

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALNUT CREEK SKILLED NURSING &amp; REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1224 ROSSMOOR PARKWAY WALNUT CREEK, CA 94595</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 0600  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b>  Based on interview and record review, the facility failed to ensure one (Resident 1) of three sampled residents was free from abuse when Resident 1's Family Representative (FR 1) pulled her hair and slapped her face during a visit at the facility. For Resident 1, this failure had the potential to result in physical injury or emotional distress. Findings: During a review of Resident 1's Minimum Data Set (MDS, an assessment tool used to guide care), dated 1/20/20, the MDS indicated Resident 1's thinking and reasoning skills were severely impaired, including both short-term and long-term memory. The MDS indicated Resident 1 used a wheelchair for ambulation, and was totally dependent on assistance from one person for eating, ambulation, and hygiene. During an interview on 2/18/20, at 12:59 p.m., with Registered Dietitian (RD 1), RD 1 stated he had been watching the activity in the front lobby on 2/7/20. RD 1 stated he saw FR 1 and Resident 1 in the lobby. FR 1 grabbed the back of Resident 1's hair, pulled up on Resident 1's hair, and told Resident 1 to sit up straight. FR 1 yelled at Resident 1, Why do I come here? I take care of everything at home. During an observation and interview, on 2/18/20, at 1:05 p.m., in the Admissions Coordinator (AC 1)'s office, with the Admissions Coordinator (AC 1), the AC office was next to the front lobby. AC 1 stated on 2/7/20, she looked into the lobby and saw FR 1 slap Resident 1 in the face. During a review of Resident 1's nursing progress notes, dated 2/7/20, at 2:45 p.m., the notes indicated, a visitor reported a physical contact between (FR 1) and Resident 1 .no injuries were noted. During a review of the facility's document titled, Summary of Investigation, dated 2/12/20, the Summary indicated a visitor reported witnessing FR 1 forcefully pull back Resident 1's hair, while Resident 1 sat in a wheelchair in the front lobby. During a review of the facility's policy and procedure (P&P) titled, Reporting of Alleged Violations, revised 03/2018, the P&P indicated, Physical Abuse includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment. The facility prohibits the use of verbal, mental, sexual, physical abuse .		
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.