42878-POC accepted 8/4/22

PRINTED: 07/20/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		056190	B. WING	_		•	C
NAME OF P	ROVIDER OR SUPPLIER	300.00			TREET ADDRESS, CITY, STATE, ZIP CODE	07.	/13/2022
(11111201)	TOTISCIT ON OUT   AILIN			ı	25 SOUTH CENTRAL AVENUE		
CHANDLE	R CONVALESCENT HOS	SPITAL		GLENDALE, CA 91204			
(X4) (D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X6) COMPLETION DATE
F 000	California Department investigation of a Facility Reported Incidence Representing the Department Facilities Evalution [42878]  The inspection was linked Reported Incident Inversement the findings facility.	ents the findings of the to Fubile Health during the lilly Reported Incident (FRI).  dent Number: CA00788040  partment:	F	000	Chandler Convalescent Hos makes its best effort to operate it compliance with both the Federal and regulations. Nothing included in The F Corrections is an admission other Chandler Convalescent Hospital has subthis Plan of Corrections in order to compits regulatory obligations and does not any objection and does not waive objection to the merits or from any alleg contained therein. Please note that Ch Convalescent Hospital may contest merits or form of any deficiency or fi alleged below and may take reasonable to appeal them. This Plan of Corrections in the deficiencies noted our Fiscal year 2019 NHPPD audit con by the Department of Public Health.	n full   State   State	
F 609 SS=D	Reporting of Alleged \ CFR(s): 483.12(c)(1)( §483.12(c) In respons	4) se to allegations of abuse,	F	609	F609 CFR 483.12(c)(1)(4) Report Alleged Violations What corrective action (s) w		
	neglect, exploitation, on must:	or mistreatment, the facility			accomplished for those resi found to have been affected b		
	Involving abuse, neglemistreatment, including source and misappropare reported immediate hours after the allegate that cause the allegate serious bodily injury, of the events that cause abuse and do not result administrator of the officials (including to the source of the administrator).	ng injuries of unknown oriation of resident property, tely, but not later than 2 tilon is made, if the events ion involve abuse or result in or not later than 24 hours if the allegation do not involve uit in serious bodily injury, to be facility and to other the State Survey Agency and			deficient practice On 6/7/2022, upon knowledge of the ir regarding Resident 1's allegation to C.N.A. 1, Administrator immediately in an investigation, submitted an SOC 341 Department of Health (DPH) Ombudsman, and called the Glendale Department. Director of Staff Develo (DSD), via telephone, also immediately C.N.A. 1 on suspension pending the resthe investigation and gave one-to-c service regarding facility's Abuse policy	owards itiated to the and Police pment placed sults of	6/7/22
ABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATURE	A	77	TITLE MINSTRYFFOY2	ワ	(X6) DATE
XIV	a Cayo	Bal Moo	11	<i>کر</i>	7/1/0/1000/7012		ーベス 2

Any deficiency sixtement ending with an esterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguar deprovide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 80 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.

Facility ID: CA920000014

PRINTED: 07/20/2022 FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		056190	B. WING				C 13/2022
	ROVIDER OR SUPPLIER ER CONVALESCENT HOS	SPITAL		5	TREET ADDRESS, ÇITY, STATE, ZIP CODE 25 SOUTH CENTRAL AVENUE BLENDALE, CA 91204	<u> </u>	1012022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
F 609	adult protective service for jurisdiction in long-accordance with State procedures.  §483.12(c)(4) Report investigations to the adesignated represents accordance with State Survey Agency, within incident, and if the allia appropriate corrective This REQUIREMENT by:  Based on interview a failed to report an allee the administrator of the officials including to the adult protective service later than two hours for residents (Resident 1) occurred, when it failed 1. Ensure Licensed VC Certified Nurse Assist Resident 1's verbal rebreast/chest area and his dick (penis)," as an abuse between the all 6/5/22 and report to the adult of the Departm 6/7/22 (4 to 5 days aft allegations to LVN 1 at to 6/3/22.	the results of all dministrator or his or her ative and to other officials in a law, including to the State of action must be taken. It is not met as evidenced action must be taken. It is not met as evidenced action of sexual abuse to be facility, and to other its State Survey Agency and its, immediately but not or one of three sampled of from the time the incident id to:  Decational Nurse (LVN) 1 and ant (CNA) 2 identify port of CNA 1 touching his asking Resident 1 to "suck in alleged violation of sexual eged dates of 6/2/22 to be facility's administrator	F	609	Procedures that entails prompt repor any alleged Abuse incident to Administrator and to the following ent required: Local Police Department, Of the Ombudsman, and the Departm Public Health immediately but no late two hours as mandated by State and Fregulations.  On 6/8/2022, upon facility's knowledge LVN 1 was aware that C.N.A. 1 was accurate Resident 1 for an alleged sexual alle LVN 1 was given one-to-one inregarding facility's Abuse policy Procedures that entails prompt report any alleged Abuse incident to Administrator and to the following entrequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Fregulations. LVN 1 was placed on suspfor three (3) days for failure to report Refer three (4) and Procedures that entails preporting of any alleged Abuse incident Administrator and to the following entrequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Frequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Frequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Frequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Frequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Frequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Frequired: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late the Department Public Health imm	the lities as ffice of ent of er than sederal set that used by gation, service and ting of the lities as ffice of ent of er than sederal sension esident of the lities as ffice of ent of er than sederal sension esident of the lities as ffice of ent of er than federal ning to	7/21/22

