

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

PRINTED: 04/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <i>POC Accepted on 4/30/2024 By 49109</i> 055142		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/08/2024	
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 17922 SAN FERNANDO MISSION RD GRANADA HILLS, CA 91344			
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a Facility Reported Incident (FRI). FRI Number: CA00892079 Representing the Department: Health Facilities Evaluator Nurse(s): 49109 The inspection was limited to the specific FRI investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for the FRI Number: CA00892079 (Refer to F607) F 607 Develop/Implement Abuse/Neglect Policies SS=D CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the			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. Corrective Action Director of Staff Development was immediately educated on providing staff in-service education on 4/8/24, including abuse policies and procedure as per facility policy and on the use of educational material, in-service staff sign in sheet or providing education as needed as when allegation or concerns occur. CNA 3 was provided a 1:1 reeducated on 4/10/2024 on the policies and procedure of facilities abuse prevention and protocol. Identification of Others at risk: On 4/8/24, Administrator and designee reviewed the past 30 days of any incident or concerns regarding 1:1 on 4/8/2024 including staff education in-service. no other residents were at risk of the deficient practice.		

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 607	<p>Continued From page 1</p> <p>Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(II) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(III) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement its abuse prevention policy for one of four sampled residents (Resident 1) by failing to provide one to one abuse training for Certified Nurse Assistant 3 (CNA 3) who was directly involved in an abuse allegation made by Resident 1.</p> <p>This deficient practice placed Resident 1 at increased risk for abuse.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted on 7/28/2022, with diagnoses that included cerebral infarction (stroke, occurs as a result of disrupted blood flow to the brain), type 2 diabetes mellitus (a condition that happens because of a problem in the way the body regulates and uses sugar [glucose] as a fuel), anxiety (involves persistent and excessive worry that interferes with daily activities) disorder, schizoaffective disorder (a mental illness that can affect your thoughts, mood and behavior), and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in</p>	F 607	<p>Measures to Prevent Recurrence:</p> <p>Director of Staff Developer provided re-education to staff on 4/17/24 on policies and procedures on abuse prevention and elder justice act. DON, DSD, and administrator will provide in-service as need when issue, concern or allegation is made.</p> <p>Administrator, DON, and DSD or designees will check for any concerns or allegations on a daily basis including during walking rounds, and during department head morning meeting in which an immediate 1:1 in-service will be provided by staff developer or designee to provide staff awareness, knowledge, and prevention as to when a situation arises and recorded on concern form. Also, abuse prevention and elder justice act will be provided upon hire and quarterly as scheduled on the DSD in-service calendar.</p>		

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F 607	<p>Continued From page 2 activities that once brought joy).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 2/29/2024 indicated Resident 1's cognition (ability to think and make decisions) was moderately impaired. The MDS further indicated that Resident 1 required supervision from staff with toileting hygiene, upper and lower body dressing, personal hygiene and with mobility (movement).</p> <p>A review of the Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 2/4/2024 indicated that Resident 1 had intact cognition (ability to think and make decision). The MDS further indicated that Resident 1 required supervision from staff with eating, oral hygiene, toileting, upper and lower body dressing and personal hygiene.</p> <p>A review of Resident 1's Change of Condition (COC - when there is a sudden change in a resident's health) Form dated 3/27/2024 timed at 2:30 p.m., indicated that on 3/27/2024 at 12: 30 p.m., Family Member 1 (FM 1) reported an allegation of verbal abuse. Resident 1 alleged that CNA 3 and Licensed Vocational Nurse 1 (LVN 1) verbally abused her.</p> <p>During a concurrent interview and record review on 4/8/2024 at 12: 28 p.m., with the Director of Staff Development (DSD), the DSD reviewed the In-Service Sign-in Sheet dated 3/28/2024. The DSD stated that in-service training was not provided for CNA 3 even though CNA 3 was accused of verbal abuse by Resident 1.</p> <p>During an interview on 4/8/2024 at 3:10 p.m., with</p>	F 607	<p>Monitoring Performance</p> <p>Administrator or designee to review concern log and 1;1 in-service education weekly x 90 days to ensure education and concerns are provided as necessary including abuse policy and procedures education to ensure proper education and compliance.</p> <p>Director of Staff developer to submit the recapitulations of the findings and observations to the administrator monthly QAA committee x 3 months or until compliance for review and action as indicted to ensure the plan of actions remain current and effective.</p> <p>Completed Dated: 4/29/24</p>		

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F 607	<p>Continued From page 3</p> <p>the DSD, when asked for the reason how come CNA 3 did not receive in-service training after Resident 1 accused CNA 3 of verbal abuse, DSD stated she forgot to in-service CNA 3 regarding the abuse allegation on 3/27/2024.</p> <p>A review of the facility's policy and procedure titled, "Elder Justice Act," dated 10/2018, indicated that In-service education will be provided.</p> <p>A review of the facility's policy and procedure titled, "In-Service Training, Nurse Aide," revised 10/2022, indicated that all personnel are required to participate in regular in-service education. Required training topics for all staff included abuse, neglect and exploitation of residents.</p>	F 607			