility mid to late of 2019 with multiple [DIAGNOSES REDACTED]. Resident 2's MDS dated [DATE], indicated a BIMS score of 11 over 15, which indicated Resident 2's cognition was mildly impaired. The MDS also indicated Resident 2 required supervision and 1-person physical assistance when walking in corridor. During an interview on 1/30/20, at 2 p.m., with Resident 1, when asked about the altercation with Resident 2, Resident 1 stated, He pushed me, I pushed him. We ended up on the floor. During an interview on 3/12/20, at 10:20 a.m., with Licensed Nurse (LN) 1, LN 1 confirmed that she heard yelling from the resident's room from the hallway. As LN 1 entered the room, both residents were grabbing each other and then fell . During a record review of Resident 1's care plan (CP) for Episodes of inappropriate, disruptive, and /or combative behaviors, the CP's goal indicated, Will not harm self or others . The CP's interventions included, Allow safe distance between residents . (Prevent Resident Striking or becoming increasingly agitated) .seat resident where constant .observation is possible . During an interview on 3/12/20, at 10:42 a.m., with LN2, LN 2 acknowledged the staff failed to follow the goals and interventions of (Resident 1's) plan of care which had led to the incident. During a record review of a facility document titled, 5 day follow up report' dated 1/27/20, it indicated, .It (the physical altercation) was reported by a license nurse who heard the two residents in the room and entered the room to find both residents grabbing each other and falling together to the floor .The facility determined that the altercation between two residents (Resident 1 and Resident 2) did happen . A review of the facility's policy and procedure (P&P) titled, Preventing Resident Abuse, revised January 2011, the P&P indicated, Our facility will not condone any form of resident abuse .The facility's goal is to achieve and maintain an abuse-free environment. Our abuse prevention/intervention program includes .implementing care plans to address behavioral issues .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.