		(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		056190	B. WING		C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	07/13/2022
				525 SOUTH CENTRAL AVENUE	
CHANDLE	ER CONVALESCENT HO	SPITAL		GLENDALE, CA 91204	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	- Arm
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 609	Continued From page	e 2	F 60	allegation in a timely manner.	
	OF PROVIDER OR SUPPLIER  IDLER CONVALESCENT HOSPITAL  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2 distress for Resident 1 by being fearful of CNA 1, thinking that the alleged incident may happen again, when CNA 1 was reassigned back to care for Resident 1, on 6/4/22, after the resident made the first sexual abuse allegation between 6/2/22 and 6/3/22.  Findings:  A review of Resident 1's Face sheet (Admission Record) indicated the facility initially admitted Resident 1 to the facility on 3/28/2018 and readmitted to the facility on 5/11/2020. Resident 1's diagnosis included hemiplegia (paralysis of one side of the body) following cerebral infraction (damage to tissues in the brain due to a loss of oxygen to the area), and chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe).  A review of Resident 1's History and Physical dated 9/9/21, Indicated Resident 1 had fluctuating capacity to understand and make decisions.  A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care-planning tool)), a standardized care screening and assessment tool, dated 3/24/22 indicated Resident 1's cognilion (thought process) as moderately impaired. The MDS indicated Resident 1 did not exhibit any physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing ,abusing others sexually) or verbal behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing ,abusing others sexually) or verbal behavioral symptoms directed towards others (e.g., threatening others, screaming at other, cursing at others). The MDS did not Indicate any mood problems for Resident 1. The MDS		5 5 /7 /2022 Normals 5 /40 /2022 De-	-:-	
			1	From 6/7/2022 through 6/10/2022, Re	1 7 7
	again, when CNA 1 w	as reassigned back to care		was placed on monitoring for sig	L L
				symptoms of emotional distress. As per	-
		allegation between 6/2/22		and SSD's progress notes, Resid	
	and 6/3/22.			verbalized that he feels safe in the faci	ity with
	Para Alexana		1	no signs of emotional distress noted.	
	Findings:		1		
	A review of Resident 1's Face sheet (Admission			On 6/8/2022, Resident 1 was evaluate	.   -, -,
				attending psychiatrist in order to	
				Resident 1's psychological status a	<b>1</b>
			1	Resident 1 to verbalize his feelings.	No new
				orders were given.	
	one side of the body)	following cerebral infraction	1		
				How will you identify other res	idents
				having the potential to be affect	ted by
				the same deficient practice and	
	block airflow and mak	te it difficult to breathe).		corrective action will be taken?	i
	A was dans of Dooldonk	dia lilatani and Dhimiad		Other residents may have potentially	l l
			1	by the alleged deficient practice of	
			,	reporting of an incident that ma	
	oupaoity to understain	a and mano acomono.		constitute an Abuse.	′ '
	A review of Resident	1's Minlmum Data Set		constitute an risuse.	
				On 7/21/2022, per interview and obse	rvations <b>7/21/22</b>
				with current residents during daily	
				rounds and interviews by the dep	
	T			managers, no similar findings hav	
				identified that indicates the same of	
					iencient
			1	practice.	
				On 7/20/2022 PSD and the Admit	- /20/22
				On 7/20/2022, DSD and the Admin	
				conducted a series of in-services to all	1
			1	the facility's policies and procedures re	
			1	Abuse Reporting and Abuse Preve	
	Indicated Resident 1			Prohibition, emphasizing the importan	ce of

