

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2020
NAME OF PROVIDER OF SUPPLIER TAHOE FOREST HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 10121 PINE AVE. TRUCKEE, CA 96160	
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 verbal and physical abuse from occurring to one of two sampled residents (Resident 1) when, Resident 2 yelled at Resident 1, and then struck Resident 1 in the neck with a stack of bingo cards. This failure resulted in Resident 1 being afraid, tearful, and had the potential to lead to isolation, and depression. Findings: Resident 1's clinical record was reviewed, and indicated that she was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 1's most recent Minimum Data Set (MDS, a standardized resident assessment) dated 12/14/19, indicated Resident 1 had intact cognition. Resident 2's clinical record was reviewed, and indicated that he was originally admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Resident 2's most recent MDS, dated [DATE], indicated that Resident 2 had severe cognition impairments. During an interview, on 3/4/20, at 8:44 am, with Resident 1, Resident 1 said, when Resident 2 is around she does not like to go into the dining room for activities because he yells mean things to her. Resident 1 also said he swung a stack of bingo cards and hit her in the neck. During an interview, on 3/4/20, at 9:33 am, with the Activities Coordinator (ACC), it was reported that Resident 1 was going through the bingo cards and picking out the one she liked. Then another resident approached her and Resident 1 grabbed a second card and handed it to him. Resident 2 saw this and started gathering up all the bingo cards, while yelling at Resident 1, You only get one! Then Resident 2 swung the stack of bingo cards at Resident 1 hitting her in the neck, while yelling, Get out of here, you don't belong here! At which point, Resident 1 started to cry. She told me Resident 2 always says mean things to her. The ACC also said, whenever Resident 2 comes into the dining room and Resident 1 is in there, Resident 1 gets scared and tells her, Oh no, here he comes. The ACC said, Resident 2 has yelled at Resident 1 at least five times since, and that no one deserves to be verbally or physically mistreated in their own home. During an interview, on 3/4/20, at 11:00 am, with Director of Nursing (DON), she said, Resident 2 yells, get out, you don't belong here, go away, at Resident 1 every time he sees her. The DON also said, even though we increased our staffing during activities Resident 2 still will yell at Resident 1, and then stated, I don't have the staff to make him a 1:1. Resident 2's Care Plan Conference Notes (CPCN), dated 3/4/20, were reviewed and indicated that he had exhibited multiple instances of behaviors. Resident 2's first incident was aggressive behavior towards his wife. The second was punching an aide in the face. The third was Resident 2's first reported physical aggression toward Resident 1 after dinner. The fourth incident was the second physical incident with Resident 1. The facility's policy titled, ECC Abuse Prevention of, dated 1/2020, was reviewed and indicated that each resident has the right to be free from verbal, sexual, physical and mental abuse. All residents must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, consultants, or volunteers.</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.