STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLII IDENTIFICATION NU			PLE CONSTRUCTION (X3) DATE SURVEY COMPLETED				
055916			A. BUILDING  B. WING						
NAME OF PROVIDER OR SUPPLIER  KAWEAH MANOR CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 710 WEST TULARE AVE, VISALIA, CA 93277 TULARE COUNTY					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIC REFERENCED TO THE APPI	ON SHOULD BE CROSS-	(X5) COMPLETE DATE		
	The following reflects the findings of the Department of Public Health during a complaint/breach event visit:  Complaint Intake Number: CA00195220 - Substantiated  Representing the Department of Public Health: HFEN  The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.								
	subdivision (g) of Se and consistent w department, after in administrative penalty of up to twenty-five patient whose medic or without authorized disclosed, and up	r, home health suant to Section nall prevent ur to, and use or di information, as ection 56.05 of the ith Section 130 exestigation, may for a violation of thousand dollars (\$ tal information was zation accessed, to seventeen the (\$17,500) per vful or unauthoriz	agency, or 1204, 1250, hlawful or sclosure of, defined in Civil Code 0203. The assess an this section (25,000) per s unlawfully used, or busand five subsequent ed access,						
	Based on resident, pand police and admit facility failed to ensure	nistrative document	review, the						
Event ID:			11/19/2010		:17AM		0(0) 5.4==		
LABORATOR	RY DIRECTOR'S OR PROVIDI	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	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. 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.

State-2567 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055916		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			B. WING			07/20/2009		
	OVIDER OR SUPPLIER  MANOR CONVALESCENT	T HOSPITAL		SS, CITY, STATE, ZIP CODE  ILARE AVE, VISALIA, CA 93277 TULARE COUNTY				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH COR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	Continued From page 1							
	resident's clinical reco the face sheets for 5 the purposes of iden in psychosocial harm and 3) and had the Residents 1,2,3,4 and	otocopied for lure resulted Resident 1,2						
	Findings:							
	On 7/16/09, the location the facility regarding Therapy Assistant employee of a rehotontract with the Long	a Physical A was an						
	On 7/21/09 at 8:30 a Administrator stated sheets and stolen amount of residents.	nterview, the copied face undetermined						
	On 7/21/09 at 2:00 p.m., during a telephone interview, Chief Operations Officer (COO) stated she was contacted on July 15, 2009 by the Detective assigned to the case about the suspicion of identity theft involving five residents. On 7/16/09 the COO was notified by the local police department who informed her the PTA was arrested due to identity theft involving five residents who resided in the facility.							
	On 7/21/09 at 2:3 interview, the Dete stated the police regarding elder abuse assistance of the Post	ctive assigned to became aware of se. The Detectiv	the case, f a pattern re, with the					
Event ID:I	MCEG11		11/19/2010	11:14:	17AM			
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	TURE		TITLE		(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		055916		B. WING		07/20	0/2009	
		· ·	ESS, CITY, STATE, ZIP CODE ULARE AVE, VISALIA, CA 93277 TULARE COUNTY					
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	Continued From page 2							
	going to one address for 30 days. The Detective acquired a search warrant for the address and discovered copies of face sheets taken from the LTC facility by the PTA.  On 9/08/09 the local Police report was reviewed for Resident 1. The police report included evidence of identify theft which was obtained during the search of the PTA's property. Credit Cards were issued under Resident 1's name. There was evidence that \$16,000 for a home remodel application had been completed online. The report indicated while the officer was at the PTA's residence a package arrived addressed to Resident 1. Inside of the package addressed to Resident 1 were two wedding rings. The police report indicated, "There were no particular details noted on the male's band but the female band had a certificate accompanied with it saying that is was an appraisal summary, dated 5/17/07 that it was a round brilliant cut carat							
	weight of 0.78 carats color F, clarity S12, polish good, estimated retail replacement value of \$5,415."  On 9/16/09 at 10:35 a.m., during an interview Resident 1 stated, "I got sick to my stomach. I didn't know what to do. It hurts my soul." Resident 1 was tearful and anxious while being interviewed. Resident 1 stated her husband is diabetic and has been a nervous wreck. Resident 1 stated, "I feel like my whole life is going down the drain"							
	like my whole life is going down the drain". Resident was observed to be emotionally upset which was demonstrated by crying.							
	On 9/08/09 the local Po	olice report was revie						
Event ID:I	MCEG11		11/19/2010	11:14	:17AM			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

State-2567 3 of 6

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
055916			B. WING		07/2	0/2009	
NAME OF PROVIDER OR SUPPLIER  KAWEAH MANOR CONVALESCENT HOSPITAL			STREET ADDRESS, 3710 WEST TULA		ZIP CODE ISALIA, CA 93277 TULARE	COUNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE ACTION REFERENCED TO THE APP	ON SHOULD BE CROSS- COMPLETE	
	Continued From page 3						
	Resident 2. The police report included Resident 2 was a victim of identity theft from Kay and Zales Jewelers and Citibank which were sent to PTA's residence. Credit had been obtained in Resident 2's name as well as high speed Internet for PTA's address.  On 9/17/09 at 9:35 a.m., during a telephone interview Resident 2 stated, "I have felt a lot of stress, annoyance and anger about the situation." Resident 2 stated she was only in the nursing facility for a short time to recuperate from back surgery. Resident 2 expressed her concern about being subpoenaed for a hearing on October 2nd. Resident 2 stated, "I'm anxious about having to sit in court, my back pain is better but I still have pain".						
	On 9/08/09 the local Resident 3. The rep victim of identity the Money Bank offer loca	ort included Reside eft. Resident 3 rec	ent 3 was a eived a GE				
On 9/17/09 at 10:30 a.m., during a telephone interview, the daughter-in-law of Resident 3 stated that the family tried to filter the information that they gave to Resident 3. The daughter-in-law stated Resident 3 has a heart condition but was still able to reside in independent living in his own little apartment. The daughter-in-law stated when his mail stopped coming the family contacted the fraud department of he United States Postal Service. At that time they learned that a change of address form had been submitted to the Post Office to change Resident 3's mail delivery by the perpetrator							
Event ID:I	MCEG11		11/19/2010	11:14	:17AM		
LABORATOR	Y DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESE	NTATIVE'S SIGNAT	ΓURE	TITLE		(X6) DATE

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l ' '		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		055916		B. WING		07/2	0/2009
NAME OF PROVIDER OR SUPPLIER  KAWEAH MANOR CONVALESCENT HOSPITAL			STREET ADDRESS, 3710 WEST TULA		ZIP CODE SALIA, CA 93277 TULARE	E COUNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACT REFERENCED TO THE AP	TION SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page 4						
Event ID:I	MCEG11		11/19/2010	11:14:	17AM		
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		055916		B. WING		07/2	0/2009	
	OVIDER OR SUPPLIER  MANOR CONVALESCENT	THOSPITAL	STREET ADDRESS, 3710 WEST TUL		IP CODE SALIA, CA 93277 TULARE C	COUNTY		
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	Continued From page  The failure to ensur resident's clinical receive face sheets for 5 the purpose of identification psychosocial harm to 3) and had the presidents 1,2,3,4 and may result in an Admir	re the information ord was kept confictoresidents were photo ty theft. This failure of 3 residents (Residential for financial 5. The above fa	dential when otocopied for e resulted in dent 1,2 and ial harm to					
Event ID:N			11/19/2010	11:14:			I	
LABORATOR	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESE	NTATIVE'S SIGNA	TURE	TITLE		(X6) DATE	

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