STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIF A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
APPENDICTOR SOME SENSE SESSEE SES			STREET ADDRESS, 246 Spruce St, G	CITY, STATE, Z	P CODE 948-2216 BUTTE COUNTY	07/14/2014
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS- COMPLETE
Suppl Date	Representing the Depa Surveyor ID # 29635, In The inspection was lime event investigated and findings of a full inspection of the inspection of the immediately, or within a surveyor in the immediately, or within a surveyor in the immediately of the immediately or within a surveyor in t	a Complaint Investige PATIENT RIGHTS 7188, CA00396903 artment of Public Head HFEN ited to the specific factors of the facility. Safety Code: Fair has been been been been been been been bee	ation Ith: Cility he I to Report II report all abuse of a department their abuse and estigated or ours. This ing to work dent safety to address departing	0.44	involved in incide 07/15/2014. As resider identified facility Department of Public resident responsible producted it's own a and assured protection residents of the and fact Administrator on recotime of 5/13/14 is a temployed at this facility Corrective action for residents with potential affected by the practice.	ministrator employees dent on ats became notified at Health, party and assessment in to the colonger of the co
Event ID:NO	OGI11		3/18/2015	9:41	:43AM	
LABORATO	RY DIRECTOR'S OR PROVID		R TREUIN		Ao ministrator	(X6) DATE 3-19-15

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 4

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. Except for nursing homes, the findings 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.

STATEMENT OF PUBLIC HEALTH STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 07/14/2014	
	555124			A. BUILDING B. WING			
	OVIDER OR SUPPLIER ealthcare & Wellness Cent		REET ADDRESS, 6 Spruce St, G		ZIP CODE 5948-2216 BUTTE COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FUL SC IDENTIFYING INFORMATION	M200	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETE DATE
	investigated immediate the purpose of the from abuse, neglect indicated gestured la disparaging, was conthe resident's age, disability. The polincluded humiliation resident. The policy had witnessed or whoseln a victim of immediately report, on the mistreatment. facility staff must not incident of mistreatment policy indicated that be reported to the within 24 hours. The facility's employindicated that the undevices, such as prohibited during normareas. On 5/5/14 at 9:30 amexplained that on 4/2 made a report to reported that CNA A application (app) (en and video to be disanother person's celeither device) to see the control of the sum of the purpose of the	ree handbook, dated se of personal comm cellular (cell) phon nal work hours and in during an interview, 9/14, during the day	cated that residents the policy or or ordless of hend, or a labuse", of the staff who ident had se, must made of that the report an e. The se would ic health 4/2013, nunication les, was a all work CNA G shift, she CNA G snap chat otographs conds on saved on ents that		Any resident with an all abuse and not being immediately by the Reporter is at risk affected. Measures put into prevent recurrence. The current Adriconducted in-serviced to facility staff on through 7/18/214 on shifts on how to ident how to report abuse, obligation of the reporter to the reporting for any suspicion of abuse. In addition an Abuse B compiled and a steppolicy and proceed identifying abuse, reports of the completion of the reporter to the rep	reported mandated of being place to ministrator education 7-16-2014 all three ify abuse, and the mandated ig entities resident inder was p-by step ture on ring and	
Event ID:NO)GI11		3/18/2015	0.41	:43AM	- I	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUI					(X3) DATE SUR' COMPLETE		
		555124		B. WING		07/14	/2014
	OVIDER OR SUPPLIER		STREET ADDRESS	G, CITY, STATE, Z	IP CODE		
Gridley He	althcare & Wellness Cer	ntre, LLC	246 Spruce St,	Gridley, CA 98	5948-2216 BUTTE COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION SHOI REFERENCED TO THE APPROPRIA	ULD BE CROSS-	(X5) COMPLETE DATE
	surprised to find out	ack of respect this person who had particular that "our resisters, brothers and have feelings." amazing to her that g for a laugh. Cheed abuse training in at this constituted why she had reported. A G stated that that CNA B was still person who had reported.	showed for assed. CNA sidents are all CNA G at a person IA G stated the facility abuse to ted it to the she was II scheduled		paperwork to assist the reporter. The DSD this training as part of orientation process employee as well a education 2x/year for Monitoring to assure compliance.	has included f the general for new s in-service staff.	
	surprised to find out that CNA B was still scheduled to work with residents after this had been reported. On 5/14/14 at 1:30 pm, during an interview, CNA C, confirmed that while working in the facility she had received video on her cell phone through the snap-chat app of CNA B twerking (dancing to popular music in a sexually provocative manner involving thrusting hip movements and a low, squatting stance) over the head of a resident and of CNA A twerking over a recliner that was located in a resident room. CNA C stated staff frequently used the snap-chat app to communicate by texting words to each other. CNA A explained that a photo of the background was always included with the text since the snap-chat app was designed for sending real time photos and videos. CNA C stated that many times the background in the photos included partial pictures of residents. CNA C stated that the pictures and videos were sent on many occasions to multiple staff in the facility. CNA C confirmed that these incidents had not been reported. When asked why she did not report the				The Director Development will be for completing 2x a y staff attendance record training of staff is colless than twice a year will be questioned of schedule on all 3 shadministrator to help staff knowledge of abuse reporting and it of abuse. Finding will to the CQI committed Administrator is responsible.	ear audits of ds to assure empleted no a random hifts by the identify the f mandated dentification be reported ee monthly.	