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STATEMENT OF DEPTICIENCIES  (AND PLAN OF CORRECTION  (ASSESS)  INDEED OF PROVIDER OR SUPPLIER  (COMPLETE OF PROVIDER OR SUPPLIER  (CHANDLER CONVALESCENT HOSPITAL  (C	CENTER	IS FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0.0938-0391
THE CHANDLER CONVALESCENT HOSPITAL    PROPERTY   SUMMARY STATEMENT OF DEPICIENCIES   STREETADDRESS, CITY, STATE, ZIP CODE   S28 SOUTH GENTRAL AVENUE   S28 S				4 ' '		CONSTRUCTION	(X3) DATE	SURVEY
F 609 Continued From page 3 extensive ((means that the individual would not be able to perform or complete the activity of daily living (ADL) without another person to aid in performing the complete task, by providing weight-bearing assistance) physical assistance for beard mobility, transfers, locomotion, dressing, totale true, and personal hygiene. The MbS indicated Resident 1 could not walk.  A review of the Nursing Staffing Assignment and Sign-in Sheet dated 6/2/22, indicated CNA 1 was assigned back to Resident 1 forom, provide care for Resident 1 forom, provide care for Resident 1 for form, provide care for Resident 1 form, provide care fo			056190	B. WING		•		-
(AN) DEFINITION OF THE CONTROL OF THE PROPERTY OF CONTROL OF THE PROPERTY TAX SUMMER CONTROL OF LEXIFY PINO INFORMATION)  F 609  Continued From page 3 extensive((means that the individual would not be able to perform or complete the activity of daily living (ADL), without another person to add in performing the complete task, by providing welght-bearing assistance) physical assistance for bed mobility, transfers, locomotion, dressing, tollet use, and personal hypiener. The MDS indicated Resident 1 could not walk.  A review of the Nursing Staffing Assignment and Sign-in Sheet dated 6/2/22, indicated CNA 1 was assigned in Resident 1* for room, to provide care for Resident 1* room, provide care for Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room, provide care for Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room, provide care for Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room, provide care for Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room on provide care for Resident 1* room on of 2/22 a uniquated CNA 1 was assigned back to Resident 1* room on provide care for Resident 1* room	NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		8	TREET ADDRESS, CITY, STATE, ZIP CODE	017	10/2022
DEPROTECT NAME OF CONTINUED BY SUMMARY STATEMENT OF DEPROSENCES BY LECAL DEPROSENCY MUST BE PRECEDED BY FILL TAKE DEPROSENCY TAKE DEPROSENCY MUST BE PRECEDED BY FILL TAKE DEPROSENCY TO THE APPROPRIATE DEPROSENCY DEPROSENCY DEPROSENCY MUST BE PRECEDED BY FILL TAKE DEPROSENCY TO THE APPROPRIATE DEPROSENCY DEPROSENCY DEPROSENCY TO THE APPROPRIATE DEPROSENCY DE	OLIANDI E				5	25 SOUTH CENTRAL AVENUE		
F 608  Continued From page 3  extensive((means that the Individual would not be able to perform or complete task, by providing welght-bearing assistance) physical assistance for bed mobility, transfers, locomotion, dressing, tollet use, and personal hygiene. The MDS indicated Resident 1 could not walk.  A review of the Nursing Staffing Assignment and Sign-in Sheet dated 6/2/22, indicated CNA 1 was assigned in Resident 1's roommale, on 6/2/22 during the 11 P.M. to 7 A.M. shift.  A review of Resident 1's Departmental Notes dated 6/7/22, indicated the Soolal Services Director (SSD) received a phone call from the Resident 1's form on 6/7/22 at around 10:30  A.M. and Resident 1 Informed the SSD that CNA 1 touched and asked Realednt 1 to do inappropriate things. The Note indicated the SSD informed the Administrator on moliferator (ADM) and the Director of Nursing (DON). The Note indicated the SDI informed the Administrator are not to use their own judgement in determining the validity of any and all allegations. Rather it is all facility of any and all allegations. Rather it is all facility to report as we are Mandated Reporters. Participants were given examples with actual demonstration and scenarios on what is abuse, the different types of abuse, and it was furthermore accentuated that it is the responsibility of all staff as mandated reporters to promptly report any alleged Abuse incident to the Abuse Coordinator (Administrator / Designee) and to the following entities as required: Local Police Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. Administrator and Assistant Administrator emphasized special attention to the possible consequential outcome of residents experiencing psychological and emotional distress as a result of late reporting. Any facility staff who fails to report any and all allegations of abuse timely will be given disciplinary action, with possibility of termination. In the absence of the Administrator or DON, the highest ranking s	CHANDLE	R CONVALESCENT HO	SPIIAL		G	BLENDALE, CA 91204		
whether or not they are deemed to be valid. It was further emphasized that staff are not to use their own judgment in determining the validity of any and all allegations. Rather it is all facility staff's responsibility to report as we are Mandated Reporters. Participants were given examples with actual demonstration and scenarios on what is abuse, the different types of abuse, and it was further more accentuated that it is the responsibility of all staff as mandated Reporters. Participants were given examples with actual demonstration and scenarios on what is abuse, the different types of abuse, and it was furthermore accentuated that it is the responsibility of all staff as mandated reporters to promptly report any alleged Abuse incident to the Abuse Coordinator (Administrator / Designee) and to the following entities as required: Local Police Department, Office of the Ombudsman, and the Department of Public Health immediately but no later than two hours as mandated by State and Federal regulations. Administrator and Assistant Administrator emphasized special attention to the possible consequential outcome of resident 1 far form on 67/22 at around 10:30 A.M. and Resident 1 far form on all from the Resident 1 far form on all from the Director of Nursing (DON). The Note Indicated the SSD Informed the Administrator (ADM) and the Director of Nursing (DON). The Note Indicated the SSD Informed the Administrator or DNN, the highest ranking staff member present in the facility the day an alleged abuse occurred or was verbalized, shall be responsible for reporting to the Local Police Department arrived at the facility and interviewed Resident 1.	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X6) - COMPLETION DATE
the department" submitted to the department on  67/22 Indicated the facility reported an incident of and the Department of Public Health.	F 609	extensive((means that able to perform or confliving (ADL) without a performing the compliving (ADL) without a performing the complication of the Mursing tollet use, and person indicated Resident 1 of A review of the Nursing Sign-in Sheet dated 6 assigned in Resident 1's roommand P.M. to 7 A.M. shift.  A review of Nursing Sign-in Sheet dated 6 assigned back to Resident 1, on 6/4 A.M. shift.  A review of Resident 1 dated 6/7/22, Indicate Director (SSD) received Resident 1's family measked about the "Incide Resident 1's room on A.M. and Resident 1 touched and asked inappropriate things. Informed the Administ Director of Nursing (Dithe Police Departmen interviewed Resident 1.	the Individual would not be implete the activity of daily nother person to ald in the task, by providing ance) physical assistance fers, locomotion, dressing, all hygiene. The MDS could not walk.  In Staffing Assignment and 1/2/22, indicated CNA 1 was 1's room, to provide care for the, on 6/2/22 during the 11  Itaffing Assignment and 1/4/22 Indicated CNA 1 was ident 1's room, provide care 1/22 during the 11 P.M. to 7  It's Departmental Notes of the Social Services and a phone call from the sember (Family 1). Family 1 itent" that happened to indicated the SSD went to 6/7/22 at around 10:30 informed the SSD that CNA Resident 1 to do 1/2 in the control of the c	F	609	whether or not they are deemed to be was further emphasized that staff are use their own judgement in determinivalidity of any and all allegations. Rath all facility staff's responsibility to report are Mandated Reporters. Participants given examples with actual demons and scenarios on what is abuse, the ditypes of abuse, and it was furthe accentuated that it is the responsibility staff as mandated reporters to proreport any alleged Abuse incident Abuse Coordinator (Administrator / Desand to the following entities as recombined to the following entities as recombined to the following entities as recombined to the possible consequential outcombined to t	valid. It not to ing the ser it is as we ser tration of all comptly to the signee) quired: of the Public on two rederal sistant tention ome of all and porting, and all given ity of the ranking day an palized, e Local	

