STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555625	A. BUILDING _____ B. WING _____	C 11/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALIFORNIA PARK REHABILITATION HOSPITAL	**2850 SIERRA SUNRISE TERRACE CHICO, CA 95928**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for four facility reported incidents. Facility reported incident: 699925 Facility reported incident: 702793 Facility reported incident: 707023 Facility reported incident: 702220 The inspection was limited to these specific facility reported incidents investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 40921, Health Facilities Evaluator Nurse (HFEN) A deficiency was written for facility reported incidents 699925, 702793, and 707023 at F609. No deficiencies were written for facility reported incident 702220.	F 000		
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	F 609		11/24/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/24/2020

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F 609	Continued From page 1 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 accordance with State law through established procedures. §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 interview and record review, the facility failed to report allegations of abuse within two hours of being notified of the allegations for three of four residents (Residents 1, 2, and 3) when: 1. The facility was notified on 9/25/2020 of an allegation of abuse when Resident 1's Responsible Party (RP- a person who makes decisions for residents when they are no longer capable of making their own decisions) told Licensed Nurse (LN A) that Resident 1 had said she had been sexually assaulted and the facility failed to report the allegation until 9/28/2020, three days later. 2. The facility was notified on 7/30/2020 of an allegation of abuse when Certified Nurse Assistant (CNA B) heard Resident 1 slap Resident 3. The facility reported the alleged abuse to the state on 8/4/2020, five days later.	F 609	1. Facility Administrator and (DSD) conducted reporting of abuse in-services on: Feb. 3, Aug. 3-7, 13, 20, 27, Sept. 1, 3, 11, and 23, 2020. 2 Facility has (and continues) to review the 24-hour resident care report to ensure that all behavioral interventions are appropriate and that residents are free from abuse. The Social Services designee has conducted intermittent resident safety interviews and the facility Resident Council has met monthly with zero safety issues forwarded to the IDT. The Facility has also relocated the Director of Staff Development (DSD) onto the Dementia Care Unit for enhanced supervisorial support to ensure optimal resident environment.	

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F 609	Continued From page 2 3. The facility was notified on 8/24/2020 of an allegation of abuse when Resident 1 told CNA C that Resident 2 had hit her in her right eye. The facility reported the alleged abuse to the state on 8/25/2020, one day later. These failures had the potential to result in the residents being at increased risk of continued abuse. Findings: 1. During review of Resident 1's record, indicated that Resident 1 was admitted on 6/24/2020 with diagnoses of difficulty walking and stroke. Further review indicated that Resident 1 was diagnosed with dementia (a group of thinking and social symptoms that interferes with daily functioning) on 9/8/2020 and a family member was her RP. During a review of Resident 1's record, "Progress Notes" dated 9/25/2020, indicated that Resident 1's RP had told LN A that Resident 1 had stated that she had been sexually assaulted. During a review of an abuse allegation report, dated 9/28/2020, the facility had reported the alleged abuse to the state on 9/28/2020, three days after the facility was notified of the allegation. 2. During review of Resident 3's record, indicated that Resident 3 was admitted on 9/21/2017 with diagnoses of Parkinson's Disease (a disorder that affects movement). During a review of Resident 3's record, "Progress Notes", dated 8/5/2020, indicated that on	F 609	3. Facility Administrator and (DSD) conducted prevention of abuse in-services on: Feb. 3, Aug. 3-7, 13, 20, 27, Sept. 1, 3, 11, and 23, 2020. The DSD and the Facility Dementia care consultant have also conducted dementia education and intervention training on Aug. 18, 25, 28, Sept. 16, and 17, 2020 to enhance the education and training of staff re: behavioral interventions and abuse prevention. 4. The facility shall monitor for freedom of abuse by reviewing: the 24-hour resident care report, the Resident Council minutes, the intermittent Resident interviews, admission, and the quarterly and change of condition care plans. Results of this review shall be forwarded to the Quality Assurance and Performance Improvement Committee, which meets as necessary and at least quarterly. The QAPI Committee shall review for implementation and effectiveness of the plan of correction.	

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F 609	Continued From page 3 7/30/2020, CNA B had reported to LN A that Resident 1 had "smacked" Resident 3's shoulder. During a review of an abuse allegation report, dated 8/4/2020, the facility had reported the alleged abuse to the state on 8/4/2020, five days after the facility was notified of the allegation. 3. During review of Resident 2's record, indicated that Resident 2 was admitted on 6/24/2020 with diagnoses of dementia and a history of falling. During a review of Resident 1's record, "Progress Notes" dated 8/24/2020, indicated that on 8/24/2020, CNA C had notified LN D that Resident 1 had been observed in the doorway of her room yelling and cursing at Resident 2 who was sitting in the hallway in front of Resident 1's room. Further review indicated that Resident 1 had told CNA C, that Resident 2 had hit Resident 1 in her right eye. During a review of an abuse allegation report, dated 8/25/2020, the facility had reported the alleged abuse to the state on 8/25/2020, one day after the facility was notified of the allegation. During an interview conducted on 10/23/2020 at 11:40 am, Administrator (Admin) stated that CNAs and LNs are mandated reporters (persons required to report abuse allegations to the state) and confirmed that the facility had not reported any of these three alleged incidents to the state within two hours. Admin acknowledged that the facility had not followed abuse allegation reporting policies for any of these three allegations. During review of a facility document titled,	F 609		

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F 609	Continued From page 4 "Abuse, Prevention of" dated 5/10/2018, indicated, that mandated reporters are required to report abuse allegations to the state within two of receiving a report of alleged abuse.	F 609		