

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER ARBOR REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 900 NORTH CHURCH STREET LODI, CA 95240	
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	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 2) was free from physical abuse. This failure resulted in Resident 2 being pushed and struck on the face and shoulder by Resident 1. Findings: Review of Resident 1's clinical document titled, Section C - Cognitive Patterns BIMS (Brief interview for Mental Status), dated 10/1/19, indicated Resident 1 was cognitively intact. According to the admission records, Resident 1 was admitted in 2018 with [DIAGNOSES REDACTED]. According to the admission Records, Resident 2 was admitted in 2018 with [DIAGNOSES REDACTED]. Review of Resident 2's clinical document titled, Section C - Cognitive Patterns, dated 11/19/19, indicated Resident 2 Cognitive Skills for Daily Decision Making were severely impaired. During an interview conducted with the Registered Nurse 1 (RN 1) on 12/5/19 at 10:20 a.m. RN 1 stated Resident 1 was to be monitored for behaviors. During an interview conducted with the Certified Nurses Aid 1 (CNA 1) on 12/5/19 at 10:30 a.m., CNA 1 stated Resident 2 wandered in and out of other resident's rooms. Review of Resident 1's clinical document titled, Situation, Background, Assessment, Recommendation (SBAR), dated 11/18/19, indicated Resident 1 pushed Resident 2's wheel chair and with his right hand hit Resident 2 on her left side of the face and shoulder. Review of Resident 1's clinical document titled, Care Plan dated 8/8/19, indicated Resident 1 had a history of [REDACTED]. During an interview with an Emergency Medical Technician (EMT) of a medical transportation company on 1/17/20, at 12:30 p.m., the EMT stated he heard Resident 1 yelling at Resident 2, when he saw Resident 1 hit Resident 2 he reported the incident to the charge nurse on the unit. During an interview on 1/21/20 12 p.m., with Licensed Nurse (LN 1), she stated EMT gave description of the event. LN 1 confirmed Resident 1 has a history of striking out. She also stated, the facility should have prevented (Resident 1) from striking out. Review of the facility's policy and procedure titled, Abuse Prevention, Intervention, and Investigation & Crime Reporting Policy dated 11/16 indicated Residents have a right to be free from abuse. The facility is responsible for assuring resident safety by prohibiting 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.