6/7/22 Indicated the facility reported an incident of

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		İ	711 001201110		С
		056190	B. WING		07/13/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	07113/2022
CHANDIE	R CONVALESCENT HO	CDITAL	1	525 SOUTH CENTRAL AVENUE	
CHARDLE	K CONVALESCENT HO	SPIIAL		GLENDALE, CA 91204	
(X4) ID		ATEMENT OF DEFICIENCIES	QI	PROVIDER'S PLAN OF CORRECTION	(X6)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	
E 600	On with the state of Europe to				eporting
F 609	Continued From page		F 609	responsibilities were posted at each	nursing
	alleged sexual abuse			station.	
	Assistant (CNA 1) tow	vards Resident 1.			
	A roulow of Booldant	1's Interdicabilines Toom	ł	What measures will be put in p	lace or
		1's Interdisciplinary Team h care professionals with		what systemic changes will yo	u make
		rtise who work together	1	to ensure that the deficient p	ractice
		eir patients) conference	]	does not recur	
		ndicated that on 6/7/22, the	1	On 7/28/2022, the room rounds	checklist <b>7/28/22</b>
	SSD received a phone	e call from Family 1 stating	1	assigned to all department manag	
	Family 1 spoke with F	Resident 1 and there was an		updated to include interviewing resi	dents in
	incident that happene		1	their assigned rooms to ensure resid	
		indicated Family 1 asked		given appropriate treatment as we	
		Resident 1 to find out the	-	opportunity to voice out any cond	1
	details about the incid			rather report any observation or activi	
		around 10:30 A.M. The IDT	ļ	perceived unusual during rendering	· 1
	who was assigned to	nt 1 stated that the CNA		daily care by their healthcare worker a	
	Resident 1 and asked		ŀ	Any findings will be promptly reporte	-
		The IDT note indicated that	ļ	Administrator / Designee to	
		ministrator and the DON.	ļ	promptness of immediate corrective	l l
		d the IDT members called		Furthermore, any findings that indicate	4
		and informed Family 1 the	1	probable allegation of an abuse in a	
	details of the initial fin			shall be reported to the Administrat	
				the designated Abuse Coordinator for	
		document titled "Witness	ł	1	' '
		dated 6/7/22, indicated the		reporting no later than two hours to	
		d Development (DSD)	]	Police Department, Department o	
		7/22 and asked the CNA if		Health, and Office of the Omb	
	there was any inciden			Findings will also be discussed du	
	Resident 1. The document of the way	s not aware of any Incident		department managers' stand up	
	that happened with Ci			which is conducted five times per wee	<b>؛</b> Κ.
				Nursing staff conducts huddle every	shift to
		ith the DON on 6/8/22 at		endorse any and all incidents, inclu	
		stated Resident 1 reported		reportable incidents. Additionally,	- •
		sexual abuse on 6/7/22 at		provide a series of in-services to fac	
		the facility's SSD, The DON		regarding facility's policy and pi	·
	stated during the initia	II INTERVIOW, KOSIGONT 7		regarding Abuse Prevention and Prob	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY
			A, BUILD	ING_		ł	C
		056190	B. WING			1	13/2022
NAME OF P	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
CHANDLE	ER CONVALESCENT HOS	BPITAL.		l l	26 South Central Avenue Blendale, CA 91204		
(X4) ID PREFIX TAG	· (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
F 609	and breast area.  During an observation 11:15 A.M., inside Reavas observed awake 1's left arm was obser right arm. Resident 1's have three beds and isituated at the end of window with the private bed. Resident 1 stated resident's room a wee exact date) during the 1's incontinence brief, then proceeded to tou Resident 1 stated CN area and told Resident (penis)." Resident 1 stated her 1 that same night (una Resident 1 stated her 1 that same night (una Resident 1 stated that the Incident with CNA you misunderstood hir to make a big deal abreach other." Resident what CNA 1 did was a inappropriate. Resident 1 that he did not want providing care to him a During a follow up inter P.M., Resident 1 state made him feel scared might happen again.	and interview on 6/8/22 at sident 1's room, Resident 1 and sitting in bed. Resident ved to be weaker than his a room was observed to Resident 1's bed was the room next to the cy curtain drawn around his d CNA 1 came into the k ago (unable to recall the night to change Resident Resident 1 stated CNA 1 ch his breast/chest area. A 1 pointed to his private t 1 to "suck his dick lated he told CNA 1 "Don't ant 1 stated he told CNA 1 "Don't ant 1 stated he told CNA 1 "Don't when he told LVN 1 about 1, LVN 1 told him "Maybe m (CNA 1), there is no need but this. Let's understand 1 stated he told LVN 1 that exual harassment and 1 stated he informed LVN CNA 1 assigned and anymore.	F		Investigating weekly x 1 month, eve weeks x 1 month, then monthly x 1 These in-services will include:  1. Review of facility's policies procedures with emphasis on reany and all abuse allegations; retimeline to all three (3) entities Police Department, Long-Term Ombudsman, and Department of Health.  2. Examples of abuse with demonstration  3. Question & Answer portion These measures have been put in pensure that this deficient practice vecur.  How the corrective action (see monitored to ensure defining practice will not recur i.e., quality assurance program we put into practice  Administrator will report any deficient for the Quality Assurance Committee significant findings shall be reported program acted upon accordingly in account the facility policy on Abuse Present and Reporting of an Allegation of Abuse COMPLETION DATE: 7-29-22	month.  and porting porting: Local Care Public return lace to vill not what vill be indings e. Any comptly ordance vention e.	9/30/22
	During a telephone int	erview with LVN 1 on 6/8/22					

