

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

PRINTED: 08/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056062		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2022	
NAME OF PROVIDER OR SUPPLIER AMAYA SPRINGS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8625 LAMAR STREET SPRING VALLEY, CA 91977			
(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 <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for a complaint.</p> <p>Complaint number: CA00774723 Category: Resident/client/patient abuse</p> <p>Complaint number: CA00775343 Category: Resident/client/patient abuse</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department: 31919, Health Facilities Evaluator Nurse (HFEN)</p> <p>One deficiency was written.</p>			F 000	<p>"Preparation and/or execution of this plan of correction, does not constitute admission or agreement by the provider, of the truth of the facts alleged or the conclusions set forth in this statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety code section 1280 and 42CFR et seq".</p> <p>This Plan of Correction constitutes the facility's credible allegation of compliance.</p>		
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§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</p>			F 609	<p>F609-Reporting Alleged Violation: The facility must ensure that that all alleged violations involving abuse, neglect, exploitation, or mistreatment of resident property, are reported immediately, but not later than after 2 hours that the allegation has been made. How Corrective Action will be accomplished for residents affected:</p> <p>Resident 1 no longer resides within the facility.</p> <p>Identification of Residents with the Potential to be Affected:</p> <p>On 08/25/22, the regional nurse conducted a review of reportable abuse allegations over the past 30 days to identify other events that were not reported in a timely manner. No other issues were identified</p>		

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

TITLE
Administrator

(X6) DATE

08/30/22

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</p> <p>adult protective services where state law provides for jurisdiction in long-term care facilities) in 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, interview and record review, the facility failed to immediately report an incident of abuse when staff witnessed Resident 1 kissing a severely impaired resident, Resident 2. As a result, Resident 2 was at risk for further abuse.</p> <p>Findings:</p> <p>Per the facility's Admission Record review, Resident 1 was admitted to the facility on [REDACTED] with diagnoses including ESRD (End Stage Renal Disease) and Falls. Resident 1's BIMS (Brief Interview of Mental Status, a tool which evaluates cognitive impairment) indicated a score of 11, moderately impaired.</p> <p>On 2/25/22 at 4:12 P.M., Resident 1 was observed in his room awake and alert, wearing jeans and a tee shirt. During interview, Resident 1 stated, "I've known Resident 2 for one week. We were sitting at the nurses station when she got up and started walking to her room, I followed her." Resident 1 stated, "She was standing by her door. I gave her a kiss. She yell: Don't do that</p>	F 609	<p>Measures to Prevent Recurrence:</p> <p>On 06/29 to 8/10/22, all staff were re-educated by the Administrator or designee on the Abuse – Prevention, Screening, & Training Program Policy and the Abuse Report & Investigations Procedure and Policy with emphasis on reporting allegations of abuse no later than after 2 hours that the allegation has been made.</p> <p>Any staff member who was not in-serviced by the completion date will be in-serviced prior to the start of their next shift.</p> <p>Monitoring Corrective Action and Respons bility:</p> <p>The DON and IDT will discuss patients with behaviors during the morning clinical meeting to ensure that patients have the appropriate interventions in place to mitigate any potential resident to resident altercations.</p> <p>The RQMC or designee will conduct an audit of abuse investigations weekly for four weeks then monthly for three months then quarterly for four quarters or until 90-100% compliance is achieved to ensure investigations are complete and thorough and to ensure investigations correctly identify when abuse has occurred, and appropriate corrective actions have been taken.</p> <p>The Administrator will present their findings to the QAPI committee monthly for further review and intervention for the next three months, then quarterly thereafter until substantial compliance is achieved.</p> <p>The Administrator is respons ble for ensuring sustained compliance.</p> <p>Date of compliance: 08/30/22</p>		

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F 609	<p>Continued From page 2 again!"</p> <p>Per the facility's Admission Record review, Resident 2 was admitted to the facility on [REDACTED] with diagnoses including, Metabolic Encephalopathy and Bipolar Disorder. Resident 2's BIMS indicated a score of 4, severe cognitive impairment.</p> <p>On 2/25/22 at 4:25 P.M., Resident 2 was observed sitting on her bed. She was calm, conversant and some times, did not make sense. Resident 2 stated, "I have one problem here, everyone wants to date me!" Resident 2 continued, "If they stay away, we won't have a problem." When asked whom she was speaking of, Resident 2 did not answer.</p> <p>On 2/25/22 at 4:35 P.M., the Housekeeper (HK) was interviewed. The HK stated, "I saw Resident 1 kiss Resident 2 at the door way of Resident 2's room." HK stated, "I reported it to the social worker around 10:45 A.M., on Wednesday, the same day it happened."</p> <p>On 2/25/22 at 4:45 P.M., the Director of Nursing (DON) was interviewed. The DON stated, "Someone went to my office late on Wednesday and said they saw Resident 1 kiss Resident 2." The DON further stated, "I could not remember who told me. On Thursday, someone told me it was the social worker who reported it to me."</p> <p>On 2/25/22 at 5 P.M., the Administrator (ADM) stated, "Late Thursday on 2/24, the DON asked if I was aware of the issue between Resident 1 and Resident 2." ADM continued, "That was the first I had heard of the incident. I immediately went to speak with Resident 1. Resident 1 admitted to</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>kissing Resident 2. We immediately started visual monitoring on Resident 1."</p> <p>During an interview with the ADM on 2/25/22 at 5:10 P.M., the ADM stated, "I will call CDPH (California Department of Public Health) now." In addition, the ADM said he would start the facility's protocol on reporting abuse and complete the abuse investigation.</p> <p>According to the policy titled, "Abuse- Reporting and Investigations, dated, March 2018, "...A. Allegations of abuse, neglect, mistreatment, exploitation or reasonable suspicion of a crime to be reported to the Administrator or designated representative immediately.</p>	F 609			