

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER INLAND VALLEY CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 W. ARTESIA STREET POMONA, CA 91768	
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 prevent one of three sampled residents (Resident 1) from being hit by Certified Nursing Assistant (CNA 1) on the stomach and the leg while receiving care. This deficient practice resulted in the resident being physically abused by the facility's staff which had the potential to physical and psychological harm. Findings: A review of Resident 1's Record of Admission (Face Sheet) indicated the facility admitted the resident to the facility on [DATE]. The resident's [DIAGNOSES REDACTED]. Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 8/7/2020, indicated the resident had long and short-term memory loss. Review of the facility's investigation report dated 6/1/2020 indicated that CNA 2 reported that while providing care, Resident 1 kicked CNA 1 in the face and chest area, and in return, CNA 1 hit Resident 1 on the stomach and leg. On 8/4/2020 at 2:08 p.m., during a telephone interview, CNA 2 was asked about the incident between CNA 1 and Resident 1, CNA 2 stated while providing care with CNA 1, Resident 1 kicked CNA 1 in the face, and she (CNA 1) hit him (Resident 1) in the stomach. After care was finished CNA 1 then hit resident 1 on the leg. On 8/19/2020 at 10 a.m., during a telephone interview, the Administrator (ADM) stated CNA 1 admitted she did hit Resident 1 after the resident hit her. The ADM stated our abuse policy does not allow anyone to hit a resident even if they were hit first. The ADM further stated hitting a resident is not allowed. A review of the employee termination record dated 5/29/2020 indicated that CNA 1 admitted to slapping a resident but couldn't recall where. The record also indicated that CNA 1 was terminated based on employee's actions against the resident in response to the situation, and failure to follow facility's, state, and federal policies and procedures regarding resident's rights, resident abuse and violation of such. A review of the facility's policy and procedure dated 8/2006, titled Abuse: Prevention Program, indicated that residents have the right to be free from abuse, neglect, misappropriation of resident's property, corporal punishment, and involuntary seclusion.</p>		
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.