

poc accepted #42854 03/09/21

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

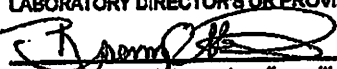
PRINTED: 02/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/24/2021
NAME OF PROVIDER OR SUPPLIER LANDMARK MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2030 N. GAREY AVE. POMONA, CA 91767		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one Facility-Reported Incident (FRI). FRI number: CA00862864 Representing the Department: Health Facilities Evaluator Nurse #42854 The inspection was limited to the specific FRI investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were issued for FRI number: CA00862864.	F 000	1.) Resident 1 will have timely reports of alleged or suspected abuse made on his behalf by Landmark Medical Center who will be responsible for reporting to the State Department of Public Health, Ombudsman, local Police, residents responsible party, attending physician, and medical director concerning any abuse, neglect, or mistreatment of a resident. The report will include resident name, room number, type of abuse, persons involved, and action taken by the facility. Documentation will also indicate that the Abuse Coordinator, Administrator and Director of Nursing had been contacted within two hours of the incident occurrence.		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in	F 609	2.) All residents will have timely reports of alleged or suspected abuse made on their behalf by Landmark Medical Center who will be responsible for reporting to the State Department of Public Health, Ombudsman, local Police, resident responsible party, attending physician, and medical director concerning any abuse, neglect, or mistreatment of a resident. The report will include resident name, room number, type of abuse, persons involved, and action taken by the facility. Documentation will also indicate that the Abuse		

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

TITLE

(X6) DATE



Administrator

2/24/21

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.

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F 609	<p>Continued From page 1 accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and record review, the facility failed to notify the Department within 2 hours of an alleged sexual abuse made by one of three sampled residents (Resident 1). Resident 1 alleged that on 11/1/19, she was raped by Resident 2 and the facility did not report this allegation to the Department.</p> <p>This deficient practice placed Resident 1 at risk for being further abused by Resident 2, which had the potential to cause a decline in the resident's physical, mental and emotional well-being.</p> <p>Findings:</p> <p>On 11/8/19 at 12:41 pm, an unannounced visit was made to the facility to investigate a facility reported incident regarding resident to resident altercation.</p> <p>1. A review of Resident 1's Face Sheet indicated the facility initially admitted the resident on 8/24/13 with diagnoses that included schizoaffective disorder (chronic mental condition with symptoms like hallucinations, delusions, great excitement/overactivity, and depression).</p>	F 609	<p>Coordinator, Administrator And director of Nursing had Been contacted within two hours Of the incident occurrence.</p> <p>3.) Resident abuse in-service will be held Three times per year. Training will include, but not be limited to , how to deal with allegations of abuse, neglect, exploitation, sexual or mistreatment. All new employees will receive abuse in-service upon hire. In-service will include training on timely reporting of alleged or suspected abuse to the abuse coordinator. Training on mandatory reporting and reporters responsibilities. Training on who is to reported to within the facility. Training will also include how to deal with allegations of abuse, neglect, exploitation or mistreatment.</p> <p>4.) Staff Developer will carry out in-service Training three times per year. Master Schedule will reflect planning. Quality Assurance Committee to review in-service calendar for compliance. Admini- strator to monitor timely in-service ed- ucation.</p> <p>5.) Full compliance in effect by February 24, 2021</p>		