### PRINTED: 07/20/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORMAPPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED C 056190 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **525 SOUTH CENTRAL AVENUE** CHANDLER CONVALESCENT HOSPITAL GLENDALE, CA 91204 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 6 F 609 at 2:24 P.M., LVN 1 stated she was not sure of the exact date when Resident 1 reported the sexual abuse allegation to her. LVN 1 stated the sexual abuse allegation was reported by Resident 1 either on a Thursday (6/2/22) or a Sunday (6/5/22) during the night shift. LVN 1 stated Resident 1 reported that CNA 1 had touched his **THIS** breast area. LVN 1 stated that during the night shift when Resident 1 first reported the incident, LVN 1 had talked to CNA 1 in front of Resident 1, Inside the resident's room, LVN 1 stated that during that time, CNA 1 denied the sexual allegation in front of Resident 1, LVN 1 stated PAGE Resident 1 had asked him that he did not want CNA 1 assigned to him again, LVN 1 stated she dld not report Resident 1's allegation to the administrator because LVN 1 did not think Resident 1's allegation was an abuse allegation. LVN 1 stated that thinking about the allegation LEFT now, LVN 1 stated that she should have reported Resident's 1 allegations to the Administrator or DON. During a telephone interview on 6/9/22 at 12:10 P.M., CNA 1 stated he could not recall the date but during the night shift LVN 1 told him Resident BLANK 1 had accused him of touching his chest area. CNA 1 stated that he told LVN 1 "Why would I do that?" CNA 1 stated CNA 1 would not touch Resident 1 unless he needed to change his incontinence briefs. CNA 1 stated he became aware that Resident 1 had made sexual abuse allegations about him from another CNA (CNA 2) on 6/3/22 during the change of shift, the next morning. CNA 1 stated that CNA 2 Informed him

that Resident 1 had made sexual abuse

During a telephone interview on 6/15/22 at 4:15

allegations against CNA 1.

PRINTED: 07/20/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE	SURVEY LETED
		056190	B, WING				C 13/2022
•	ROVIDER OR SUPPLIER	SPITAL		525	REET ADDRESS, CITY, STATE, ZIP CODE SOUTH CENTRAL AVENUE ENDALE, CA 91204		10/2022
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	(unable to recall exact Resident 1's morning informed him that he by CNA 1. CNA 2 stated Resident 1 during reported his allegation he was not interested say. CNA 2 stated he busy and left Resider told CNA 1 during the becareful with Residinformed him (CNA 2 sexually abuse him (IDURING THE RESIDENT OF	A 2 stated that a week ago of date) while he gave breakfast tray, Resident 1 had been sexually abused ted that he did not respond that time, when Resident 1 had to stold Resident 1 had to stold Resident 1 he was nits 1 room. CNA 2 stated he change of shift that day, to ent 1 because Resident 1) that "CNA 1 tried to Resident 1)."  Interview, on 6/15/22 at 4:15 e did not report Resident 1's else other than CNA 1. CNA ved abuse inservices from the had to report all abuse atterview on 7/13/22 at 3:45 strator (ADM), the ADM y's abuse coordinator. The vas an allegation of abuse to any staff member it immediately and "in my	·	309	THIS PAGE LEFT BLANK		

revised in November 2018, indicated "The facility

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER ER GONVALESCENT HOS	SPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH CENTRAL AVENUE GLENDALE, CA 91204	01710/2022
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F 610 SS=G	law and regulations to within 2 hours. The fathoroughly investigated mistreatment, neglect misappropriation of responsive stigate/Prevent/CCFR(s): 483.12(c)(2)-\$483.12(c) (no responsive stigate, exploitation, of must:  §483.12(c)(2) Have evaluation are thorough \$483.12(c)(3) Preventing enterty exploitation, investigation is in progressive stigations to the adesignated representate accordance with States Survey Agency, within incident, and if the alleappropriate corrective This REQUIREMENT by:  Based on observation review, the facility falle implement measures actions of a resident's Certified Nursing Assistance.	ons of abuse as required by the appropriate agencies clity promptly and as reports of resident abuse, a exploitation, sident property, or injuries when appropriate." correct Alleged Violation (4)  se to allegations of abuse, or mistreatment, the facility vidence that all alleged his investigated.  It further potential abuse, or mistreatment while the gress.  Ithe results of all dministrator or his or her ative and to other officials in a law, including to the State and to other officials in a law, including to the State action must be taken.  Is not met as evidenced  In, Interview and recorded to immediately and appropriate corrective allegation of abuse to stant (CNA) 1 for one of the (Resident 1) by falling to:	F 610	F610 CFR(s): 483.12(c) Investigate/ Prevent/ Correct A Violation  What corrective action (s) w accomplished for those resifound to have been affected by deficient practice  On 6/7/2022, upon knowledge of the irregarding Resident 1's allegation to C.N.A. 1, Administrator immediately ir an investigation, submitted an SOC 341 Department of Health (DPH) Ombudsman, and called the Glendale Department. Director of Staff Develo (DSD), via telephone, also immediately C.N.A. 1 on suspension pending the resthe investigation and gave one-to-service regarding facility's Abuse poli Procedures that entails prompt reporany alleged Abuse incident to Administrator and to the following ent required: Local Police Department, Of the Ombudsman, and the Department Public Health immediately but no late two hours as mandated by State and Fregulations	ill be dents by the solution of the integral of the integral of the ities as iffice of ent of er than