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555124		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SI COMPLE		
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE, Z	IP CODE		
Gridley He	althcare & Wellness Cent	re, LLC			948-2216 BUTTE COUN	NTY	
,		,	and opinion of, o	maley, on or	1040-1210 BUTTE COUT	***	
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	incidents, CNA C stated that the resident in the video where CNA B was twerking over his head was not identifiable from the picture and did not appear to be aware of what was happening. The resident appeared to be sleeping or unconscious. CNA C explained that now after thinking it through, she realized it should have been reported since the behavior in itself was undignified and humiliating towards the resident.					•	
	On 5/1/14 at 5:15 pm during an interview, the Administrator confirmed that CNA G had informed him on 4/29/14 that CNA A had sent inappropriate pictures of residents using the snap-chat app. The Administrator stated that he had not started an investigation process or reported the incident because there was no concrete evidence that it had occurred. The Administrator confirmed that he had not spoken with CNA A. The Administrator stated that CNA A was currently clocked in and working in the facility. The Administrator confirmed that the facility's abuse prevention policy had not been followed when CNA C and other staff, did not report the alleged mistreatment of residents by CNA A and CNA B.						
	On 7/14/14 at 4:15 pn the facility's New A Department of Just taken staff phones to were able to provide included which reside The New Administrate five CNAs who had bee	Administrator state- ice (DOJ) investi- to retrieve deleted the facility with info- ents and CNA's we- or stated the facilit	d that the gators had data, and rmation that are involved.				
Event ID:N0	GI11		3/18/2015	9:41	:43AM	8	

State-2567

SECTION 1424 NOTICE

CITATION NUMBER:

23-2498-0011221-S

pepartment of Public Health

Page 1 of 3

Date: 03/19/2015 Time: 1600

Type of Visit:

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Incident/Complaint No.(s): CA00397188, CA00396903

Licensee Name:

Gridley Healthcare & Wellness Centre, LLC

Address:

246 Spruce Street

Gridley, CA 95948

Gridley, CA 95948

License Number:

230000047

Type of Ownership:

Limited Liability Company

Facility Name:

Gridley Healthcare & Wellness Centre, LLC

Address: Telephone: 246 Spruce St

(530) 846-6266

Facility Type:

Skilled Nursing Facility

230000041 Facility ID:

Capacity: 82

SECTIONS VIOLATED

CLASS AND NATURE OF VIOLATIONS

PENALTY ASSESSMENT

DEADLINE FOR

\$2,000.00

COMPLIANCE 3/31/15 8:00 a.m.

1418.91(a)

CLASS B CITATION -- PATIENT RIGHTS

1418.91(a) Health & Safety Code: Fail to Report Alleged Abuse

(a)A long-term health care facility shall report all incidents of alleged abuse or suspected abuse of a resident of the facility to the department immediately, or within 24 hours.

The facility failed to operationalize their abuse prevention policies when incidents of abuse and mistreatment of residents were not investigated or reported to the department within 24 hours. This resulted in the offending CNAs continuing to work with residents which jeopardized resident safety and well-being.

