

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

POC Accepted 02/25/2022
Surveyor ID#38552

PRINTED: 02/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/08/2022
NAME OF PROVIDER OR SUPPLIER NORTHRIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7836 RESEDA BLVD RESEDA, CA 91335		
(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 the investigation of one complaint. Complaint Number: CA00766665 Representing the California Department of Public Health: Surveyor 42311, Health Facilities Evaluator Nurse The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiencies were written as a result of a Complaint Number: CA00766665 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 000	Disclaimer: The signing of this plan of correction is not an admission or agreement of this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction constitutes Facility's written credible allegation of compliance for the deficiencies noted. F 609 Reporting Alleged Violations Immediate Corrective Action On 2/8/22, RN 1 was given one-on-one in-service education concerning prompt reporting of allegation of abuse/violations to Abuse Coordinator. SOC 341 was initiated on 2/8/22 and reported to State survey agency, Ombudsman and Law enforcement agency. Resident 1 was discharged from the facility on 12/19/21. Identification of Others at Risk Director of Nursing and/or		
F 609 SS=D		F 609			

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

[Signature]

TITLE
Administrator

(X8) DATE

2/24/22

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>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 interview and record review, the facility failed to report an allegation of abuse to the State Survey Agency (the Department), Ombudsman (a person who investigates, reports on complaints of residents against a facility) and law enforcement agency for one of two sampled residents (Resident 1). Registered Nurse 1 (RN 1) was notified by Resident 1 on 12/18/2021 at 6:28 p.m., that she was abused by the physician in the hospital.</p> <p>This deficient practice resulted in a delay of notifying the necessary agencies and may have placed the resident at risk for further abuse.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record (Face Sheet) indicated the facility admitted the resident on 12/12/2021 from General Acute Care Hospital 1 (GACH 1) with a diagnoses including diabetes (refers to a group of diseases that affect how the body processes the blood sugar [glucose]), schizophrenia (mental illness that affects a person's ability to think, feel, and behave clearly) and dementia (a decline in memory, language, problem-solving and other thinking skills that</p>	F 609	<p>designee randomly reviewed 20 clinical records of residents for any documentation of potential abuse incident, and no other residents were affected.</p> <p><u>Process to Prevent Recurrence</u></p> <p>On 2/8 to 2/11/22 Administrator/Abuse Coordinator gave in-service education to facility staff concerning Policy on Abuse Allegation reporting. Department Managers and/or designee will include in their daily Quality circle round interview on alert resident concerning potential abuse incidents. Department managers will discuss daily in the stand up meeting any potential report of abuse allegations. Social service designee will continue to assess new admission for potential abuse experiences as part of the trauma care evaluation. Director of Nursing and/or designee will randomly review licensed notes daily to ensure that potential abuse allegations will be reported timely and addressed promptly.</p>		

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F 609	<p>Continued From page 2</p> <p>affect a person's ability to perform everyday activities).</p> <p>A review of Resident 1's History and Physical exam completed by the resident's attending physician on 12/12/2021, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 12/18/2021, indicated Resident 1 was able to communicate, remember and make decisions. Resident 1 required extensive assistance for bed mobility and transfers from and to bed.</p> <p>A review Resident 1's nursing Progress Notes dated 12/18/2021, indicated Registered Nurse 1 (RN 1) documented that at 06:38 p.m., Resident 1 complained that she was abused by the physician at GACH 1. At 07:22 p.m., Resident 1 reported a physician at GACH 1 touched her in a rough manner.</p> <p>On 02/08/2022 at 03:52 p.m., during an interview RN 1 stated she did not recall the incident but if she did not document she reported it to the Director of Nursing (DON) or the Administrator meant she did not report the allegation.</p> <p>On 02/08/2022 at 03:55 p.m., during an interview with DON and concurrent review of Resident 1's nursing Progress Note dated 12/18/2021, DON stated she was not aware of the allegation and RN 1 did not inform her for an investigation can be initiated.</p> <p>On 02/08/2022 at 04:02 p.m., during an interview,</p>	F 609	<p><u>Monitoring of Performance</u></p> <p>Administrator/Abuse Coordinator will randomly interview 5 alert residents per week concerning</p> <p>any potential abuse experiences in order to promptly report the incident and protect the resident from any further abuse. Findings during stand up meeting, quality circle rounds, chart review and resident interviews will be submitted to the Quality Assurance and Assessment committee monthly for 3 months for further recommendations and quarterly thereafter until problem is resolved.</p> <p><u>Date of Completion</u></p> <p>February 24, 2022</p>		

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F 609	Continued From page 3 Administrator stated RN 1 did not notify her of Resident 1's allegation. A review of facility's policy and procedures titled, "Abuse Allegation Reporting" dated 02/18/2021, indicated all allegation involving abuse of any type will be reported by the Charge Nurse and or Supervisor immediately to the Director of Nursing. The Director of Nursing will report the allegation of abuse immediately to the Administrator/Abuse Coordinator."	F 609			