#### PRINTED: 07/20/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C 056190 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **525 SOUTH CENTRAL AVENUE CHANDLER CONVALESCENT HOSPITAL** GLENDALE, CA 91204 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) 6/8/22 On 6/8/2022, upon facility's knowledge that F 610 Continued From page 9 F 610 LVN 1 was aware that C.N.A. 1 was accused by Informed Licensed Vocational Nurse (LVN) 1 and Resident 1 for an alleged sexual allegation. CNA 2 of an alleged sexual abuse to the facility's LVN 1 was given one-to-one in-service administrator and other officials from 6/2/22 to regarding facility's Abuse policy 6/3/22 when Resident 1 alleged CNA 1 touched Procedures that entails prompt reporting of the resident's breast/chest area and when CNA 1 any alleged Abuse incident to the asked Resident 1 to "suck his dick (penis)." Administrator and to the following entities as 2. Complete a thorough Investigation of the required: Local Police Department, Office of allegation when LVN 1 informed Resident 1 that the Ombudsman, and the Department of the resident's sexual abuse allegation was a Public Health immediately but no later than misunderstanding. two hours as mandated by State and Federal regulations. LVN 1 was placed on suspension 3. Protect Resident 1 from further potential abuse for three (3) days for failure to report when CNA 1 was reassigned back to Resident 1. Resident 1's abuse allegation in a timely on 6/4/22, after Resident 1 made the first sexual manner. abuse allegation to CNA 1 between 6/2/22 and 6/3/22. On 7/21/2022, DSD conducted one-to-one in-7/21/22 service to C.N.A. 2 regarding facility's Abuse The facility reported the allegation of sexual abuse to the Department of Public Health on policy and Procedures that entails prompt 6/7/22 (4 to 5 days after Resident 1 reported the reporting of any alleged Abuse incident to the allegations to LVN 1 and CNA 2 between 6/2/22 Administrator and to the following entities as to 6/3/22) required: Local Police Department, Office of the Ombudsman, and the Department of This deficient practice resulted in psychological Public Health immediately but no later than distress for Resident 1 by being fearful of CNA 1, two hours as mandated by State and Federal thinking that the alleged incident may happen regulations. DSD also gave a final warning to again. C.N.A. 2 for failure to report Resident 1's

Findings:

A review of Resident 1's Face sheet (Admission

readmitted to the facility on 5/11/2020. Resident

one side of the body) following cerebral infraction

1's diagnosis included hemiplegia (paralysis of

(damage to tissues in the brain due to a loss of oxygen to the area), and chronic obstructive

Record) Indicated the facility initially admitted

Resident 1 to the facility on 3/28/2018 and

allegation in a timely manner.

From 6/7/2022 through 6/10/2022, Resident

1 was placed on monitoring for signs and

symptoms of emotional distress. As per

nursing and SSD's progress notes, Resident 1

verbalized that he feels safe in the facility with

no signs of emotional distress noted.

6/10/22

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
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		056190	B. WING		07/1	3/2022
	ROVIDER OR SUPPLIER ER CONVALESCENT HO	SPITAL	5	TREET ADDRESS, CITY, STATE, ZIP CODE 25 SOUTH CENTRAL AVENUE BLENDALE, CA 91204		
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F 610	block airflow and mal	e 10 a group of lung diseases that ke it difficult to breathe). 1's History and Physical	F 610	On 6/8/2022, Resident 1 was evalual attending psychiatrist in order to Resident 1's psychological status at Resident 1 to verbalize his feelings. Norders were given.	assess nd for	6/8/22
	dated 9/9/21, Indicate	ed Resident 1 had fluctuating and and make decisions.		_	other	
		1's Minimum Data Set		residents having the potenti be affected by the same defi		
				_	1	
	(MDS, a standardized resident assessment and care-planning tool)), a standardized care screening and assessment tool, dated 3/24/22, indicated Resident 1's cognition (thought process) as moderately impaired. The MDS			practice and what corre action will be taken?	ctive	
	indicated Resident 1 behavioral symptoms (e.g, hitting, kicking, pgrabbing, abusing otherwioral symptoms (e.g, threatening otherwioral)	did not exhibit any physical directed towards others bushing, scratching, ners sexually) or verbal directed towards others are, screaming at other, e MDS did not indicate any esident 1.		On 7/21/2022, per interview observations with current residents daily room rounds and interviews I department managers, no similar fi have been identified that indicates the deficient practice. No resident express psychological and/or emotional cor Residents stated that they feel safe with facility.	oy the ndings same ed any accerns.	7/21/22
	one-person extensive would not be able to pactivity of daily living person to ald in performance for bed moderating to the control of the Nursir Sign-in Sheet dated 6 assigned in Resident	((means that the individual perform or complete the (ADL) without another rming the complete task, by ring assistance) physical oblitty, transfers, locomotion, and personal hygiene. The		On 7/20/2022, DSD and the Adminiconducted a series of in-services to all sthe facility's policies and procregarding Abuse Reporting and Prevention / Prohibition, emphasizing importance of reporting any arallegations of abuse, whether or not the deemed to be valid. It was a semphasized that staff are not to use the judgement in determining the validity and all allegations. Rather it is all facility responsibility to report as we are Markeporters. Participants were given examples.	taff on edures Abuse of the od all sey are further own of any staff's addred	7/20/22
	A review of Nursing S	taffing Assignment and		Neporters. Farticipants were given exam 	iihiea	

