

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

Accepted POC 4/3/24

PRINTED: 03/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055764	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/23/2024
NAME OF PROVIDER OR SUPPLIER WHITTIER PACIFIC CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S PICKERING AVENUE WHITTIER, CA 90602		
(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 represents the findings of the California Department of Public Health during the investigation of a Facility Reported Incident (FRI). Facility Reported Incident Number: CA00886383 Representing the Department: Health Facilities Evaluator Nurse(s): The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the Facility Reported Incident: CA00886383 (Refer to Ftag F550).	F 000	Whittier makes its best efforts to operate in full compliance with both Federal and State regulations. Nothing included in this plan of correction is an admission otherwise. Santa Fe Lodge has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objection to the merit or form of allegation contained herein. The submission of this plan of correction constitutes our allegation for compliance.		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550	<u>Immediate corrective action:</u> <ul style="list-style-type: none">On 2/22/24, Resident 1's MD and RP were notified of the incident. Social worker conducted daily visits x 72 hrs. Resident showed no further evidence of psychosocial distress.On 2/22/24, CNA was suspended pending investigation and ultimately had CNA employment was terminated.On 2/23/24, the licensed clinical social worker came and saw Resident 1 for crisis individual psychotherapy. Resident 1's psychosocial condition and mood were at baseline during this assessment. <u>Identification of other residents:</u> <ul style="list-style-type: none">On 2/22/24, social worker interviewed residents on CNA 1's round to identify any further dignity or resident rights issues. No other concerns were noted. <u>Systemic measures:</u> <ul style="list-style-type: none">On 2/23/24 and 2/24/24 DSD in serviced CNAs on resident rights and dignity expectations.		

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

TITLE

(X6) DATE

[Signature]

Administrator

3/21/24

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 550	<p>Continued From page 1</p> <p>provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to promote and treat one of two sampled residents (Resident 1) with respect and dignity preventing staff from making inappropriate comments regarding care to Resident 1.</p> <p>This deficient practice had the potential to affect Resident 1's self esteem and to feel embarrassed that could lead to a psychosocial (mental and emotional well-being) decline, resident's individuality and self-worth.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet indicated Resident 1 was initially admitted to the facility on 8/03/2023 and then readmitted on 2/14/24, with</p>	F 550	<ul style="list-style-type: none"> Department managers, during morning room rounds to assigned residents, will encourage residents to communicate concerns regarding care. Any findings will be reported immediately to the Administrator for further investigation. <p><u>Monitoring:</u></p> <ul style="list-style-type: none"> The social worker will conduct random interview of 5 residents weekly x 4 week then monthly thereafter x 3 months, for compliance to resident rights protocol and procedure. Any findings will be reported to the Administrator. Findings will be reported by the Administrator to the QA committee monthly for three months or until substantial compliance is achieved <p><u>Compliance Date:</u> 3/21/24</p>		

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F 550	<p>Continued From page 2</p> <p>diagnoses including heart failure (condition that develops when your heart doesn't pump enough blood for your body's needs), hemiplegia (a paralysis that affects only one side of your body) and hemiparesis (one side muscle weakness) following unspecified cerebrovascular disease (a group of conditions that affect blood flow and the blood vessels in the brain) affecting left non-dominant side.</p> <p>A review of Resident 1's History and Physical dated 2/16/2024 indicated Resident 1 has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care planning tool), dated 1/17/2024, indicated Resident 1 was cognitively intact. The MDS indicated Resident 1 required setup or clean up assistance (helper sets up cleans up; resident completes activity. Helper assists only prior or following the activity) for eating, oral and personal hygiene. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limb and provides more than half the effort) for toileting, shower and lower body dressing.</p> <p>During an interview on 2/23/2024 at 11:21 AM, with Licensed Vocational Nurse (LVN1), LVN 1 stated during room rounds on 2/22/24 Resident 1 informed LVN 1 by saying Certified Assistant Nurse (CNA1) had made inappropriate comments, making Resident 1 feel like embarrassed and like a burden.</p> <p>During an interview on 2/23/2024 with Resident 1, Resident 1 stated CNA 1 had made comments to</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>her regarding her care, questioning why Resident 1 remained in the facility instead of going home and hiring in home personal care. Resident 1 stated she was made to feel useless and sad to the point of crying by CNA 1's comments. Resident 1 stated CNA 1 made her feel embarrassed after telling Resident 1 if her family member was aware that the other staff [CNA] providing Resident 1 showers in the facility was from the opposite sex (CNA2). Resident 1 stated she had no issue with the care that was being provided to her by CNA 2 but felt as she was looked at as a burden by the staff.</p> <p>During an interview on 2/23/24 at 1:12 PM with Director of Nursing (DON), the DON stated all staff should treat residents with dignity and respect. The DON stated all staff are provided inservice on customer skills and how to keep working relationships professional and appropriate with residents. DON stated comments like the one Resident 1 stated were made by CNA 1 were unprofessional and should not have been made to any resident in the facility.</p> <p>A review of the facility 's policy and procedure titled, Dignity revised February 2021 indicated "Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life , and feelings of self worth and self esteem.</p>	F 550			