

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/17/2022
NAME OF PROVIDER OR SUPPLIER ROYAL TERRACE HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 HIGHLAND AVE. DUARTE, CA 91010		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of two complaints and four facility-reported incidents Complaint number: CA00781760. Facility-Reported Incidents: CA00783897, CA00783940, and CA00783946. Representing the Department: Health Facilities Evaluator Nurse: 36924 The inspection was limited to the specific complaints and facility-reported incidents investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of facility reported incident numbers CA00783940 and CA00783946.	F 000	F000 This plan of correction constitutes the Facility's written credible allegation of compliance for the deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts on the statement of Deficiencies. This Plan of Correction is prepared and /or executed solely because it is required by the provision of 42 C.F.R. 405. 1907 and state regulations. F609 How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The Social Service Director (SSD) provided psychosocial visits to Resident 2 for 72 hours from 05/06/22 to 05/10/22. No significant physical, psychological or emotional changes observed. Resident 2 was discharged home on 06/03/22. LVN 1 was re-educated by the Director of Nursing (DON) and Director of Staff		
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	F 609			

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

TITLE

(X6) DATE

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>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.</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 within two (2) hours for one of four sampled residents (Residents 2) to the Department, Ombudsman (an official to investigate individuals' complaints against maladministration), and to the local law enforcement in accordance with the facility's policy and procedure. Resident 2 stated that a Licensed Vocational Nurse 1 (LVN 1) was verbally abusive. The facility was aware of the incident on 4/25/22 and it was not reported to the Department until 5/6/22 (11 days after the incident).</p> <p>This deficient practice and had the potential for the resident to experience further abuse and/or risk for under reporting of abuse allegations.</p> <p>Finding:</p> <p>An unannounced visit was conducted on 5/5/22 at</p>	F 609	<p>Development (DSD) on 05/05/22 regarding abuse prevention, management and timely reporting. LVN 1 was immediately suspended on 05/05/22 from work pending investigation and reinstated back to work on 05/11/22.</p> <p>The Administrator provided in-service to the Director of Nursing (DON) and Social Service Director (SSD) on 06/21/2022 regarding abuse prevention, management and timely reporting to the Department of Health, Local Law Enforcement and Local Ombudsman.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;</p> <p>All residents residing in the facility have the potential to be affected by the alleged deficient practice. The Director of Nursing and Social Service Director conducted a review on 05/20/22-06/20/22 of complaints, grievances, theft and loss for the last 30 days to ensure reportable cases are timely communicated to the facility's abuse coordinator, Department of Public</p>		

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F 609	<p>Continued From page 2</p> <p>2:50 p.m., to investigate an allegation of abuse between a resident (Resident 1) and facility staff.</p> <p>During an interview, on 5/5/22 at 3:25 p.m., the Social Services Director (SSD) stated she spoke with Resident 2 regarding a grievance with a staff member (LVN 1) who was not polite to her. SSD stated the resident did not tell her what LVN 1 said to the resident. SSD stated LVN 1 was rude to her when she asked a question. SSD stated that a grievance was a concern brought up to her and then given to the Director of Nursing (DON) and Administrator (ADM) to follow up. SSD stated the grievance was given to DON on 4/25/22.</p> <p>During an interview, on 5/9/22 at 5:01 p.m., Resident 2 stated that LVN 1 would talk bad about her to other nurses. Resident 2 stated that she felt bullied and hurt her feelings.</p> <p>During a phone interview, on 5/9/22, at 3:56 p.m., the DON stated she spoke to LVN 1 but could not remember what day she spoke with her. DON stated a verbal one on one in-service was done with LVN 1 but was not sure of the date it was done. DON stated a police report was initiated 5/5/22. DON stated she thought the allegation was just a grievance and not an alleged abuse, it was probably her fault it was not reported. DON stated we tried to take care of it first. DON stated she thought after she spoke with Resident 2 about the incident that LVN 1 was not going to do it again. The DON stated the alleged verbal abuse was not reported to anybody, maybe the Administrator. DON stated allegations of abuse should be reported immediately, within two hours.</p>	F 609	<p>Health, Local Law Enforcement and Local Ombudsman. No other residents were identified.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;</p> <p>The Director of Nursing (DON) and Director of Staff Development (DSD) started providing in-service to facility staff on 05/05/22, 05/06/22, 05/10/22 regarding timely identification and reporting of alleged abuse or unusual occurrence to the facility's abuse coordinator, Local Law Enforcement, Local Ombudsman and Department of Public Health, including theft, loss and grievance.</p> <p>All staff will be in-serviced regarding facility's policy and procedure on abuse prevention and reporting, theft, loss and grievance upon hire, annually and as needed.</p> <p>Any suspected or witnessed abuse allegation including unusual occurrences in the facility will be reported immediately to the facility Administrator for further investigation. Facility Administrator or designee will</p>		

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F 609	Continued From page 3 A review of Resident 2's Face sheet (admission record), indicated the resident was admitted to the facility on 11/30/21 with diagnoses that included primary osteoarthritis (breakdown of cartilage, a rubbery material that eases friction in your joints) and dementia (loses ability to think, remember, learn, make decisions, and solve problems). A review of Resident 2's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 3/7/22, indicated Resident 2 had moderate impairment in cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making. The MDS indicated Resident 2 required extensive assistance (resident involved with activity, staff provided weight-bearing support) from staff for toileting and personal hygiene. A review of the facility's Policy and Procedure (P&P) titled, "Abuse Investigation and Reporting," revised 7/2017, indicated all reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations would also be reported. The P&P indicated that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property would be reported by the facility Administrator, or his/her designee, to	F 609	report to the Department of Public Health, Local Law Enforcement within two (2) hours, either by email, fax or phone. Any allegation of abuse, the staff member shall report to local enforcement within two (2) hours and a written report (SOC341) to the LTC Ombudsman, local law enforcement and licensing agency. Any alleged staff involved in the abuse allegation will be immediately relieved and suspended from work pending investigation of the case. Interdisciplinary Team (IDT) will discuss any resident's complaint, grievance, allegations of abuse, theft and loss during daily stand up meetings for follow up. How the facility plans to monitor its performance to make sure that solutions are sustained. The Social Service Director or Designee will conduct a weekly random audit of complaints, grievances, theft and loss to ensure compliance on documentation, timely reporting including follow up of the resolution. Any findings will be communicated to the Administrator for follow up. The Administrator will discuss at monthly QAPI meeting any trends or concerns for further		

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F 609	Continued From page 4 the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record; d. Adult Protective Services (where state law provides jurisdiction in long-term care); e. Law enforcement officials; f. The resident's Attending Physician; and g. The facility Medical Director. The P&P indicated that an alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) would be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.	F 609	evaluation of the program and recommendations until substantial compliance is achieved. Date of completion: June 27, 2022		