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED	
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		056190	B. WING			07/	13/2022
NAME OF F	ROVIDER OR SUPPLIER			8	TREET ADDRESS, CITY, STATE, ZIP CODE		
CHANDL	ER CONVALESCENT HOS	EDITAI		5	25 SOUTH CENTRAL AVENUE		
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F 610	Sign-in Sheet dated 6 assigned back to Res for Resident 1, on 6/4 A.M. shift.  A review of a "Fax traitine department" subm 6/7/22 indicated the fa alleged sexual abuse Assistant (CNA 1) tow A review of Resident dated 6/7/22, indicated Director (SSD) received Resident 1's family measked about the "incident 1. The Note Resident 1's room on A.M. and Resident 1 in 1 touched and asked inappropriate things. Informed the Administration of Nursing (Department interviewed Resident 1. A review of Resident 1. A review of Resident 1. The Note Police Department interviewed Resident 1. The Note Police Department interviewed Resident 1. The Note Police Department interviewed Resident 1. The Note It is a group of health various areas of expensional the SSD received a phone Family 1 spoke with Resident that happened details. The IDT note if the SSD to speak with details about the incident resident 1's room at a series of the sesident 1's room at a sesident 1's room at a sesi	Ident 1's room, provide care Ident 1's possible to the department on Ident 1's possible to the department of the Social Services Ident 1's Departmental Notes Ident 1's Departmental Notes Ident 1's possible to the Social Services Ident 1's possible to the Identification Identifi	F	610	with actual demonstration and scenar what is abuse, the different types of and it was furthermore accentuated the responsibility of all staff as mar reporters to promptly report any a Abuse incident to the Abuse Coord (Administrator / Designee) and to following entities as required: Local Department, Office of the Ombudsma the Department of Public Health immed but no later than two hours as manda State and Federal regulations. Any staff who fails to report any and all alleg of abuse timely will be given discipaction, with possibility of termination.  What measures will be puplace or what systemic chawill you make to ensure that deficient practice does not reasigned to all department manager updated to include interviewing reside their assigned rooms to ensure resider given appropriate treatment as well opportunity to voice out any concerather report any observation or actively perceived unusual during render their daily care by their healthcare wassigned. Any findings will be proreported to the Administrator / Designensure promptness of immediate corresponding to the proportion of the proporti	abuse, at it is indated illeged linator of the Police in, and diately ted by facility sations olinary at in inges the ecur ecklist is was ents in ints are as an ints are as an inside of worker omptly nee to rective that	7/28/22

CENTERS FOR MEDICARE & MEDICAID SERVICES

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		056190	B. WING		07/	13/2022
NAME OF P	ROVIDER OR SUPPLIER		3	STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 610	who was assigned to Resident 1 and asked inappropriate things. SSD Informed the adr The IDT note indicate Family 1 at 3:15 P.M. details of the initial fin A review of the facility statement/interview," Director of Staffing an spoke to CNA 1 on 6/2 there was any incident Resident 1. The docuresponded that he was that happened with Resident 1. The docuresponded that he was that happened with Resident 1. The docuresponded that he was that happened with Resident 1. The docuresponded that he was that happened with Resident 1. The docuresponded that he psychiatrist (specializing in the diamental illness) that event illness) that event illness) that event alert and oriented alert and oriented alert and oriented to pevent). Resident 1 reposes that the penis out, but patient hard from under the Creported that he yelled Patient reports that the also happened several how many"	Resident 1 to do The IDT note indicated that ministrator and the DON. d the IDT members called and informed Family 1 the dings.  I document titled "Witness dated 6/7/22, indicated the d Development (DSD) 7/22 and asked the CNA if it that occurred with ment indicated CNA 1 s not aware of any incident esident 1.  I's "Physician Progress andwritten note dated 6/8/22 a medical practitioner gnosis and treatment of reluated the resident on Note indicated, "I was ent, he complained of sexual at Patient was well groomed it times 4 (someone who is person, place, time and ported that a certain CNA er the clothing and asked is penis" but did not took his reported, he can't see it in the CNA and it stopped. Is happened last week but it all times before, not sure	F 610	abuse in any form shall be reported Administrator or to the designated Coordinator for prompt reporting rethan two hours to the Local Department, Department of Public and Office of the Ombudsman. Findialso be discussed during the department of the Administrator or Doministrator	Abuse to later Police Health, and will artment thich is In the DN, the trinital triangle for the Interest of t	9/30/22
÷	reported that he yelled Patient reports that thi also happened severa how many"  During an interview wi	d at the CNA and it stopped. Is happened last week but it al times before, not sure		timeline to all three (3) entitie Police Department, Long-Tern Ombudsman, and Department o Health.	s: Local n Care f Public	

