

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WATSONVILLE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>535 AUTO CENTER DRIVE WATSONVILLE, CA 95076</b>	
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 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b>  Based on interview and record review, the facility failed to implement their abuse investigation policy for one of three sampled residents (Resident 1) when the certified nursing assistant (CNA) was not reassigned to nonresident care duties or suspended from duty after an allegation of abuse. This failure had the potential to put other residents at risk for abuse. Findings: Review of Resident 1's progress note, dated 6/16/2020, indicated the resident reported a CNA hit her on the head while providing care. During an interview with CNA A on 6/24/2020 at 10:30 a.m., she stated she had just assisted Resident 1 with a bath in her room and the resident became upset. She stated when staff came to check on the situation, Resident 1 alleged CNA A hit her. CNA A stated Resident 1 was removed from her assignment after the allegation. However, she continued to care for other residents. During an interview with the director of nursing (DON) on 8/11/2020 at 1:25 p.m., she stated after Resident 1 alleged CNA A hit her, CNA A was reassigned to care for a different group of residents. The DON explained she interviewed CNA A, Resident 1 and other residents, but by the end of the day, could not substantiate the allegation of abuse had occurred. The DON stated she was not aware CNA A had to be reassigned to nonresident care duties. She stated she thought CNA A just could not provide care to Resident 1. Review of the facility's policy, Abuse Investigation, revised 4/2010, indicated Employees of this facility who have been accused of resident abuse may be reassigned to nonresident care duties or suspended from duty until the results of the investigation have been reviewed by the Administrator.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.