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F 609	<p>Continued From page 2</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 10/8/19, indicated the resident had moderate impairment in cognition (mental action or process of acquiring knowledge and understanding) that includes disorganized thinking and inattention.</p> <p>During an observation on 11/8/19 at 12:59 p.m., Resident 1 was calm. During a concurrent interview, Resident 1 stated on 11/7/19, Resident 2 hit her on the head. Resident 1 further stated within the past two months, Resident 2 had forced her into the bathroom, then forced his penis into her mouth and into her butt. Resident 1 stated that she did not want him to do that. Resident 1 stated she informed facility staff (with no name) on 11/7/19. Resident 1 stated she felt very embarrassed and scared when Resident 2 forced her to have sex. Resident 1 stated she did not feel safe in the facility anymore.</p> <p>2. A review of Resident 2's Face Sheet indicated the facility admitted the resident on 9/27/18 with admitting diagnosis of paranoid schizophrenia (mental illness which the mind does not agree with reality).</p> <p>On 11/8/19 at 1:10 p.m., during an observation, Resident 2 was in bed on five points restraints (wrists, ankles, and abdomen). During a concurrent interview, Resident 2 stated he hit a girl but could not state the name. Resident 2 denied forcing Resident 1 into sexual contact.</p> <p>During an interview with the Director of Nursing (DON) on 11/8/19 at 1:45 pm, DON stated Resident 1 accused Resident 2 of raping her, but there was no evidence to support her accusation.</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>During an interview with the Program Director (PD 1) on 11/8/19 at 1:54 pm, PD 1 stated the allegation of rape was reported to the staff on 11/1/19 but it was not reported to the Department because it was a false allegation. PD 1 stated the facility investigated it over the weekend, but nothing happened with forcible rape. PD 1 stated it (allegation of rape) was not reported to the police because there would not be any evidence to collect as it was too late. PD 1 stated they had called the police regarding previous rape incidents and they did not do a rape kit. PD 1 stated the facility had done the investigation and were not able to substantiate it. PD 1 stated the facility's protocol for any abuse allegation is to investigate, and depend on the situation would report it to the police, Ombudsman and the Department. PD 1 stated if there was substantiating evidence to what the person was stating, then the facility would report to the police or Department.</p> <p>A review of Resident 1's Inter-Disciplinary Progress Note, dated 11/7/19 at 4:00 p.m., indicated during medication time, Counselor 1 reported Resident 2 hit Resident 1 with closed hand on left side of her face. The note indicated that Resident 1 did not hit back, staff separated the residents and assessed Resident 1. The note indicated no injury and physician order for neurology check for 72 hours related to potential above the shoulder injury. The note indicated that ADM and DON were notified via text message and voicemail was left to conservator.</p> <p>A review of Resident 1's Inter-Disciplinary Progress Note, dated 11/8/19 at 2:00 p.m., indicated chart review was completed for incident</p>	F 609			

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F 609	<p>Continued From page 4 .</p> <p>that occurred on 11/7/19 and care plan opened for resident to resident abuse. The note indicated that it was reported to the Ombudsman, City Police, and the Department of Public Health Services.</p> <p>A review of the Administrator's narrative note, dated 11/8/19, indicated Resident 1 was hit by male peer, Resident 2. The note indicated that Resident 1 claimed to have been raped by Resident 2 but there is no evidence to support this. The note indicated that Resident 1 was yelling and screaming this on the unit. The note indicated Resident 2 admitted to hitting her but denied having any physical contact.</p> <p>During a telephone interview on 11/27/19 at 5:00 p.m. the Administrator stated she did not report the alleged sexual abuse incident to the Department because she felt confident that Resident 1 was safe. The Administrator stated she should have reported it. The Administrator stated that there was no evidence that Resident 1 was raped and that it was part of her screaming. The Administrator stated generally what happens when there is any case of alleged abuse, she would call it in and there would be reflective in report within first 2 hours, then written report would follow.</p> <p>A review of the facility's policy and procedures, titled "Facility Management Abuse Reporting," with a revision date of 12/20, indicated when an alleged or suspected case of mistreatment, neglect, injuries of an unknown source, or abuse is reported, the facility administrator, or his/her designee, will notify the following persons or agencies of such incidents: the State licensing/certification agency responsible for</p>	F 609			

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F 610 SS=D	<p>surveying/licensing facility, the local/State ombudsman, the resident's representative of record, law enforcement officials and the resident's attending physicians. A further review of the facility's policy failed to include the timeframe in which an alleged or suspected case of mistreatment, neglect, injuries of an unknown source should be reported the Department. Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to have the evidence that the alleged sexual abuse was thoroughly investigated after one of three sampled residents (Resident 1) alleged that Resident 2 had sexually abused her.</p>	F 610	<p>1.) Resident 1 will be free from any potential abuse, neglect, exploitation or mistreatment when any complaint of abuse has been brought against a resident by resident 1. The accused resident will be immediately removed from the unit away from the resident reporting The alleged abuse against them.</p> <p>2.) All residents will be free from any potential abuse, neglect exploitation or mistreatment by resident two or any peer, with such behaviors. When a complaint of abuse has been brought against a resident and is being</p>		