On 5/1/14, the facility's undated policy to address abuse prevention, investigation, and reporting indicated that any allegations of abuse would be investigated immediately. The policy indicated that the purpose of the policy was to protect residents from abuse, neglect and mistreatment. The policy indicated gestured language that was derogatory or disparaging, was considered abuse, regardless of the resident's age, ability to comprehend, or disability. The policy indicated "mental abuse", included humiliation and harassment of the resident. The policy indicated that facility staff who had witnessed or who believed that a resident had been a victim of mistreatment or abuse.

Name of Evaluator: Nancy Elloway

HFEN

Evaluator Signature

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature:

Name:

Title:

SECTION 1424 NOTICE

CITATION NUMBER: 23-2498-0011221-S

∠epartment of Public Health

Page 2 of 3

Date: 03/19/2015 Time:

1605

SECTIONS VIOLATED

CLASS AND NATURE OF VIOLATIONS

must immediately report, or cause a report to be made of the mistreatment. The policy indicated that the facility staff must not knowingly fail to report an incident of mistreatment or other offense. The policy indicated that the allegation of abuse would be reported to the department of public health within 24 hours.

The facility's employee handbook, dated 4/2013, indicated that the use of personal communication devices, such as cellular (cell) phones, was prohibited during normal work hours and in all work areas.

On 5/5/14 at 9:30 am during an interview, CNA G explained that on 4/29/14, during the day shift, she made a report to the Administrator. CNA G reported that CNA A had been using the snap chat application (app) (enables real time photographs and video to be displayed for a few seconds on another person's cellphone, but is not saved on either device) to send pictures of residents that were inappropriately exposed and/or appeared to be deceased. CNA G added that she was absolutely disgusted by the lack of respect this showed for human life and for a person who had passed. CNA G went on to explain that "our residents are mothers, fathers, sisters, brothers and are all humans that love and have feelings." CNA G stated that it was amazing to her that a person could be so uncaring for a laugh. CNA G stated that she had received abuse training in the facility. CNA G stated that this constituted abuse to residents, which was why she had reported it to the Administrator. CNA G stated that she was surprised to find out that CNA B was still scheduled to work with residents after this had been reported.

On 5/14/14 at 1:30 pm, during an interview, CNA C, confirmed that while working in the facility she had received video on her cell phone through the snap-chat app of CNA B twerking (dancing to popular music in a sexually provocative manner involving thrusting hip movements and a low, squatting stance) over the head of a resident and of CNA A twerking over a recliner that was located in a resident room. CNA C stated staff frequently used the snap-chat app to communicate by texting words to each other. CNA A explained that a photo of the background was always included with the text since the snap-chat app was designed for sending real time photos and videos. CNA C stated that many times the background in the photos included partial pictures of residents. CNA C stated that the pictures and videos were sent on many occasions to multiple staff in the facility. CNA C confirmed that these incidents had not been reported. When asked why she did not report the incidents, CNA C stated that the resident in the video where CNA B was twerking over his head was not identifiable from the picture and did not appear to be aware of what was happening. The resident appeared to be sleeping or unconscious. CNA C explained that now after thinking it through, she realized it

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

SECTION 1424 NOTICE

CITATION NUMBER:

23-2498-0011221-S

pepartment of Public Health

Page 3 of 3

Date: 03/19/2015 Time:

1605

SECTIONS VIOLATED

CLASS AND NATURE OF VIOLATIONS

should have been reported since the behavior in itself was undignified and humiliating towards the resident.

On 5/1/14 at 5:15 pm during an interview, the Administrator confirmed that CNA G had informed him on 4/29/14 that CNA A had sent inappropriate pictures of residents using the snap-chat app. The Administrator stated that he had not started an investigation process or reported the incident because there was no concrete evidence that it had occurred. The Administrator confirmed that he had not spoken with CNA A. The Administrator stated that CNA A was currently clocked in and working in the facility. The Administrator confirmed that the facility's abuse prevention policy had not been followed when CNA C and other staff, did not report the alleged mistreatment of residents by CNA A and CNA B.

On 7/14/14 at 4:15 pm during a telephone interview, the facility's New Administrator stated that the Department of Justice (DOJ) investigators had taken staff phones to retrieve deleted data, and were able to provide the facility with information that included which residents and CNA's were involved. The New Administrator stated the facility had fired five CNAs who had been involved.