#### PRINTED: 07/20/2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C 056190 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **525 SOUTH CENTRAL AVENUE** CHANDLER CONVALESCENT HOSPITAL GLENDALE, CA 91204 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X6) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) F 610 Continued From page 13 F 610 3. Question & Answer portion Resident 1's allegation of sexual abuse on 6/7/22 at around 10:30 A.M. to the facility's SSD. The These measures have been put in place to DON stated during the initial interview, Resident 1 ensure that this deficient practice will not described CNA 1 as the alleged staff that showed recur. his private part and touched Resident 1's chest and breast area. How the corrective action (s) will During an observation and interview on 6/8/22 at be monitored to ensure deficient 11:15 A.M., inside Resident 1's room, Resident 1 practice will not recur i.e., what was observed awake and sitting in bed. Resident quality assurance program will 1's left arm was observed to be weaker than his be put into practice right arm. Resident 1's room was observed to have three beds and Resident 1's bed was Administrator will report any deficient situated at the end of the room next to the findings to the Quality Assurance Committee. window with the privacy curtain drawn around his Any significant findings shall be reported bed. Resident 1 stated CNA 1 came Into the promptly and acted upon accordingly in resident's room a week ago (unable to recall the accordance with the facility policy on Abuse exact date) during the night to change Resident 1's incontinence brief, Resident 1 stated CNA 1 Prevention and Reporting of an Allegation of then proceeded to touch his breast/chest area. Abuse. Resident 1 stated CNA 1 pointed to his private area and told Resident 1 to "suck his dick **COMPLETION DATE: 7-29-22** (penis)." Resident 1 stated he told CNA 1 "Don't do that to me," Resident 1 stated he told CNA 1 again "No," and then CNA 1 left the room. Resident 1 stated he reported the incident to LVN 1 that same night (unable to recall the date). Resident 1 stated that when he told LVN 1 about the incident with CNA 1, LVN 1 told him "Maybe you misunderstood him (CNA 1), there is no need

to make a big deal about this. Let's understand each other." Resident 1 stated he told LVN 1 that what CNA 1 did was sexual harassment and inappropriate. Resident 1 stated he informed LVN 1 that he did not want CNA 1 assigned and

During a follow up Interview on 6/8/22 at 1:38 P.M., Resident 1 stated the incident with CNA 1

providing care to him anymore.

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1 010		d that the sexual abuse		810			
	made nim leel scared might happen again.						
	mignic nappen again.	•			•		
	During a telephone in	nterview with LVN 1 on 6/8/22					
		stated she was not sure of					
		Resident 1 reported the					
	sexual abuse allegati	lon to her. LVN 1 stated the					
		lon was reported by Resident			THIS		
		ay (6/2/22) or a Sunday					
		ght shift, LVN 1 stated					
		that CNA 1 had touched his		İ			
		lated that during the night					
		I first reported the incident, CNA 1 in front of Resident 1,			PAGE		
		room. LVN 1 stated that			PA(Th		
	during that time, CNA						
		Resident 1. LVN 1 stated					
		d him that he did not want					
		m again, LVN 1 stated she					
		nt 1's allegation to the		ŀ	LEFT		
	administrator because						
İ		on was an abuse allegation.			Mari Mari S		
		nking about the allegation					
		at she should have reported					
	DON.	ons to the Administrator or					
1	DON.			Ì	<b>BLANK</b>	'	
	During a telephone in	sterview on 6/9/22 at 12:10					
		e could not recall the date				•	
		hift LVN 1 told him Resident					
ļ		f touching his chest area.					
ļ	CNA 1 stated that he	told LVN 1 "Why would I do					
		DNA 1 would not touch			•		
i		needed to change his	1	1			
İ		NA 1 stated he became		1			
		1 had made sexual abuse					
		from another CNA (CNA 2)					
		change of shift, the next					
İ	morning, CNA 1 state	d that CNA 2 Informed him		- 1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		056190	B. WING			ł	C /13/2022
NAME OF P	SPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  525 SOUTH CENTRAL AVENUE  GLENDALE, CA 91204				
(X4) (D 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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	OULD BE COMPLETION	
F 610	that Resident 1 had made sexual abuse allegations against CNA 1.  During a telephone interview on 6/15/22 at 4:15 P.M. with CNA 2, CNA 2 stated that a week ago (unable to recall exact date) while he gave Resident 1's morning breakfast tray, Resident 1 Informed him that he had been sexually abused by CNA 1. CNA 2 stated that he did not respond to Resident 1 during that time, when Resident 1 reported his allegations to CNA 1. CNA 2 stated he was not interested in what Resident 1 had to		F	F 610			
					THIS		
	say. CNA 2 stated he busy and left Residen told CNA 1 during the be careful with Reside informed him (CNA 2) sexually abuse him (R		PAGE				
	he did not report Resident 1's allegation to anyone else other than CNA 1.  On 7/13/22 at 3:38 P.M., during a telephone interview and concurrent record reviews of				LEFT		
	2/2022 to 7/2022 with could not find decume Resident 1 had manife	ested inappropriate up stories in the facility's			BLANK	, L	
	P.M., with the Adminissiated he is the facility ADM stated if there we reported by a resident should be reported imabsence to the DON of	or the next highest facility can investigate. The					

### PRINTED: 07/20/2022 ·· DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C 056190 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **625 SOUTH CENTRAL AVENUE** CHANDLER CONVALESCENT HOSPITAL GLENDALE, CA 91204 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 16 F 610 reporting process and report all allegations of abuse within two hours. The ADM stated all facility staff should report all alleged violations of abuse, neglect, or mistreatment immediately. A review of the facility's policy and procedure **THIS** titled, "Abuse-Reporting and Investigations" revised in November 2018, Indicated "The facility will report all allegations of abuse as required by law and regulations to the appropriate agencies within 2 hours. The facility promptly and thoroughly investigates reports of resident abuse, mistreatment, neglect, exploitation, **PAGE** misappropriation of resident property, or injuries of an unknown source when appropriate." LEFT

FORM CM8-2587(02-99) Previous Versions Obsolete

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