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F 610	<p>Continued From page 6</p> <p>This deficient practice resulted in Resident 1 not being properly assessed and no collecting of evidence to determine if the resident had been raped, which placed the resident at risk for being further abused by Resident 2.</p> <p>Findings:</p> <p>On 11/8/19 at 12:41 pm, an unannounced visit was made to the facility to investigate a facility reported incident regarding resident to resident altercation.</p> <p>1.A review of Resident 1's Face Sheet indicated the facility initially admitted the resident on 9/24/13 with diagnosis that included schizoaffective disorder (chronic mental condition with symptoms like hallucinations, delusions, great excitement/overactivity, and depression).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 10/8/19, indicated the resident had moderate impairment in cognition (mental action or process of acquiring knowledge and understanding) that includes disorganized thinking and inattention.</p> <p>During an observation on 11/8/19 at 12:59 p.m., Resident 1 was calm. During a concurrent interview, Resident 1 stated on 11/7/19, Resident 2 hit her on the head. Resident 1 further stated within the past two months, Resident 2 had forced her into the bathroom, then forced his penis in her mouth and in her butt. Resident 1 stated that she did not want him to do that. Resident 1 stated she informed facility staff (with no name) on 11/7/19. Resident 1 stated she felt very embarrassed and scared when Resident 2</p>	F 610	<p>investigated; the accused resident will be immediately removed from the unit away from the resident reporting the alleged abuse against them.</p> <p>3.)</p> <p>After claim of abuse has been made the facility will call the Pomona police to investigate and determine if the resident is to be sent to Pomona valley medical center for a trauma examination.</p> <p>The Pomona police will also determine if the alleged abuser is to be taken to jail or remain in the facility. To secure the resident safety the alleged abuser will be placed on a 1:1 until investigation is complete or other placement can be found.</p>		

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F 610	<p>Continued From page 7</p> <p>forced her to have sex. Resident 1 stated she did not feel safe in the facility anymore.</p> <p>2. A review of Resident 2's Face Sheet indicated the facility admitted the resident on 9/27/18 with admitting diagnosis of paranoid schizophrenia (mental illness which the mind does not agree with reality).</p> <p>On 11/8/19 at 1:10 p.m., during an observation, Resident 2 was in bed on five points restraints (wrists, ankles, and abdomen). During a concurrent interview, Resident 2 stated he hit a girl but could not state the name. Resident 2 denied forcing Resident 1 into sexual contact.</p> <p>During an interview with the Director of Nursing (DON) on 11/8/19 at 1:45 pm, DON stated Resident 1 accused Resident 2 of raping her, but there was no evidence to support her accusation.</p> <p>During an interview with the Program Director (PD) on 11/8/19 at 1:54 pm, PD stated the allegation of rape was reported to the staff on 11/1/19, but it was a false allegation. PD stated the staff investigated it over the weekend, but nothing happened with forcible rape.</p> <p>During an interview with the DON on 11/8/19 at 2:38 pm, DON stated a body check was not done because when the investigation was conducted, the facility was unable to substantiate rape. DON stated no physical assessment was done because it was investigated and concluded that no incident of what Resident 1 claimed had occurred. DON stated she was aware of the regulations and as a clinical nurse.</p> <p>A review of Resident 1's Inter-Disciplinary</p>	F 610	<p>4.) Quality Assurance nurse will monitor all allegations of abuse. Abuse inservice will be held three times per year for all staff. Administrator to monitor.</p> <p>5.) Full compliance in effect 2/24/21</p>		

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F 610	<p>Continued From page 8</p> <p>Progress Notes between 11/1/19 and 11/8/19, indicated no documentation that investigation or/and physical assessment was done regarding allegation of rape.</p> <p>A review of the Administrator's narrative note, dated 11/8/19, indicated Resident 1 was hit by a male peer, Resident 2. The note indicated that Resident 1 claimed to have been raped by Resident 2, but there was no evidence to support this. The note indicated that Resident 1 was yelling and screaming this on the unit. The note indicated Resident 2 admitted to hitting her (Resident 1) but denied having any physical contact.</p> <p>During a telephone interview on 1/7/21 at 1:50 p.m., regarding the allegation of sexual abuse made by Resident 1, the Administrator stated that there was no evidence that she was raped and that it was part of her screaming. The Administrator validated that no investigation was done for the alleged rape as resident was just screaming it out. The Administrator stated in any case, should someone accuse another resident regarding rape, the facility must investigate the abuse allegation thoroughly.</p> <p>A review of the facility's policy and procedures, titled "Facility Management Abuse Reporting," with a revision date of 12/20, indicated: Upon receiving reports of sexual abuse, resident must be sent to Medical Center. Medical Center staff will do an examination. This will be determined by the Police and will be arranged by the Police Officer investigating the alleged sexual abuse. Administrator and any legal entities will conduct internal investigation which will attempt to determine if any other residents could have been</p>	F 610			

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F 610	Continued From page 9 harassed or abuse (sexually) by the perpetrator. All residents who have been sexually abused will have a psychiatrist, psychologist or licensed therapist session to discuss the issues related to the trauma of sexual assault. If wanted the resident will be offered a second session to discuss the feeling surrounding the abuse.	F 610			