		(X1) PROVIDER/SUPPLI IDENTIFICATION NU	OVIDER/SUPPLIER/CLIA (X2) MU ITIFICATION NUMBER: A. BUIL		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		555124		B. WING		07/14/2014	
NAME OF PROVIDER OR SUPPLIER Gridley Healthcare & Wellness Centre, LLC 246 Spruce St					ZIP CODE 5948-2216 BUTTE COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE	
	photographs and vide included CNA B twerk in a sexually provocat hip movements and a resident's head and C room. This resulted they were subjected undignified and humiliati	PATIENT RIGHTS 188, CA00396903 It ment of Public Hear FEN Ited to the specific factors not represent the facility. 72315(b) Nursing be treated as incomed shall not be seen of any kind. The ensure an environment when standignified and considered to the facility. The ensure an environment when standignified and considered to the facility. The ensure an environment when standignified and considered to the facility of the facility. The ensure an environment when standignified and considered to the facility of the fa	sation Ith: Service - dividual with subjected to somether free ff members disrespectful The videos pular music ng thrusting nce) over a a resident's dents when that was	10:5	submits this plan of cowith the intention the inadmissible by any third any civil, criminal a proceedings against the or its employee, agents, directors or shareholders. The provider reserves the challenge the cited find any time the provider dinary time the disputed find relied upon in a manner to the interests of the either by the governments.	nonse and art of the tate and plan of itted in specific. It shall mission of cited or provider correction at it is a party in ction or provider officers, s. The right to sings if at setermines lings are adverse	
			3/18/2015		4:45AM		
LABORATOR	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESE	The second secon	URE	Aoministrator	X6) DATE 3.19.15	

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s). 1 thru 4

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. Except for nursing homes, the findings 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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER				(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SUR	VFY
ANAD ISLAM O	NOUNCECTION	IDENTIFICATION NUM	MBER:	A. BUILDI	NG.	COMPLETED	
	555124			B. WING	<u> </u>		
NAME OF PR	OVIDER OR SUPPLIER	1	070557			07/14	/2014
	ealthcare & Wellness Cent		STREET ADDRES				
		, 223	z+o sprace st,	Gridley, CA	95948-2216 BUTTE COUNTY		
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMAT	ION)	TAG	REFERENCED TO THE APPROPRIATE D	EFICIENCY)	COMPLETE DATE
	On 5/1/14, the facili	tv's undated policy	to address		Corrective action for	residents	
	abuse prevention, inc	licated that the purp	ose of the		affected by the	deficient	
	policy was to protect and mistreatment.	residents from abu	se, nealect		practice.		
	language that was o	lerogatory or dispara	aging, was		Initially identification of		
	considered abuse, re	gardless of the resid	dent's age,		Initially identification of	residents	
·	ability to comprehen	d, or disability.	The policy		involved were not identified		
	indicated "mental ab	use", included humi	iliation and		the DOJ made their nan		
	harassment of the resident.			to the facility, SOC341 we			
	The facility's employ	ee handbook, date	ed 4/2013.		completed and reported		- 1
	indicated that the us	se of personal com	munication		Department of Public H		
	devices, such as	cellular (cell) pho	ones, was		to the resident's re		
	prohibited during normareas.	ial work nours and	in all work		parties. Care plan were i		
					observe for any symp		
	On 5/1/14 at 1:45 pm	during a telephone	interview,				
	an anonymous comp were sent by cell	lainant explained the	nat videos		delayed reaction, and als		
	Assistant B (CNA E				on 72 hour alert charting.		
	head, and a photo wa	as sent of a resident	(Resident		Corrective action to	identify	
	1), who was only wea	aring a brief, being shoulder. The a	carried by		100 Marie 100 Ma	tentially	
	complainant stated t	he photographs ar	nd videos		affected by the same		
	were sent by CN	A A using the	snap-chat		practice and what co		
	application (app) (en	ables real time pl	hotographs		action will be taken.	orrective	
	and video to be disp another person's cellp	played for a few se phone but is not	econds on	E .	action will be taken.		
	either device).		Javeu OII		Residents with unreporta	ble abuse	
					incidents have the poten		
	On 5/5/14 at 9:30 am	during an interview	, CNA G		affected. To help ident		
	explained that on 4/29	9/14, during the day			residents daily room ro		
	made a report to t reported that CNA		CNA G		conducted by the Admi		
		Had Dodii Sila	ap-orialling		Director of Nursing		
vent ID:N00	3111		3/18/2015	10.0	4:45AM	UI UI	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURV		
555124				B. WING 07/14/2014			2014
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS, C	ITY, STATE, ZIF	CODE		
Gridley He	althcare & Wellness Cent	re, LLC			948-2216 BUTTE COUNTY		
(X4) ID		*		ID ID			
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	photographs of reside exposed and/or appear added that she was lack of respect this stiperson who had part explain that, "our resisters, brothers and have feelings." CNA to her that a person laugh. CNA G stated training in the facility constituted abuse to had reported it to the that she was surprise still scheduled to wor been reported. On 5/14/14 at 1:30 pm confirmed that while was received video on snap-chat app of CNA resident and of CNA was located in a reside frequently used the stopy texting words to othe photo of the background that the same postated that many tiphotos included part CNA C stated that snap-chat, on many the facility. CNA C video where CNA B wont identifiable from	ared to be deceased absolutely disguss nowed for human life issed. CNA G was are all humans the G stated that it was a could be so uncertainty. CNA G stated residents, which was Administrator. CNA d to find out that of k with residents after a during an intervieworking in the facillable her cellphone the B twerking over the A twerking over a lent room. CNA C in ap-chat app was a content of the could be a subject to the could be a	ed. CNA G sted by the fe and for a went on to ers, fathers, at love and vas amazing caring for a eived abuse d that this as why she IA G stated CNA B was ter this had ew, CNA C, ity she had arough the e head of a recliner that stated staff ommunicate ained that a cluded with designed for CNA C and in the f residents sent, using pole staff in ident in the s head was		managers to observe or any indications or reallegation of abuse. Measures put into prevent recurrence. A mandatory in-serve presented to staff on Into of Elder Abuse, with how to identifying abuse reporter abuse by the reporter and prevention abuse. In-services were each shift in July on 16 21, 22 and 23 in 2014. binder was also set up for at the nurse's station. The provides details on complete, and report the documentation. Monitoring to assure a compliance.	place to rice was croduction regarding e, how to mandated of elder held for 6, 17, 18, An abuse or the staff his binder how to e SOC341	
Event ID:NO	CI44		3/18/2015	10:54:	45AM		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	555124		A. BUILDING B. WING	A. BUILDING B. WING		07/14/2014	
NAME OF PROVIDER OR SUPPLIER Gridley Healthcare & Wellness Centre, LLC STREET ADDRES 246 Spruce St				ZIP CODE 5948-2216 BUTTE COUNTY	07/12	4/2014	
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resident appeared to However, CNA C e through, she realized undignified and humilia On 7/14/14 at 4:15 pn the facility's New // Department of Just taken staff cell phone were able to provide included which reside (Residents 1, 2, 3 ar Resident 1 was iden carried over the sho	to be aware of what was happening. The appeared to be sleeping or unconscious. It is appeared to be sleeping or unconscious. It is realized the behavior in itself was ited and humiliating towards the resident. If 14 at 4:15 pm during a telephone interview, will the sent of Justice (DOJ) investigators had afficell phones to retrieve deleted data, and let to provide the facility with information that which residents and CNAs were involved atts 1, 2, 3 and 4) in the abuse incidents. It was identified as the resident being over the shoulder of CNA B. The New rator stated the facility had fired five CNAs been involved.			responsible for memoritoring resident assigned rooms. Dai made by the Admir Director of Nursing question, and evaluation reportable incidents	called Angel hagers are neeting and its in their ly rounds are nistrator and to observe, ate for any of elder idents are ewed by the eweek, and to the CQI ministrator is		
Event ID:N0GI11		3/18/2015	10:54:	45AM	/		

SECTION 1424 NOTICE

CITATION NUMBER:

23-2498-0011220-S

Department of Public Health

Page 1 of 3

Date: 03/19/2015 Time:

1610

Type of Visit:

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Incident/Complaint No.(s): CA00397188, CA00396903

Gridley Healthcare & Wellness Centre, LLC Licensee Name: Address: 246 Spruce Street Gridley, CA 95948 230000047 License Number: Type of Ownership: Limited Liability Company Facility Name: Gridley Healthcare & Wellness Centre, LLC Address: 246 Spruce St Gridley, CA 95948 Telephone: (530) 846-6266 Facility Type: Skilled Nursing Facility Capacity: 82 Facility ID: 230000041

SECTIONS
VIOLATED

CLASS AND NATURE OF VIOLATIONS
PENALTY ASSESSMENT
\$2,000.00

DEADLINE FOR
COMPLIANCE
3/31/15 8:00 a.m.

72325(b)

CLASS B CITATION -- PATIENT RIGHTS

T22 DIV5 CH3 ART3 - 72315(b) Nursing Service - Patient Care

(b) Each patient shall be treated as individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.

The facility failed to ensure an environment free from abuse and mistreatment when staff members took and sent undignified and disrespectful photographs and videos of residents. The videos included CNA B twerking (dancing to popular music in a sexually provocative manner involving thrusting hip movements and a low, squatting stance) over a resident's head and CNA A twerking in a resident's room. This resulted in abuse of residents when they were subjected to mistreatment that was undignified and humiliating.

On 5/1/14, the facility's undated policy to address abuse prevention, indicated that the purpose of the policy was to protect residents from abuse, neglect and mistreatment. The policy indicated gestured language that was derogatory or disparaging, was considered abuse, regardless of the resident's age, ability to comprehend, or disability. The policy indicated "mental abuse", included humiliation and harassment of the resident.

Name of Evaluator:
Nancy Elloway

HFEN

re: Mancy Elloway

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature:

Sua Red

Name:

LINDA TREVIN

Title:

Administrator

SECTION 1424 NOTICE

CITATION NUMBER:

SECTIONS

VIOLATED

23-2498-0011220-S

CLASS AND NATURE OF VIOLATIONS

Department of Public Health

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The facility's employee handbook, dated 4/2013, indicated that the use of personal communication devices, such as cellular (cell) phones, was prohibited during normal work hours and in all work areas.

On 5/1/14 at 1:45 pm during a telephone interview, an anonymous complainant explained that videos were sent by cellphone of Certified Nursing Assistant B (CNA B) twerking over a residents head, and a photo was sent of a resident (Resident 1), who was only wearing a brief, being carried by CNA B up over his shoulder. The anonymous complainant stated the photographs and videos were sent by CNA A using the snap-chat application (app) (enables real time photographs and video to be displayed for a few seconds on another person's cellphone, but is not saved on either device).

On 5/5/14 at 9:30 am during an interview, CNA G explained that on 4/29/14, during the day shift, she made a report to the Administrator. CNA G reported that CNA A had been snap-chatting photographs of residents that were inappropriately exposed and/or appeared to be deceased. CNA G added that she was absolutely disgusted by the lack of respect this showed for human life and for a person who had passed. CNA G went on to explain that, "our residents are mothers, fathers, sisters, brothers and are all humans that love and have feelings." CNA G stated that it was amazing to her that a person could be so uncaring for a laugh. CNA G stated that she had received abuse training in the facility. CNA G stated that this constituted abuse to residents, which was why she had reported it to the Administrator. CNA G stated that she was surprised to find out that CNA B was still scheduled to work with residents after this had been reported.

On 5/14/14 at 1:30 pm during an interview, CNA C, confirmed that while working in the facility she had received video on her cellphone through the snap-chat app of CNA B twerking over the head of a resident and of CNA A twerking over a recliner that was located in a resident room. CNA C stated staff frequently used the snap-chat app to communicate by texting words to others. CNA A explained that a photo of the background was always included with the text since the snap-chat app was designed for sending real time photos and videos. CNA C stated that many times the background in the photos included partial photographs of residents. CNA C stated that photographs were sent, using snap-chat, on many occasions to multiple staff in the facility. CNA C stated that the resident in the video where CNA B was twerking over his head was not identifiable from the photograph and did not appear to be aware of what was happening. The resident appeared to be sleeping or unconscious. However, CNA C

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SECTIONS CLASS AND NATURE OF VIOLATIONS **VIOLATED** explained that after thinking it through, she realized the behavior in itself was undignified and humiliating towards the resident. On 7/14/14 at 4:15 pm during a telephone interview, the facility's New Administrator stated that the Department of Justice (DOJ) investigators had taken staff cell phones to retrieve deleted data, and were able to provide the facility with information that included which residents and CNAs were involved (Residents 1, 2, 3 and 4) in the abuse incidents. Resident 1 was identified as the resident being carried over the shoulder of CNA B. The New Administrator stated the facility had fired five CNAs who had been involved.